

be protective against mortality. In older adults with mental illness, only one study explored the relation between metabolic syndrome and mortality and found no association.

Objectives: To examine whether metabolic syndrome or any of its components predicted mortality in a cohort of older adults with psychiatric disorders, and to determine if this association differs across diagnostic groups.

Methods: We used a multicentric prospective design to follow, over 5 years, a cohort that included 634 in- and outpatients with schizophrenia, bipolar or major depressive disorder (MDD). Metabolic syndrome was assessed at baseline following NCEP-ATPIII criteria. Cause of death was categorized as cardiovascular disorder (CVD) mortality, non-CVD disease-related mortality, suicide and accident.

Results: We found no significant association between metabolic syndrome or any of its components with all-cause, CVD and non-CVD mortality. However, an association with increased all-cause and disease-related mortality was found in the subpopulation of older adults with MDD, even after adjustment for age, sex and smoking status ($p=0.032$ and $p=0.036$, respectively). A significant interaction was found between metabolic syndrome and psychiatric diagnoses indicating that in participants with MDD, metabolic syndrome had a significantly greater effect on all-cause mortality ($p=0.025$) and on disease-related mortality ($p=0.008$) than in participants with either bipolar disorder or schizophrenia.

Conclusions: In older adults with psychiatric illness, our findings do not support an association between metabolic syndrome and increased mortality, in contrast with the literature findings on their younger counterparts. We discuss several possible explanations, including a survival bias, a lack of sensitivity of the used cut-offs and a ceiling effect of metabolic syndrome on mortality in this very high-risk population. The lack of a ceiling effect in the depressive subgroup, because of a less marked premature mortality, could explain the positive association, in contrast with bipolar disorder or schizophrenia subgroups.

Disclosure of Interest: None Declared

EPP0211

Latent profiles for mental health in older people from Concepción, Chile.

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Introduction: Aging is a demographic global trend and a challenge for public mental health; however, gaps persist for a comprehensive definition of mental health, risk, protective factors, and processes involved, which represent a greater problem in middle-income countries, where evidence is scarce.

Objectives: To identify combined mental health profiles in older adults, based on self-report of anxiety symptoms, depressive symptoms, and perception of well-being, and to identify risk and protective variables for each of the groups, based on a sample of older

adults attending primary health care (PHC) centers in the Province of Concepción, Chile.

Methods: A convenience sample of 573 adults of both sexes, over 65 years, autonomous, attending PHC centers in the Province of Concepción, Chile, answered a set of instruments assessing anxiety symptoms (SCL-90), depressive symptoms (PHQ-9) and perception of well-being (Pemberton Happiness Index) and eventually associated variables that included sociodemographic and living arrangements, social participation, threatening life events (LTE), loneliness (ULS-3), and social support (MSPSS). Latent profile mixture analysis was used to identify groups of adults with similar mental health, and pertinence in each group was explained using random forests. The relationship between predictors and latent profiles were analyzed with multinomial regression.

Results: A solution of 4 groups with distinctive mental health profiles was determined: Group 1 (28%) with high depressive symptoms, high anxiety, and low well-being; Group 2 (32%) with moderate depressive symptoms, high anxiety and moderate well-being; Group 3 (24%) with moderate depressive symptoms, low anxiety and moderate well-being and; Group 4 (15%) characterized by individuals with low anxious or depressive symptoms, high well-being, and absence of mental disorder.

Using random forests, this model predicts 63% variance between groups. A large number of variables were found to significantly predict membership in one of the 4 groups. Specifically: gender, satisfaction with living arrangement, economic crisis, own disease, and death or illness of friend, perception of general health, intimate, relational and collective loneliness, social support from family and significant others, and social support from friends.

Conclusions: The 4-group classification is a parsimonious solution where group 1 characterize people with poor mental health; groups 2 and 3 languishing with high and low anxiety respectively; and group 4 healthy and flourishing. Overall, these groups highlight the role of close interpersonal relationships or primary ties, both in terms of intimacy versus loneliness/isolation and in satisfaction with living arrangements for the elderly. The importance of these psychosocial predictors on combined mental health in the elderly further the need to understand their role and mechanisms to design promotion and prevention strategies.

Disclosure of Interest: None Declared

EPP0212

Low dose Amantadine and Escitalopram combination in Atypical Parkinsonian disorders- A Retrospective chart review

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Introduction: The response to conventional antiparkinsonian medications is elusive in atypical parkinsonian disorders. Improvement in parkinsonian symptoms in atypical parkinsonian disorders has been reported with anecdotal use of Amantadine. The role of serotonergic control over the nigrostriatal pathway led to the use of Escitalopram.