Methods: Metodi. This is an observational study on a cohort of thirty elderly patients over-65, consecutively assessed in the health district with multimorbidity and psycho-behavioral, followed for six months.
Results: One third of psychogeriatric patients with multimorbidity, despite being intercepted by health services of community, are admitted to acute psychiatric services for brief observation or hospitalization. Psychogeriatric patients have high clinical instability, reducing ability to make adequate choices, lower levels of consistent actions.
Conclusions: Organizational models, in response to the growing multimorbidity, and the allocation of resources cannot be oriented to the single pathology but to groups of patients in the perspective of long term care. The case-mix is an index of the complexity of the cases treated; when we refer to the psychogeriatric population, this index is high, due to emergence of social and medical problems in both residential and home services.

Keywords: Psychogeriatrics; Case-mix; multimorbidity; Long Term Care

EPP0860

The use of artificial intelligence and machine learning in the care of people with dementia: A literature review

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Introduction: Artificial intelligence and machine learning are increasingly being researched within the field of psychiatry to find out what use it might be. With this review, therefore, we would like to assess what literature, if any, exists that answers the question of whether this technology can be useful for providing dementia care. We also wanted to consider the ethical questions of autonomy, consent and privacy when working with this vulnerable group of patients.
Objectives: To identify and appriase the literature to assess the existing research landscape of the area of machine learning and AI, relating to the care of people with dementia.
Methods: A literature search was conducted, searching the PsychInfo, Medline, PubMed and Embase databases. We assessed the quality of the research and considered what overall findings there were in the existing literature.
Results: 619 papers were identified, of which 28 related to the use of AI in the care of people with dementia. The papers were divided into categories to show the utility and effectiveness these technologies may have: 1: to alert caregivers to problems 2: to facilitate activities for people with dementia 3: to help plan care for people with dementia 4: to consider the ethical implications of the use of artificial intelligence and machine learning
Conclusions: Despite a paucity of literature in the area, existing studies show potential, if used well, for technologies to be a useful addition to care of people with dementia. The experience of patients and their carers must be integral to their development and use.

Keywords: Artificial Intelligence; machine learning; dementia; old age psychiatry

EPP0861

Patient and staff satisfaction with remote psychiatry assessments using mobile tablets in long-stay facilities in rural north-west Ireland.

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Introduction: The COVID-19 pandemic has required services to evolve quickly to continue routine care and telemedicine has been rapidly implemented to facilitate this. Older persons are at high risk of serious complications of COVID-19 and it is essential that their exposure to COVID-19 is minimized.
Objectives: Our aim was to assess staff and patient satisfaction with remote psychiatric assessments using mobile tablets in long-stay facilities.
Methods: Remote clinics using Skype video on mobile tablets were conducted with patients in long-stay facilities attending psychiatry in rural North-West Ireland between April and July 2020. At each review, a satisfaction survey was administered to the patient, their keyworker and the clinician. The patient/keyworker survey instrument had four yes/no statements and the clinician survey had four statements with 5-point likert scale responses (1=very low to 5=very high). Open feedback was also obtained for thematic analysis. Descriptive analyses were completed using SPSS software.
Results: 23 patients (mean age 80.9yrs) were assessed in 10 long-stay facilities. All patients were agreeable to participating in video consultation although only 13 patients were able to respond to survey due to cognitive impairment. There was a 92.3% positive patient response (12/13) and 95.7% positive keyworker response (N=22/23) for all statements. The mean score on the assessor response ranged from 3.43 to 4.04 with the lowest rate for quality of transmission. The main themes identified were related to the quality of connection and sensory difficulties.
Conclusions: Video consultations using mobile tablets offer an acceptable form of remote psychiatry assessment for older persons in long-stay facilities.

Keywords: older persons; mobile tablet; psychiatry; nursing homes

EPP0864

Vascular depression – regarding a case report

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Introduction: Age-related vascular changes have long been documented as an etiopathogenic factor of some geriatric depressive syndromes. More recently, it has emerged the concept of "Vascular Depression" recognizing that cardiovascular disease may predispose, precipitate or perpetuate late life depression. This condition was defined by an episode of major depressive disorder within the

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preceding 12 months in elderly with cardiovascular/cerebrovascular disease, or major cardiovascular risk factors. Vascular Depression isn`t described in DSM-V, and that difficults clinical recognition and affects clinically informed systematic studies.
Objectives: Regarding a clinical case, we enphasize the clinical impact of Vascular Depression`s hypothesis.
Methods: We present a qualitative review of this topic using the Pubmed Central database.
Results: 74 years old male patient, with major depressive disorder about ten years. Depressive and cognitive symptoms didn`t respond to antidepressive treatment and his functional state has gradually declined.
Conclusions: Vascular depression develops after the 60 – 65 years in the absence of personal and family history of affective disorder. The key symptoms are low energy, anhedonia, deficits in selfinitiation, psychomotor retardation, reduced processing speed and lack of insight into mood symptoms. Clinical assessment includes a review of history of vascular risk factors or/and disease, but also an imagiological evidence demonstrating subcortical white matter abnormalities. Insidious and chronic course tends to delay its recognition and management. This becomes critical because Vascular Depression is associated with poor response to antidepressant treatment and persistent depressive symptoms. It`s also associated with poor selfmanagement of comorbidities and impairment in daily function. Increased mortality from all causes is widely documented.

Keywords: Vascular Depression; Geriatric depressive syndromes; Cardiovascular disease; Subcortical white matter abnormalities

Oncology and psychiatry

EPP0866

The impact of life hardiness, attachment style and personality profile on ptsd vulnerability manifestation in breast cancer patients undergone successful surgical treatment.

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Introduction: PTSD manifestation is determined by facing extreme life threatening experience going beyond our stress coping skills. The diagnosis of the serious illness like cancer or SARS-2 COVID 19 can be considered as one of the PTSD risk factors. In our clinical practice we have to distinguish the patients groups vulnerable to comorbid PTSD as well as define the psychological factors like good life hardiness, adaptive internal illness image or specific personality profile that can help to cope with disease stress and should be strengthen with psychosocial interventions.
Objectives: After screening with PTSD Trauma Screening Questionnaire and an expert clinical interview aimed to verify the PTSD diagnosis according to ICD-10 criteria 97 breast cancer patients were enrolled in the study, 46 with comorbid PTSD, 51 well coped with stress
Methods: Semi-structured interview, Hardiness Survey questionnaire,Experiences in Close Relationships-Revised (ECR-R) Adult Attachment questionnaire,Impact of Event Scale-R – IES-R, the questionnaire of the internal disease model, Ego-structure test by G. Ammon(ISTA),.
Results: The correlation analysis revealed negative correlation between PTSD diagnosis and hardiness, especially its Involvement, Control, Risk acceptance sub-scales and with the Traumatic event impact score. Deficient-destructive ISTA personality profile had a positive correlation with PTSD and traumatic Impact scores, the strongest correlation were with deficient aggression(r=0,698, p=0.01), destructive anxiety (r=0,674, p=0,01), and deficient internal and external demarcation (r=0,678, p=0,01). The adaptive internal illness image types had a negative correlation with PTSD
Conclusions: Hardiness, maladaptive illness images types and destructive-deficient personality dimension should be the main targets for psychotherapy in comorbid PTSD treatment and prevention
Keyword: life hardiness ptsd breast cancer internal image of the illness construct anxiety social support

EPP0867

The role of self-compassion in the relationship between pain and depression in palliative patients

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Introduction: In palliative care, depression and pain are prevalent variables with a reciprocal and controversial relationship. Depression is common in people with chronical diseases. In the last decades, self-compassion has been pointed as a protective psychological process to negative affect.
Objectives: The current study aimed to test the role of self-compassion in the relationship between pain and depression in palliative patients.
Methods: Sample was composed of 33 patients in palliative care, with a mean of 74.12 years of age (SD = 12.76). Participants completed self-report questionnaires and data was analyzed using SPSS.
Results: From the descriptive analysis of the results of the Geriatric Depression Scale, 22 patients were depressed (66.6%), 9 of them in severe depression (27.7%). Self-compassion presented a negative and moderate correlation with depression. Depression was positively correlated with pain. A hierarchical regression to predict depression was conducted. Firstly, pain was entered as a predictive variable with a significant effect. Secondly, self-compassion was entered, and the model was significantly incremented, explaining 41% of depression. Only self-compassion was significant in this model.
Conclusions: Discussion and conclusion: The association between pain and depression in palliative care corroborate previous research. Results seemed to show that self-compassion has a significant effect in the relationship between pain and depression. Cultivating a compassion self-to-self relationship might have an