

**Introduction:** Spirituality and religiousness are not so far extensively investigated in patients after stroke.

**Objectives:** The aim of this preliminary study is to explore whether self-reports in two questionnaires measuring the personal experience of spirituality and religiousness can influence cognition and more specifically performance on neuropsychological tests examining attention.

**Methods:** Fifteen male stroke patients participated voluntarily one year after their hospitalization. The mean age of the patients was 75.58 years (SD = 7.50, range 61-90), level of education 15.47 years (SD = 3.82). In addition to that, fifteen controls with similar demographics, free of physical and mental diseases, were also examined. Depressive symptoms of the participants were assessed with the 15-item Geriatric Depression Scale. The Daily Spiritual Experience Scale, the Systems of Belief Inventory (SBI-15R) and a number of standardized tests examining attention were administered: Trail Making Test-Part A (TMT-A) time to completion, the Digit Span (WAIS-III) greatest forward span, the Ruff 2 & 7 Selective Attention Test automatic detection speed (ADS) and controlled search speed (CSS).

**Results:** indicated that there was a statistically significant difference between the control group and the stroke group in attention. No statistically significant difference was found between the two groups regarding the levels of spirituality and religiousness.

**Conclusions:** Although spirituality and religiousness may be related with quality of life, cognitive functioning such as attention does not seem to be influenced by these variables one year post-stroke. Future research should further investigate the possible influence of the abovementioned factors in post-stroke recovery and rehabilitation.

**Keywords:** Attention; stroke; religiousness; Spirituality

## EPP0855

### Stroke patients and visual memory: Exploring the role of spirituality and religiousness

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doi: 10.1192/j.eurpsy.2021.1139

**Introduction:** The relationship of spirituality, religiousness and stroke is a topic of interest.

**Objectives:** The aim of this preliminary study is to explore whether self-reports in two questionnaires measuring the personal experience of spirituality and religiousness can influence cognition and more specifically performance on neuropsychological tests examining visual memory.

**Methods:** Fifteen male stroke patients participated voluntarily one year after their hospitalization. The mean age of the patients was 75.58 years (SD = 7.50, range 61-90), level of education 15.47 years (SD = 3.82). In addition to that, fifteen controls with similar demographics, free of physical and mental diseases, were also examined. Depressive symptoms of the participants were assessed with the 15-item Geriatric Depression Scale. The Daily Spiritual Experience Scale, the Systems of Belief Inventory (SBI-15R) and a

number of standardized tests examining visual memory were administered: visual perception (copy condition) and memory (Rey-Osterrieth Complex Figure Test-number of correct components on immediate and delayed recall trials and recognition-true positive responses).

**Results:** indicated a statistically significant difference between the control group and the stroke group in performance regarding visual memory. There was no statistically significant difference between the two groups regarding the levels of spirituality and religiousness.

**Conclusions:** Visual memory does not seem to be influenced by spirituality and religiousness one year post-stroke. Future research should further investigate the possible influence of the abovementioned factors in post-stroke recovery and rehabilitation.

**Keywords:** stroke; Spirituality; religiousness; visual memory

## EPP0856

### Does spirituality and religiousness influence verbal functions in stroke patients?

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doi: 10.1192/j.eurpsy.2021.1140

**Introduction:** Patients after stroke may experience different cognitive and emotional changes based on the levels of their spirituality and religiousness.

**Objectives:** This preliminary study aims to explore whether self-reports in two questionnaires measuring the personal experience of spirituality and religiousness can influence cognition and more specifically performance on neuropsychological tests examining verbal functions.

**Methods:** Fifteen male stroke patients participated voluntarily one year after their hospitalization. The mean age of the patients was 75.58 years (SD = 7.50, range 61-90), level of education 15.47 years (SD = 3.82). In addition to that, fifteen controls with similar demographics, free of physical and mental diseases, were also examined. Depressive symptoms of the participants were assessed with the 15-item Geriatric Depression Scale. The Daily Spiritual Experience Scale, the Systems of Belief Inventory (SBI-15R) and a number of standardized tests examining verbal functions such as word list learning (number of words on immediate and delayed recall), story learning (number of words on immediate and delayed recall).

**Results:** showed a statistically significant difference between the control group and the stroke group in performance regarding verbal functions, with the first group showing higher scores. No statistically significant difference was found between the two groups regarding the levels of spirituality and religiousness.

**Conclusions:** Although spirituality and religiousness may be related with quality of life, cognitive functions such as verbal functions are not influenced one year post-stroke.

**Keywords:** Spirituality; verbal functions; stroke; religiousness

## EPP0857

### Portuguese ABE's BPSD score (ABS): exploring agreement between ABS items and neuropsychiatric inventory domains

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doi: 10.1192/j.eurpsy.2021.1141

**Introduction:** Neuropsychiatric symptoms (NPS) are common, disabling and burdensome core-features of dementia, with important diagnostic and prognostic value. However, their measurement remains challenging. The Neuropsychiatric Inventory (NPI) is the most widely used NPS measure. Nevertheless, it is also time-consuming and impractical in most clinical settings. Therefore, the Abe's BPSD score (ABS) has been proposed as a brief score to facilitate the NPS assessment.

**Objectives:** To explore the concurrent validity of the Portuguese ABS by comparing the 10 ABS items with the relevant NPI-12 domains.

**Methods:** A cross-sectional study was conducted with outpatients attending a gerontopsychiatric consultation. Patients were included if they were  $\geq 65$  years and had a reliable caregiver. NPS frequency rates (number of patients with a symptom) were estimated with ABS and NPI-12, and an agreement analysis was undertaken by calculating kappa-coefficients ( $k$ ) and the respective 95% confidence interval [95%CI] between ABS items and relevant NPI-12 domains.

**Results:** Overall, 107 patients were included. Kappa-values ranged from 0.277 to 1.000. Higher agreement was recorded for the ABS items eating/toilet problems ( $k=1.000$ ), day-night reversal ( $k=0.976[0.925-1.000]$ ) and depressive/gloomy mood ( $k=0.957[0.899-1.000]$ ), with the NPI-12 appetite/eating abnormalities, night-time behavioural disturbances and dysphoria domains, respectively. The ABS item violent force recorded the lowest agreement ( $k=0.277[0.104-0.45]$ ) with the NPI-12 agitation/aggression domain.

**Conclusions:** This exploratory analysis demonstrates good levels of agreement between most ABS items and relevant NPI-12 domains. Data add to the evidence that both measures capture a comparable broad spectrum of psychopathology, supporting the ABS use in clinical routine. Support: FCT(PD/BD/114555/2016), and National Funds through FCT-within CINTESIS, R&D Unit (ref. UIDB/4255/2020).

**Keywords:** Neuropsychiatric symptoms; dementia; Psychiatric Status Rating Scales; Validation study

## EPP0858

### Benzodiazepines prescribing in elderly patients: A study about the prescribing behaviour of tunisian psychiatrists

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doi: 10.1192/j.eurpsy.2021.1142

**Introduction:** Prescribing benzodiazepines (BZD) in patients over 65 years old requires special precautions in view of the frequency and the severity of their side effects, especially in this age group.

**Objectives:** The objectives of our work were to evaluate the modalities of BZDs prescribing in elderly patients in psychiatry and to assess their compliance with international recommendations.

**Methods:** This is a descriptive cross-sectional study conducted through a Google-forms self-administered questionnaire, intended for psychiatrists and psychiatric residents, over a period of two months, from April 1 to May 31, 2019.

**Results:** One hundred physicians practicing in psychiatry answered our questionnaire. The response rate was 28%. Special precautions were taken in elderly patients by 96.5% of the participants. In elderly patients, long half-life BZDs were prescribed in 15% of cases. The majority of the participants indicated that the risk of falls (98.1%) and memory impairments (75.2%) were the main risks to which they were particularly vigilant during the prescribing of BZDs in elderly patients. In the elderly, 20% of the participants said they did not take special precautions when stopping BZDs.

**Conclusions:** The frequency and severity of side effects associated with BZDs in the elderly are the cause of strict prescribing rules in this age group. According to the results of our study and to the literature data, the prescribing practices of these molecules in the elderly remain insufficiently in accordance with the guidelines.

**Keywords:** Benzodiazepines; Prescribing; psychiatry; elderly

## EPP0859

### Psychogeriatrics and case-mix in residential and home services

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doi: 10.1192/j.eurpsy.2021.1143

**Introduction:** The frail elderly with multimorbidity and polytherapy may need both residential and home services. The psychogeriatric patient can make both of these contexts very demanding and painful, so that the care burden increases. Psycho-behavioral events lead to an unexpected and particularly complex workload, requiring specific and integrated skills in the fields of health, social assistance and education.

**Objectives:** Evaluate whether the integrated team, operating in the health district, is able to intercept multimorbidity in the presence of psychogeriatric disorders. A possible index of the ability to take charge of psychogeriatric multimorbidity is to measure admission rates to acute psychiatric services or to nursing homes.