

P152: Early detection and evolution of Mild Behavioral Impairment in a sample of people with subjective cognitive complaints

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Objective: Mild behavioral impairment (MBI) is a validated diagnostic entity, that describes the emergence of later life neuropsychiatric symptoms (NPS) in pre-dementia states. The aim of this study was to estimate the prevalence of MBI in people with subjective cognitive complaints (SCCs) in primary care centers and observe the evolution in a longitudinal study.

Methods: Three hundred twenty-three participants belonging to the CompAS longitudinal study who attended primary care centers with SCCs and without previous diagnosis of dementia and other neurological or psychiatric disturbances underwent clinical, neurological, and neuropsychological examinations at baseline and at two follow-up times (around 24 and 60 months). At each evaluation point participants were diagnosed as Cognitively Unimpaired (UC), Mild Cognitive Impairment (MCI) and SDC; at the follow-up assessments dementia was diagnosed as well. Diagnosis of MBI was made via a series of semistructured independent interviews with patients and relatives in accordance with the ISTAART-AA criteria and using the Spanish MBI-C cut-off point (Mallo et al, 2019). Frequencies of participants diagnosed in each category were obtained and evolution of the MBI along the follow-up evaluations was studied.

Results: MBI diagnosis prevalence was 22.9% at baseline corresponding to 74 individuals of which at 24 months follow-up were MBI stable 31.1%, 14.9% evolved to MCI, 1.3% to dementia and 40% to CU, (attrition 12.2%). At 60 months follow-up, from the 23 individuals with MBI, 6 remained stable (26.1%), 6 (21.1%) evolved to MCI, 2 (8.7%) to dementia, 3 (13%) to CU, (attrition 26.1%) (Figure 1).

Conclusions: Results indicated that almost a quarter of individuals attending primary care centers with SCCs without previous diagnosis of dementia or psychiatric disorders are MBI. An important part of them evolve to UC or MCI, and only a minority progress to dementia. More studies are needed to analyze the cognitive, personal, and biological factors that determine this evolution.

References: Mallo et al. (2019). Assessing mild behavioral impairment with the mild behavioral impairment checklist in people with subjective cognitive decline. *International psychogeriatrics*, 31(2), 231-239. <https://doi.org/10.1017/S1041610218000698>

P160: Electroconvulsive therapy for neuropsychiatric symptoms in dementia: survey among Dutch physicians

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Objective: Neuropsychiatric symptoms (NPS) are common in people with dementia and have a negative effect. Commonly used pharmacological and psychosocial interventions are not always effective and NPS can become

refractory. Electroconvulsive therapy (ECT) may be effective for (severe) agitation and aggression and is well tolerated. Nevertheless, its application seems limited in the Netherlands. We explored the application of and attitudes of physicians towards ECT for (severe) NPS in older people with dementia in the Netherlands.

Methods: A survey study among geriatricians, elderly care physicians and old-age psychiatrists in the Netherlands in July 2020. An online invitation was included in the digital newsletter of the professional society or directly sent to the professional network of one of the authors (in case of old-age psychiatrists). The questionnaire included 20 closed- and open ended questions on demographic characteristics, experiences with (consideration of) referral for/application of ECT and attitudes towards ECT.

Results: Sixty-one respondents completed the survey, eight had ever considered ECT. Two of these eight referred patient(s) for depressive behavior, sometimes combined with agitation. Lack of experience, ECT not being included in guidelines for this indication, unfamiliarity with possible (side) effects and risks, ethical and practical issues were the main reasons of the respondents for not considering ECT. Most respondents were open to referring patients with dementia for ECT to treat (severe) NPS, specifically in case of refractory symptoms.

Conclusion: Respondents are not negative about ECT, yet rarely consider it due to lack of awareness and knowledge and the ethical and practical issues related to its application. Although the response to our survey was low and the number of respondents is limited, we do feel that ECT may be an alternative for palliative sedation, which is used incidentally in cases of refractory NPS in the Netherlands. Further exploring the support base and possibilities for application of ECT-treatment for refractory NPS might therefore be worthwhile.

P166: Elderly diabetic and non-diabetic patients in Portuguese RNCCI Convalescence Units: Are they different?

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Objective: Diabetes Mellitus (DM) is one of the most prevalent chronic diseases, whose incidence has been increasing especially in the elderly, , being estimated that over one-quarter of people over the age of 65 years have diabetes.

Diabetes implications, whether due to acute or chronic complications, namely cognitive and functional impairments, can be devastating and usually determine the need for more supervision, implying a caregiver. For a better clinical characterization of DM, this study aimed to compare older adults, with and without DM, hospitalized in the Convalescence Units (CUs) of the Portuguese National Network of Integrated Continued Care (RNCCI).

Methods: This cross-sectional study included older adults (≥ 65 years old) admitted into three CUs in northern Portugal. The inability to communicate was considered an exclusion criterion. A comprehensive assessment protocol was used, which comprised the Mini Mental State Examination (cognitive function), the Katz Index, and