Results: Here is a short description of each of the methods with their comparison on the main characteristics. 1. APQ: This methodology is based on the assumption that perception of ageing is a significant predictor of psychological well-being in older adults. It identifies how an individual interprets age-related changes – as a loss or as a source of new opportunities. The instrument includes several scales reflecting different aspects of attitudes towards ageing. This self-report questionnaire consists of 31 items (~11 min). 2. LSITA-SF: This methodology is designed to assess the subjective feeling of life satisfaction among older adults, particularly relevant in studies of quality of life, psychoemotional state, and successful ageing. The short form of the index contains 12 statements (~2 min). 3. WHOQOL-100: In this questionnaire, quality of life is defined as an individual's subjective perception of their position in life within the context of their culture, value system, goals, and expectations. A comprehensive assessment of quality of life is conducted across six domains. It includes 100 items across 6 domains and 24 facets (~18 min). 4. SF-36: This tool provides a concise yet informative overview of physical and mental health, including health-related quality of life. It comprises 36 items grouped into 8 scales (~7 min).
Conclusions: The methods used have the following advantages and limitations.
APQ covers both positive and negative attitudes but does not measure physical or social functioning. LSITA-SF allows for a quick and easy assessment of subjective well-being, but provides only a general assessment without a breakdown into scales. WHOQOL-100. Pros: multi-faceted, high precision. Cons: difficult for the elderly to perform. SF-36 convenient, short, valid for mass research, but does not consider the spiritual-existential sphere. The pilot study showed a high degree of agreement between these methods.

Disclosure of Interest: None Declared

EPV971

Physiological, psychological and social negative effects of passive aging

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Introduction: Aging as a stage of the life cycle can proceed differently depending on the individual, psychological and social characteristics of a person. In recent decades increasing attention has been paid to the types of behavioral adaptation in old age, in particular to the difference between active and passive aging. The sociodemographic situation in the world, along with the development of the health-saving technologies, makes successful aging not only possible, but also necessary for the elderly with a high degree of their involvement in the public life.
Objectives: To identify negative consequences of passive aging both for the elderly person and for society.
Methods: The primary method employed is bibliographic analysis.
Results: Active aging implies maintaining activity in different spheres of life, including physical, social, cognitive, and emotional domains, and is a well-studied construct.
In contrast, passive aging has been studied less. Research shows that it is accompanied with decreased activity, social isolation and closeness. Passive aging often leads to emotional difficulties: increased anxiety, depression, and feeling of loneliness. Passive aging can be caused by external circumstances (illness, loss of loved ones, unfavourable conditions) or internal factors, such as negative image of aging, low self-esteem, and attitude towards inevitable deterioration.
It is important to emphasize that the boundary between active and passive aging is not always rigid. The same person can exhibit different types of behavior depending on the situation, level of support, and personal resources.
Conclusions: There can be identified the following consequences of passive aging:

- physiological (deterioration of health due to physical inactivity, increased risk of disease development, decreased life expectancy).
- psychological (loss of meaning in life, lack of self-importance, disappointment in how life has been lived, decrease of cognitive processes).
- social (a person's separation from society, a decline in social activity, loss of significant social status).

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EPV973

Psychometric properties of the Portuguese Forms of Self-Criticizing/Attacking and Self-Reassuring Scale in older adults (FSCRS-OA)

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Introduction: Population ageing heightens the relevance of self-relating processes for mental health. Self-criticism is linked to anxiety/depression, whereas self-reassurance may be protective. Evidence on the measurement of these constructs in Portuguese older adults remains limited.
Objectives: To examine the psychometric properties of the Portuguese Portuguese Forms of Self-Criticizing/Attacking and Self-Reassuring Scale for use with older adults (FSCRS-OA), focusing on factor structure, internal consistency, and convergent evidence.
Methods: We conducted a cross-sectional study with community-dwelling and social-care participants aged ≥65 years ($N = 211$; $M = 80.9$, $SD = 7.6$). Protocols included sociodemographics, FSCRS, Geriatric Anxiety Inventory, 8-item Geriatric Depression Scale, and WHOQOL-BREF. We tested latent structure and reliability and evaluated associations with anxiety, depression, quality of life and perceived health.
Results: Analyses supported a correlated two-factor representation (self-criticism; self-reassurance) with satisfactory model fit. Internal consistency estimates were acceptable for both factors. Convergent

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