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Comparison of the frailty phenotype and the Tilburg Frailty Indicator regarding the prediction of quality of life in a two-year follow-up

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Introduction Frail individuals are highly vulnerable to minor stressful events, presenting a higher risk for adverse health outcomes (e.g. falls, disability, hospitalization), which can lead to a decline in quality of life (QoL). In this context, an early screening of elderly frailty is of crucial importance.

Objective To compare how the Frailty Phenotype (FP) and the Tilburg Frailty Indicator (TFI) predict QoL in a two-year follow-up.

Methods A longitudinal study was designed recruiting 110 community-dwelling elderly (≥ 65 years). The presence of frailty was assessed at baseline (FP ≥ 3 and TFI ≥ 6), whereas QoL was measured two years later with two different scales: the WHOQOL-OLD and the EUROHIS-QOL-8. Hierarchical regressions were conducted.

Results The mean age of the participants at baseline was 77.7 ± 6.9 years, and most were women (75.5%). According to FP, 33.6% of the participants were classified as frail, while the TFI detected frailty in 50% of the elderly. After adjusting for age and gender, the TFI significantly predicted QoL (WHOQOL-OLD: $\beta = -18.9$, $t(106) = -6.97$, $P < 0.001$; EUROHIS-QOL-8: $\beta = -6.1$, $t(106) = -6.71$, $P < 0.001$), whereas the effect of the FP on the outcome measures was non-significant.

Conclusions Frailty at baseline was associated with a lower QoL at follow-up. A multidimensional frailty operationalization (TFI) showed a stronger predictive validity than an exclusively physical one (FP). The option of which frailty measure to use in a clinical setting should take into account its ability to predict specific adverse outcomes, conducing to targeted and effective interventions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.405

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Screening for metabolic syndrome in older patients with severe mental illness: Two-years observational study

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Introduction Patients with serious psychiatric illness (SMI) have a reduced quality of life and life expectancy than the general population. Metabolic syndrome (MS) is a clinical aspect determining who should be considered to reduce the risk of serious and chronic organic factors, even more significant in the elderly.

Objectives To evaluate metabolic screening of elderly patients with severe mental illness (SMI).

Aims To evaluate the importance of routine screening of metabolic parameters in elderly guests of residential facilities with or without SMI; metabolic screening at baseline and after two of hospitalization.

Methods Elderly inpatients (44 Tot) with Severe Mental Illness (SMI: bipolar disorder: 34%; schizophrenia: 46%; other: 20%) vs elderly inpatients (78 Tot). Data collected at baseline: psychiatric diagnosis; any previous diagnosis of hypertension, diabetes, dyslipidemia; ECG. At baseline and for two years were administered following scale: BPRS; PANSS; Qli; MMSE, ADL.

Results After two years metabolic screening has recorded at least one of the new interactions between the five factors of MS (ATP III) in 50% of patients with: one (34%); two (21%); three (11%); four (3%) new altered parameters. In MS inpatients, 53% of new metabolic alterations were recorded in 53% (MS inpatients) vs 23% without MS after two years.

Conclusions Our results showed a higher frequency of MS in patients with SMI than comparison subjects. Haloperidol was the antipsychotic medication that caused minor impact on the development of metabolic disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further readings

Vancampfort D., et al. World Psychiatry 2015;14(3):339-47.
Robles Bayón A, et al. Am J Geriatr Psychiatry 2014;22(11):1116-20.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.407

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Cognitive deterioration and depressive symptoms in elderly people living in the community

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Introduction Depression is a prevalent illness in elderly people. Cognitive deterioration associated to depressive symptoms is frequently considered as Dementia, especially in primary care. The study of the relation between both pathologies is necessary to correct treatment of mental illness in elderly people.

Aims The aim of this study is to investigate whether depressive symptoms are related to certain areas of cognitive decline in elderly people.

Methods The sample included community people older than 65 years ($n = 927$), mean age 72.9; 55.1% were women and 44,9% men. Instruments used were Beck Depression Inventory (BDI), Blessed Dementia Scale (BDS), Mini Mental State Examination (MMSE), verbal fluency test, clock drawing task, Wechsler digit substitution test and Wechsler similarity test.

Results Of the sample, 15,2% presented cognitive deterioration in Blessed Dementia Scale, with statistical significance in relation between growing age, female sex and cognitive deterioration ($P < 0.005$). Twenty-eight percent of the sample present cognitive decline, finding the same relation between sex, age and cognitive condition. Of the sample, 33.5% presented mild depression, 9.1% moderate depression and 1.4% presented severe depression using BDI. Correlations between depression and cognitive tests were analyzed. In demographic factors, social support was significantly correlated with depression but marital status, occupation and education were not correlated.

Conclusions There is a high prevalence of depressive symptoms and cognitive deterioration in elderly people. High levels of depressive symptoms are associated with cognitive deterioration, especially in comprehension and judgment, delayed recall, verbal memory and visuospacial coordination in elderly people.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.408