physical activity) and vitality-based physical frailty (encompassing weight loss and exhaustion). Only performance-based physical frailty was associated with higher levels of inflammatory markers.
Conclusion The physical frailty phenotype is not a unidimensional construct in individuals with depression. Only performance-based physical frailty is associated with low-grade inflammation in LLD, which might point to a specific depressive subtype.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.038

FC35

Antidepressants and mortality risk in a dementia cohort – data from SveDem, the Swedish Dementia Registry

D. Enache[1,*], S.M. Fereshtehnejad[2], P. Cermakova[2], S. Garcia-Ptacek[2], I. Kåreholt[2], K. Johnell[2], D. Religa[2], V. Jelic[2], B. Winblad[2], C. Ballard[3], D. Aarsland[2], J. Fastbom[2], M. Eriksdotter[2]
[1] *Karolinska Institute, Stockholm, Sweden*
[2] *Karolinska Institute, Department of Neurobiology, Care Sciences and Society, Stockholm, Sweden*
[3] *King's College London, Wolfson Centre for Age-Related Diseases, King's College, London, United Kingdom*
[*] *Corresponding author.*

Background The association between mortality risk and use of antidepressants in people with dementia is unknown.
Objective To describe the use of antidepressants in people with different dementia diagnoses and to explore mortality risk associated with use of antidepressants 3 years before a dementia diagnosis.
Methods Study population included 20,050 memory clinic patients from Swedish Dementia Registry diagnosed with incident dementia. Data on antidepressants dispensed at the time of dementia diagnosis and during three-year period before dementia diagnosis was obtained from the Swedish Prescribed Drug Register. Cox regression models were used.
Results During a median follow-up of 2 years from dementia diagnosis, 25.8% of dementia patients died. A quarter (25.0%) of patients were on antidepressants at the time of dementia diagnosis while 21.6% used antidepressants at some point during a three-year period before a dementia diagnosis. Use of antidepressant treatment for 3 consecutive years before a dementia diagnosis was associated with a lower mortality risk for all dementia disorders (HR: 0.82, 95% CI: 0.72–0.94) and in Alzheimer's disease (HR: 0.61, 95% CI: 0.45–0.83). There were no significant associations between use of antidepressant treatment and mortality risk in other dementia diagnoses.
Conclusion Antidepressant treatment is common among patients with dementia. Use of antidepressants during prodromal stages may reduce mortality in dementia and specifically in Alzheimer's disease.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.039

FC38

Validity of the Geriatric Depression Scale-30 against the gold standard diagnosis of depression in older age: The GreatAGE Study

M. Lozupone[1,*], F. Veneziani[1], I. Galizia[1], L. Lofano[1], D. Montalbò[1], S. Arcuti[2], R. Tortelli[2], M.R. Barulli[2], R. Capozzo[2], C. Bonfiglio[3], F. Panza[2], D. Seripa[4], O. Todarello[1], G. Logroscino[2]
[1] *Psychiatric Unit, Basic Medical Sciences, Neurosciences and Sense Organs, University of Bari Aldo Moro, Bari, Italy*
[2] *Pia Fondazione "Cardinale G. Panico", Tricase, Department of Clinical Research in Neurology, University of Bari Aldo Moro, Tricase LE, Italy*
[3] *IRCCS "S. De Bellis", Epidemiology and Biostatistics Laboratory, Castellana Grotte BA, Italy*
[4] *Geriatric Unit & Laboratory of Gerontology and Geriatrics, Department of Medical Sciences, IRCCS "Casa Sollievo della Sofferenza", San Giovanni Rotondo FG, Italy*
[*] *Corresponding author.*

Introduction Depression is a common disorder in late-life. Structured clinical interviews may be less efficient compared to self-administered questionnaires, but provide more accurate findings in terms of diagnosis. No population-based studies with both these depression assessment instruments have been ever performed.
Objectives To estimate the GDS-30 accuracy for depression assessment against the gold standard [Semi-structured Clinical Diagnostic Interview for DSM-IV-TR Axis I Disorders (SCID)] in subjects 65+ years in a random sampling of the general population.
Methods The sample was collected in a population-based study (GreatAGE) conducted among elderly residents in Castellana, Southeast Italy. It includes 597 participants (57.62% males, mean age 73 years). Depression was assessed through the GDS-30 and the SCID, both double-blinded administered respectively by a trained neuropsychologist and psychiatrist. The GDS-30 screening performances were analyzed using ROC curves.
Results According to the gold standard SCID, the rate of depressive disorder was 10.22% (15.81% of women; 6.1% of men) while with GDS-30 instrument 12.06% of the residents met the depression cutoff. Only 36.1% of GDS cases were true positive. At the optimal cutoff score (> 5), GDS had 62% sensitivity and 81% specificity. Using a more conservative cutoff (> 9), the GDS-30 specificity reached 91% while sensitivity dropped to 43%.
Conclusions These preliminary results from the first population-based study that compares GDS-30 and SCID showed that the GDS-30 identified adequate levels of screening accuracy (AUC 0.76) compatible with scores established in community settings.
Funding PRIN2009E4RM4Z.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.042

FC39

Specific personality changes in subjects with MCI and mild dementia are associated with cerebral Alzheimer's pathology as measured by CSF biomarkers

D. Tautvydaitė[1,*], J.P. Antonietti[2], A. Von Gunten[1], H. Henry[3], J. Popp[1]
[1] *Lausanne University Hospital, CHUV, Service of Old Age Psychiatry, Department of Psychiatry, Lausanne, Switzerland*
[2] *University of Lausanne, Faculty of Social and Political Sciences, Institute of Psychology, Lausanne, Switzerland*
[3] *Lausanne University Hospital, CHUV, Service of Biomedicine, Lausanne, Switzerland*
[*] *Corresponding author.*

Introduction Specific changes in personality profiles may represent early symptoms of Alzheimer's disease (AD). Knowledge about relationship between personality changes and biomarkers of cerebral pathology can contribute to early diagnosis of AD.
Objectives To investigate to what extent the personality changes predict the cerebral AD pathology.