

Disclosure: No significant relationships.

Keywords: language impairment; memory disorder; cognitive disorder; Depression

EPV0956

Tunisian sociodemographic profile of elderly patients hospitalized in psychiatry

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Introduction: Elderly people have always presented physiological changes and suffered from many diseases. There are few studies focused on this growing particular population, especially with mental pathologies. Thus, psychiatric hospitalization of the elderly population is more frequent nowadays.

Objectives: The aim of this study is to establish the socio-demographic characteristics of elderly patients hospitalized in psychiatry.

Methods: Retrospective and descriptive study over a period of 20 years and 6 months on patients aged over 65 years old hospitalized in the psychiatry "B" department of the Hedi Chaker University hospital in Sfax, Tunisia, for a psychiatric disorder, selected according to the DSM 5 diagnosis criteria.

Results: The number of records identified was 62, out of 4019 patients (15.4%). The mean age of patients was 71.1 years old and the sex ratio (Male / Female) = 0.67. Patients were originally from Sfax in 58.1% and from rural areas in 58.1% of cases. Most of patients (78.4%) were living at least with one member of their family. They were married in 53.2% of cases. The average number of children was 5.21. The majority of patients were illiterate (61.3%) and never had a professional activity in 45.2% of cases. Social coverage concerned 96.8% of our sample.

Conclusions: Elderly patients hospitalized in our department were mainly illiterate, females and living with their family. Despite everything, family involvement in care is still necessary for this category of patients.

Disclosure: No significant relationships.

Keywords: elderly patients; sociodemographic profile; psychiatry; hospitalization

EPV0957

Clock Drawing Test – low accuracy in early hours

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Introduction: Early diagnostics of neurodegenerative disease and their comorbidities is linked to better treatment outcome and improved quality of life. The first patient assessment should lay strong foundations for the direction of the upcoming diagnostic procedure. Clock Drawing Test (CDT) is often used as an early screening instrument in geriatric patients presenting with cognitive disorders.

Objectives: The goal of the present study was to evaluate diagnostic accuracy of the CDT in a geriatric cohort with mild cognitive difficulties.

Methods: Out of a pool of in- and outpatient data presenting with subjective cognitive difficulties three diagnostic groups were formed – mild cognitive impairment, depressive disorder and healthy controls. CDT was scored using a quantitative scoring system with each aspect of the clock evaluated separately. CDT data was analysed for its discriminative value in early diagnostics of AD and DD.

Results: Logistic regression produced a significant model with a low percentage of explained variance in both DD and AD groups. Same CDT items were significant predictors for DD and AD pathology. ROC curve inspection allowed only a poor discrimination capability for the significant predictors.

Conclusions: Despite being a popular screening test, CDT is a poor choice for individuals presenting with a mild cognitive impairment. Using CDT alone might result in initial stages of neurodegeneration going undetected, thus depriving patients of early treatment options. Same error types were significant predictors in DD and AD. This indicates that CDT can detect a general impairment; however, an in-depth neuropsychological assessment is needed for differential diagnostics.

Disclosure: No significant relationships.

Keywords: clock drawing test; Cognitive disorders; early diagnostics

EPV0959

Determinants of insulin treatment satisfaction among type 2 diabetic older adults

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Introduction: Glycemic control for elderly diabetics is a challenge. Treatment satisfaction reflects this control.

Objectives: To determine the factors associated with insulin treatment satisfaction among type 2 diabetic elderly.

Methods: A cross-sectional study on 86 type 2 diabetic insulin dependent elderly recruited from the outpatient endocrinology consultation during June and July 2021. We applied the Diabetes Treatment Satisfaction Questionnaire (DTSQ) and geriatric assessment scores.

Results: Three quarters of the patients were satisfied with the insulin therapy. Satisfied patients had significantly less history of hospitalization and more regular follow-up. Diabetic neuropathy medications were significantly less taken by satisfied patients. The number of daily insulin injections was significantly higher in the unsatisfied patients. Diabetic foot was significantly more frequent in unsatisfied patients. Satisfied patients were significantly less depressed, more independent in both basic and instrumental activities of daily living, without memory impairment, in better nutritional status and not falling. Higher DTSQ scores were associated with regular follow up (β 7.92, 95% CI 1.83 to 34.3). Lower DTSQ scores were associated with the history of hospitalization (β 0.12, 95% CI 0.02 to 0.58), the taking of medications for diabetic neuropathy (β 0.07, 95% CI 0.09 to 0.51), the high number of insulin injections (β 0.43, 95% CI 0.19 to 0.97) and the presence of diabetic foot (β 0.17, 95% CI 0.01 to 0.38).

Conclusions: Risk factors for patients' insulin dissatisfaction should be detected early and managed appropriately to improve patients' satisfaction and consequently their well-being.

Disclosure: No significant relationships.

Keywords: Patient Satisfaction; Diabetes Mellitus; Type 2; Insulin; Aged

EPV0960

Depression among type 2 diabetic insulin-dependent older adults

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Introduction: Although depression is one of the most common diseases among older people, it is still underdiagnosed due to frequent misleading symptoms.

Objectives: The aims of our study were to assess depression in type 2 diabetic insulin-dependent older adults and to identify factors associated with depression among this population.

Methods: A cross-sectional study on 100 type 2 diabetic insulin-dependent elderly recruited from the outpatient endocrinology consultation during June and July 2021. We applied the geriatric assessment scores: the Geriatric Depression Scale 15-item, the KATS score, the Lawton scale, the five-word test, the Mini Nutritional Assessment and the Timed Up and Go test.

Results: The mean age of the population was 70.8 ± 5.8 years with sex ratio of 0.85. Depression was noted among 57% of the patients who were distributed as follow: around one fifth (21%) had mild depression while 36% had moderate to severe depression. Around one quarter of the patients (24%) were dependent in the basic activities of daily living. Depression was significantly associated with dependency ($\beta = 5.27$; 95% CI, 1.01 to 27.35), ophthalmologic diseases ($\beta = 8.81$; 95% CI, 2.18 to 35.63), high frequency of nocturia ($\beta = 3.71$; 95% CI, 1.24 to 11.05) and high frequency of bleeding at insulin injection site ($\beta = 4.21$; 95% CI, 1.49 to 11.84).

Conclusions: Our findings suggest that the prevalence of depression is high among type 2 diabetic insulin-dependent older adults. Early assessment of depression's risk factors is a major pillar of the comprehensive care of our seniors.

Disclosure: No significant relationships.

Keywords: Insulin; Aged; Depression; Diabetes Mellitus; Type 2

Oncology and Psychiatry

EPV0961

Psychosis as the Initial Presenting Symptom of Anti-Hu Encephalitis: A Case Series with Literature Review

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Introduction: Anti-Hu related Paraneoplastic Neurological Syndrome (PNS) is one of the most common paraneoplastic-associated neurological syndromes (Kayser 2010). While the primary clinical manifestations are neurologic in nature (Smitt 2002), only rare reports exist regarding psychiatric manifestations. Our poster presents two cases of Anti-Hu Encephalitis manifesting as psychosis as well as a systematic literature review on the co-occurrence of psychosis and PNS.

Objectives: The aim of this case series is to show psychosis as the primary symptom of a paraneoplastic syndrome that does not typically present in this way. It also serves as a reminder to have a detailed work-up and maintain a wide differential diagnosis when evaluating patients with first-episode psychosis.

Methods: Two cases of anti-Hu encephalitis primarily presenting with psychiatric symptoms are discussed. A systematic literature review was carried out based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) model on three electronic databases: PubMed, Embase, and PsycINFO. Search terms included were (Anti-Hu) AND (Psychosis OR Hallucinations OR Schizophrenia OR Schizoaffective).

Results: Our case series reports on two patients with diagnosed anti-Hu encephalitis who were treated by our psychiatry team, where the primary manifestations of the illness were psychiatric in nature. Psychotic symptoms in these cases were managed with Risperidone, Olanzapine, and Paliperidone.

Conclusions: Psychotic symptoms are seldom reported in the literature and cases like the ones presented emphasize the importance of a full medical work-up for first episode psychosis as well as a wide differential. Given the increased association between PNS and psychiatric illness, more emphasis and further research is warranted.

Disclosure: No significant relationships.

Keywords: Psychosis; Anti-Hu; Encephalitis

EPV0962

Subjective expectations from radiotherapy and chemotherapy in patients with oncological illnesses

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Introduction: Expectations and fears about chemotherapy and radiotherapy in patients with oncological illness may not only affect their subjective well-being (Shaverdian et al., 2018) but also treatment satisfaction and complaints of side effects (Guidolin et al., 2018, Dong et al., 2014, Colagiuri et al., 2013).

Objectives: The aim was to compare beliefs about treatment in patients referred to radiation therapy and chemotherapy, and to reveal their relationship to health anxiety and subjective well-being.

Methods: 53 patients referred to radiation therapy and 63 patients referred to chemotherapy completed the Treatment Perception in Oncological Illnesses Scale (Kovyazina et al., 2021), Illness and Treatment Self-Regulation Questionnaire (Kovyazina et al.,