EPV988

Adverse childhood events predicting cognitive complaint but not neuropsychological performance in older adults: Results from a large population-based study

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Introduction: Adverse childhood events (ACEs) have been associated with cognitive impairment in cross-sectional studies. However, the role of different ACEs on cognitive complaint and neuropsychological course in the general population remains under debate.

Objectives: To prospectively assess the associations between specific types of ACEs with subjective cognitive complaint and the evolution of different neuropsychological scores in a large population-based cohort, adjusting for personality traits and depression and anxiety disorders

Methods: Data stemmed from CoLaus|PsyCoLaus, a prospective population-based cohort study of initially 6734 participants followed-up for 20 years. The present sample included 1012 participants over 65 years. Diagnostic criteria for ACEs were elicited using semi-structured interviews; cognitive complaint was assessed with an auto-questionnaire. A neuropsychological battery was used to assessed memory, language, attention and executive functions. The relationship between the different ACEs and the risk of cognitive complaint was assessed with multiple logistic regression. Mixed Linear models measured the association between ACEs and the evolution of neuropsychological scores. The analyses were adjusted for age, sex, education, depression, anxiety disorders, and psychotropic drugs.

Results: Participants with a history of childhood abuse or parental physical fighting exhibited an increased risk of having cognitive complaint in comparison to those without (respectively OR 4.35; p=0.002 and OR 1.73, p=0.03). On the other hand, our results did not show any relationship between ACEs and neuropsychological scores.

Conclusions: Our results suggest that early trauma is associated with low self-esteem in cognitive skills, while normal neuropsychological performance. These findings highlight the importance of considering childhood adversity when examining cognitive complaint.

Disclosure of Interest: None Declared

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Chronic Pain in Older Adults with Psychiatric Disorders: the DoCPPA Study Protocol

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Introduction: **Chronic pain** (CP) and **psychiatric disorders** (PD) are common in older adults, and they both may significantly impact patients' functioning and quality of life. However, research on the prevalence and impact of CP in people with PD remains limited – especially in older adults – and psychiatric care often neglects somatic comorbidities.

Objectives: The main objective of the DoCPPA study is to determine the **prevalence** and **characteristics of CP** in older adults with PD followed-up in psychiatric services. Our secondary objective is to estimate **associations between CP and various clinical indicators** related to physical, cognitive, and mental health, as well as quality of life.

Methods: Setting: Department of Aging Psychiatry of Le Vinatier Hospital Center (France, Bron), inpatient and outpatient psychiatric services.

Method/Design: Cross-sectional monocentric study with 430 older patients (65 and over) with PD, under psychiatric care. The inclusion period will be 36 months.

Measures:

- **Pain:** STOPNEP; CSI-A; BPI-SF; history of drug and non-drug analgesic treatment; current analgesic prescription
- **Physical health:** hypertension; diabetes; smoking history; hypercholesterolemia; BMI
- **Mental health:** ICD-10 psychiatric diagnoses and age at onset; GAD-7; CES-D; NPI; history of psychiatric hospitalizations and suicidal behaviors; current psychotropic prescription
- **Cognition:** MMSE; 5-word test; FAB; other neuropsychological tests
- **Autonomy level and quality of life** : type of housing; protective measures; human assistance; IADL; SF-12; PSQI; mini-Zarit

Results: The results are expected in 2026, once the inclusion period has ended.

Conclusions: This study aims to contribute to improving care in aging psychiatry, a field where a major challenge lies in the management of multiple chronic conditions. **Perspectives** at different levels :

Scientific : improve **knowledge** of CP in an understudied population

Clinical : improve the **assessment and management** of pain in this specific population

Public health : improve the coordination of care and **optimise** their use of the healthcare system

Disclosure of Interest: None Declared

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Resilience following bereavement: a longitudinal network analysis of depressive symptoms and cognitive functions in older adults

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