

faster change from 'now driving' state to 'driving cessation' state over time in the elderly ($\beta = -0.508, P < 0.001$).

Conclusion In both cross-sectional and longitudinal aspects, the degree of WMH might be one of the predictive factors for driving cessation in the elderly, reflecting both motor and cognitive functions or independently.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2066>

EW0197

Swallowing disturbances and psychiatric profile in older adults: The GreatAGE study

M. Lozupone^{1,*}, A. Leo¹, R. Sardone¹, F. Veneziani¹, C. Bonfiglio², I. Galizia¹, L. Lofano¹, A. Grasso¹, M. Tursi¹, M.R. Barulli³, R. Capozzo³, R. Tortelli³, F. Panza¹, D. Seripa⁴, A.R. Osella², G. Logroscino³

¹ University of Bari, Department of Basic Medicine, Neuroscience, Sense Organs, Bari, Italy

² Laboratory of Epidemiology and Biostatistics, Istituto di ricerca cura a carattere scientifico "S. De Bellis", Castellana Grotte, Italy

³ Pia Fondazione Cardinale G. Panico, Department of Clinical Research in Neurology, Tricase, Lecce, Italy

⁴ Geriatric Unit & Laboratory of Gerontology and Geriatrics, Department of Medical Sciences, IRCCS "Casa Sollievo della Sofferenza", San Giovanni Rotondo, Foggia, Italy

* Corresponding author.

Introduction Several studies have reported controversial links between swallowing disturbances (SD) and psychiatric disorders in older age. The available data on the epidemiology of SD in the general population are scarce and often conflicting, because of numerous methodological factors source of possible confounders. **Objectives** We aimed to screen the presence of psychiatric and cognitive disorders associated with SD in a random sampling of the general population ≥ 65 .

Methods A sample of 1127 elderly individuals collected in a population-based study (GreatAGE) in Castellana Grotte (53,50% males, mean age 74.1 ± 6.3 years), South-East Italy, were mailed a validated self-report questionnaire to assess SD (Eating Assessment Tool-EAT10). Psychiatric disorders and symptoms [assessed with Semi-structured Clinical Diagnostic Interview for DSM-IV-TR Axis I Disorders, Geriatric Depression Scale-30 (GDS-30) and Symptom Checklist Revised-90 (SCL-90R)], cognitive functions were assessed with a comprehensive neuropsychological battery, neurological exam, and demographics were compared in participants with and without SD using *t*-tests and Mann-Whitney *U*-test.

Results The prevalence rates of SD amounted at 5.97%. Psychiatric diagnosis (24.22% of the sample) was statistically significant associated with SD ($EAT \geq 3, P = 0.038$), and a trend was found for major depressive disorder and generalized anxiety disorder. Among SCL-90R domains, only anxiety showed a significant association with $EAT \geq 3$ ($P = 0.006$). GDS-30 score was found to be higher in subjects with SD ($P = 0.008$). Cognitive functions did not differ between the two groups except for an increasing trend for Clinical Dementia Rating Scale in $EAT \geq 3$ ($P = 0.058$).

Conclusions These preliminary results showed an association between SD in older age and late-life major depression and anxiety disorders.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2067>

EW0198

Educational level influenced the gold standard diagnosis of late-life depression in the GreatAGE study

M. Lozupone^{1,*}, F. Veneziani¹, L. Lofano¹, I. Galizia¹, E. Stella², M. Copetti³, S. Arcuti³, A. Leo¹, R. Sardone¹, A. Grasso¹, M. Tursi¹, M.R. Barulli⁴, R. Tortelli⁴, R. Capozzo⁴, F. Panza¹, D. Seripa⁵, C. Bonfiglio⁶, A.R. Osella⁶, G. Logroscino⁴

¹ University of Bari, Department of Basic Medicine, Neuroscience, Sense Organs, Bari, Italy

² University of Foggia, Department of Clinical and Experimental Medicine, Foggia, Italy

³ IRCCS "Casa Sollievo della Sofferenza", Unit of Biostatistics, San Giovanni Rotondo, Foggia, Italy

⁴ Pia Fondazione Cardinale G. Panico, Department of Clinical Research in Neurology, University of Bari Aldo Moro, Tricase, Lecce, Italy

⁵ IRCCS "Casa Sollievo della Sofferenza", Geriatric Unit & Laboratory of Gerontology and Geriatrics, Department of Medical Sciences, San Giovanni Rotondo, Foggia, Italy

⁶ IRCCS "S. De Bellis", Laboratory of Epidemiology and Biostatistics, Castellana Grotte, Bari, Italy

* Corresponding author.

Introduction The validity of the 30-item Geriatric Depression Scale (GDS-30) in detecting late-life depression (LLD) requires a certain level of cognitive functioning. Further research is needed in population-based setting on other socio-demographic and cognitive variables that could potentially influence the accuracy of clinician rated depression.

Objective To compare the diagnostic accuracy of two instruments used to assess depressive disorders [(GDS-30) and the Semi-structured Clinical Diagnostic Interview for DSM-IV-TR Axis I Disorders (SCID)] among three groups with different levels of cognitive functioning (normal, Mild Cognitive Impairment – MCI, Subjective Memory Complain – SMC) in a random sampling of the general population 65+ years.

Methods The sample, collected in a population-based study (GreatAGE Study) among the older residents of Castellana Grotte, South-East Italy, included 844 subjects (54.50% males). A standardized neuropsychological battery was used to assess MCI, SMC and depressive symptoms (GDS-30). Depressive syndromes were diagnosed through the SCID IV-TR. Socio-demographic and cognitive variables were taken into account in influencing SCID performance.

Results According to the SCID, the rate of depressive disorders was 12.56%. At the optimal cut-off score (≥ 4), GDS-30 had 65.1% sensitivity and 68.4% specificity in diagnosing depressive symptoms. Using a more conservative cut-off (≥ 10), the GDS-30 specificity reached 91.1% while sensitivity dropped to 37,7%. The three cognitive subgroups did not differ in the rate of depression diagnosis. Educational level is the only variable associated to the SCID diagnostic performance ($P = 0.015$).

Conclusions At the optimal cut-off, GDS-30 identified lower levels of screening accuracy for subjects with normal cognition rather than for SMC (AUC 0.792 vs. 0.692); educational attainment possibly may modulate diagnostic clinician performance.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2068>