Objectives: We aimed to explore the relationship between perceived loneliness and suicidal risk in older adults followed in outpatient psychiatry.
Methods: A cross-sectional study was conducted among patients aged 65 years and older attending psychiatric consultations. Data collection included self-reported measures of loneliness, the 3-point Loneliness Scale and social isolation assessed through the Social Isolation Scale, which comprises a Social Link Index (ILS) quantifying social connections and a Close Relationship Index (IRE) evaluating the qualitative dimension of interpersonal bonds. Suicidal history and characteristics were explored in detail and complemented by the Ducher Suicide Risk Scale.
Results: Seventy-three patients were included (male/female ratio = 1.08). A high prevalence of loneliness was observed, with 72% of participants reporting feeling lonely "often" or "sometimes." More than half (51%) stated they had felt lonely during most of the past week, and 58% reported intensified loneliness during specific periods of the year, particularly in the evening (44%) and during summer holidays (23%).
The median score on the 3-point Loneliness Scale was 5 (IQR = 3–7). Regarding social isolation, 33% of participants were classified as socially isolated according to the ILS, while only 34% reported having close relationships (IRE).
According to the Ducher Suicide Risk Scale, 40% of patients expressed no death-related thoughts, whereas the remaining 60% showed varying degrees of suicidal ideation, from transient thoughts to active intent.
A significantly higher suicidal risk was correlated with greater subjective loneliness ($p < 0.0001$), higher scores on the 3-point Loneliness Scale ($p < 0.0001$), increased social isolation ($p < 0.0001$), and the absence of close relationships ($p < 0.0001$).
Conclusions: Loneliness was highly prevalent among elderly psychiatric outpatients and appeared closely intertwined with suicidal risk. The predominance of impulsive and reactive suicidal behaviors underscores the need for systematic screening of social isolation and emotional distress in this vulnerable population.

Disclosure of Interest: None Declared

EPV957

Association between depression and functional autonomy in older adults

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Introduction: The number of older adults in our society is increasing. Additionally, their medical and mental health problems. Considering the senile evolution of their health, specific care should be taken in order to help them age in a healthy way, in order to keep them independent.
Objectives: To evaluate the relationship between depression and functional autonomy in older adults.
Methods: This cross-sectional, descriptive, and analytical study was conducted in two clinics in the governorate of Sfax between November 1, 2024, and January 31, 2025. Participants included patients aged 60 years or older at the time of the survey, lucid subjects without neurocognitive impairment, and those who provided their free and informed verbal consent. We opted for the Geriatric depression scale (GDS) to assess depression and the Activities of Daily Living (ADL, or the Katz scale) to evaluate a person's functional autonomy.
Results: Our study included 270 participants. The mean age was 67.33 ± 7.07 years. The sex ratio (M/F) was 0.8. The majority of participants had an educational level not exceeding high school. Married participants represented 73% (n=197). The socioeconomic status was low in 28.9% of cases (n=78). Among the participants, 68.9% (n=186) had a history of chronic somatic condition. Twenty-nine participants (10.7%) had definite depression. The mean ADL score was 5.49 ± 1.08, with extremes ranging from 0 to 6. Thirteen-point three percent were in a situation of mild dependence, 13.3% in a situation of moderate dependence, and 0.4% in a situation of severe dependence. The GDS scale score was significantly higher in subjects with loss of functional autonomy (5.15 vs. 4.15; p=0.046).
Conclusions: Maintaining a functional autonomy in daily activity was associated with lower scores on the depression scale in older adults, which can be a protective factor against depression. For the matter, promoting better health can help older adults to maintain a healthier style of life and therefore keep functional autonomy.

Disclosure of Interest: None Declared

EPV958

Association between sleep quality, depression, and quality of Life in older adults

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Introduction: Sleep quality, depression, and quality of life (QoL) are closely interconnected, especially in the elderly population, where these factors significantly impact health and well-being.
Objectives: Our study aimed to investigate the potential relationships between sleep quality, depression, and quality of life (QoL) in an elderly population.
Methods: Our study was a cross-sectional, descriptive, and analytical design conducted over a period of five months from July 2024 to November 2024. It included patients aged 65 and older who consulted general practitioners at two local clinics in the Sfax region. Data collection was carried out using a pre-established form. Sleep disorders were assessed using the validated Arabic version of the Pittsburgh Sleep Quality Index (PSQI) and the Arabic version of the Epworth Sleepiness Scale (ESS). Depression was assessed using the Geriatric Depression Scale (GDS-15). QoL was assessed using the SF-12 scale in its validated Arabic version.
Results: Sixty patients participated in our study. The median age was 70 years [IQR (67-76.5)]. The sex ratio (M/F) was 0.7. The median overall PSQI score was 13 [11-15]. Sleep quality was poor in 65% of participants. An ESS score >10 was found in 90% of patients. The median ESS score was 13 [IQR (11-14)]. The prevalence of depression was 35%. The median GDS-15 score was 9 [IQR (6-13)]. The median physical health dimension score was 24.01 [IQR (21.3-28.46)] and the mental health dimension score was 44.54 [IQR (29.34-51.77)]. The overall PSQI score was correlated

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