of high-functioning ASD such as social difficulties, dislike of change and repetitive/restrictive habits were prominent. Developmental history of the patient and the Autism-Spectrum-Quotient-50 also supported the clinical diagnosis of the ASD. Delusional disorder was excluded, and the therapy organized according to the structure characteristics of the high-functioning ASD which yielded to significant amelioration of depressive symptoms and increased perceived life quality of the patient.
Conclusions: Although coping mechanisms of the patients can be successful, identifying high-functioning ASD-structure even in an old-age can be quite helpful in diagnostic/therapeutic processes. An elaborate discussion of the subject through contemporary literature will be presented.

Disclosure: No significant relationships.
Keywords: differential diagnosis; old age psychiatry; Autismus Spectrum Disorder

EPV0930

Evidences of neurodegenerative processes in patients with late-onset schizophrenia and cognitive impairment

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Introduction: The large proportion of patients with late-onset schizophrenia (LoS) has cognitive impairment. We hypothesized that this group of patients could have more risk factors associated with neurodegeneration.
Objectives: The aimed to compare various clinical and risk factors in LoS patients with low and relatively preserved cognitive status.
Methods: 28 LoS patients (ICD-11) with duration of disease less than 10 years from a cohort of patients with late onset psychosis underwent clinical assessment (PANSS, HDRS-17), cognitive examination (MMSE, MoCA, FAB, verbal and symbolic memory, trail making test (part A, B)), structured interviewing on risk factors and CT. Hierarchical cluster analysis of cognitive test results was applied. Nonparametric statistic was used to compare control group (24 subjects with signs of psychosis or depression, age 58,1±10,8, 50% females) and patient`s groups.
Results: Patients were divided on two clusters: Cluster 1 with lower cognitive functions (n=20, age 62,2, 94% of females) and Cluster 2 with preserved cognitive functions (n=8, age 56,8, 100% of females). Patients of Cluster 1 were older, had more negative symptoms, higher atrophy scores, higher rate of leukoaraiosis on CT and more history of mild brain injury than patients of Cluster 2 and controls. There was no group differences in age of manifestation, other PANSS scores, rates of social phobia and number of habitual anxiety reactions between clinical groups.
Conclusions: LoS patients with cognitive deficiency had more factors associated with neurodegeneration, in particular history of mild brain injury.

Disclosure: No significant relationships.
Keywords: old age; late-onset schizophrenia; neuridegeneration; risk factors

EPV0932

Sexuality and the Quality of Life in Older People: A Correlational Study

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Introduction: Sexuality, which is an essential part of human life, is an instinct with the potential to cause or be caused by health problems. Although qualitative and quantitative characteristics of sexual life evolves over time, it may continue until the age of eighties.
Objectives: This descriptive-correlational study aimed to analyze the relationship between general health status, quality of life and sexual life among senior people.
Methods: Study was conducted with the participation of 323 (169 female and 154 male) older people at the age of 65+. The participants were clients of the inpatient and outpatient services in a general hospital in Istanbul. General Health Questionnaire, Arizona Sexual Experiences Scale and Quality of Life Scale in Older People were used to collect data via online survey.
Results: The quality of life was better and sexual problems were lower for the participants who had a partner, higher education level, lower age, a regular job, sufficient income, no chronic disease, who defined their relationship as sufficient, frequently engaged in sexual activity and who considered themselves as attractive.
Conclusions: Sexuality in older people changes over time and continues to hold its importance. Researchers should consider the importance of the quality of life on sexual satisfaction in older people.

Disclosure: No significant relationships.
Keywords: Quality of Life; Older people; health status; sexuality

EPV0933

An observational study of the correlation of efi severity with depression

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Introduction: Patients with high frailty indices experience poor mental health due to multiple co morbidity and social isolation.
Objectives: This was a retrospective observational analysis that studied the correlation of Electronic frailty indices and GAD scores with Depression scores in a rural population.
Methods: An annual frailty assessment is offered to elderly patients and we screen routinely for anxiety and depression using the PHQ-9 score and GAD score. This was an observational study

examining the correlation of the Electronic Frailty Indices (EFI) depression and anxiety scores.
Results: Of the 118 patients ranging from mild to severe frailty we found a positive correlation of the EFI with the Depression and anxiety scores. Within the data set, the correlation coefficient of EFI scores and PHQ 9 scores was found to be 0.819. Similarly within the same data set we found a correlation coefficient of EFI and GDS scores of 0.651. The higher the EFI the greater was the scale of dependency and comorbidity and this correlation was consistent across the data set with depression and anxiety. We believe physical impairment, loss of independence and social isolation cognitive decline contribute to loss of self-esteem.
Conclusions: Our study found a positive correlation between frailty severity based on EFI scores and depression and anxiety severity. Early detection in deterioration of mental health will enable supportive measures and targeted treatment strategies. Our study shows the strong correlation of EFI severity scores with worse mental health.

Disclosure: No significant relationships.
Keywords: Depression; Frailty; Electronic Frailty Indices

EPV0934

A novel Arabic tool of cognitive assessment in patients with mild cognitive impairment

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Introduction: Mild cognitive impairment is one of the commonly reported disorders nowadays in old age individuals,it might represent the prodroma of definite dementia.There is a novel Arabic tool now which could help in the evaluation of cognitive functions in these patients.
Objectives: 1-To study the cognitive functions in mild cognitive impairment by a novel Thinc-it tool (Arabic version) 2-To compare between Mini Mental Status Examination (Standard test) and the novel Thinc-it battery (Arabic version) in detection of cognitive dysfunctions in these patients.
Methods: 1-The Mini Mental State Examination (MMSE) is a tool that can be used to systematically and thoroughly assess mental status. It is an 11-question measure that tests five areas of cognitive function: orientation, registration, attention and calculation, recall, and language. The maximum score is 30. A score of 23 or lower is indicative of cognitive impairment. The MMSE takes only 5-10 minutes to administer and is therefore practical to use repeatedly and routinely 2-Thinc-it THINC-it® is a screening tool designed to measure cognition and provides important data for an overall evaluation of whether cognitive functioning is impaired,it includes the folloowing tests:
1. PDQ-5D Subjective Questionnaire
2. “Spotter” – CRT game
3. “Symbol Check” – Nback game
4. “CodeBreaker” – DSST game
5. Trails – TMT game

Results: The results of Thinc-it (Arabic version) is statistically correlated to the mean score of Mini Mental state Examination,this means this Arabic version is a valid novel tool for assessment of Cognitive dysfunctions .
Conclusions: Arabic version of Thinc-it can be used in cognitive evaluation

Disclosure: No significant relationships.
Keywords: THINC-it; COGNITIVE; ARABIC; NOVEL

EPV0936

De-prescribing strategy in a case of Delirium in the elderly

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Introduction: Iatrogenic factors, such as polypharmacy and prescription cascade, are some of the main causes of delirium in the elderly. We present a case of delirium of months of evolution that improved after applying a pharmacological de-prescription strategy.
Objectives: To report a case and review the available literature on the concepts of prescription cascade and de-prescription in delirium in the elderly.
Methods: A 92-year-old woman with a history of cerebrovascular accidents and no psychiatric history or dementia was admitted to a psychogeriatric clinic due to disorientation, delusions of harm and gait apraxia. Several months earlier she had required admission to the general hospital for agitation. In view of the suspicion of delirium, an exhaustive examination and complementary tests were performed, including a neuropsychological assessment and a brain scan (Image 1).

