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EV0805

A study on the factors that contribute to older adults' sexual unwellness

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Introduction Older adults may remain sexually interested and capable into their 90s.

Objectives To analyze the contributors to sexual unwellness (SU) and to explore the latent constructs that can work as major determinants in SU for a cross-national older community-dwelling population, and to analyze the explanatory mechanisms of a SU model, in an older cross-national sample.

Methods A socio-demographic and health questionnaires were completed, assessing participants' background information. Interviews were completed, focused on the contributors to SU. Complete data were available for 109 English and Portuguese older adults, aged between 65–87 years ($M = 71.6$, $SD = 6.95$). Data was subjected to content analysis. Representation of the associations and latent constructs were analyzed by a Multiple Correspondence Analysis.

Results The most frequent response of these participants was 'lack of intimacy and affection' (25.1%) whereas 'poor sexual health' was the least referred indicator of SU (11.2%) A two-dimension model formed by 'poor affection, intimacy and sexual health', and 'poor general health and financial instability' was presented as a best-fit solution for English older adults. SU for Portuguese older adults were explained by a two-factor model: 'daily hassles and health issues', 'poor intimacy and financial instability'.

Conclusions These outcomes uncovered the perspective of older adults concerning SU and the need of including these factors when considering the sexual well-being of older samples.

Keywords Community-dwelling older adults; Content analysis; Multiple correspondence analysis; Sexual unwellness.

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EV0806

A checklist for assessing dementia-friendly design: Architecture as non-pharmacological mean in assistance of patients with dementia

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Introduction Although there are recommendations regarding dementia-friendly architecture, studies on design features and their impact on quality of life of patients with dementia are quasi-nonexistent. The design of the environment is one of the non-pharmacological methods in the assistance of patients with dementia.

Objectives Setting a checklist of design principles in order to assess centers for elderly with dementia; identifying the types of centers where will be applied the checklist; implementation of the checklist and determining results of assessment.

Aims Our aim is to challenge the contemporary architecture of centers for elderly to be friendly with dementia patients.

Methods After studying literature we built a check-list of 8 principles: providing a comfortable space and also a therapeutically environment; functionality and efficiency; flexibility and accessibility; optimal design of circulation routes in order to avoid disorientation and to reduce agitation; security and safe; aesthetics; sanitation; sustainability. We then performed a case-study on two types of settings, day care centers and respite centers, and we applied the check list on three examples: two urban Day Care Centers for patients with Alzheimer Dementia (2006, Pontevedra, Spain and 2011, Alicante, Spain) and a Respite Center (2009, Dublin, Ireland).

Results In general, the centers are verifying the proposed check-list. Four architectural tools were identified: light, form, colour and texture. Form is more recognizable than colour and colour more recognizable than function.

Conclusions Architecture contributes to increase quality of life in people with dementia. The proposed checklist is a promising tool for assessing dementia-friendly design.

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e-Poster Viewing: Oncology and psychiatry

EV0807

Suicide risk in cancer patients – Are we prepared?

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Introduction Individuals with cancer are at increased risk for suicidal ideation and behaviour when compared to the general population. Suicidal thoughts are sometimes minimized and considered by clinicians as a normal reaction to diagnosis of oncological disease. Less severe forms of suicidal ideation, such a fleeting wish to die may happen in all stages of the disease.

Objectives We aim to highlight the cases of cancer patients that present an imminent suicide risk and its related psychopathological aspects, psychosocial and physical risk factors that may increase the probability of suicidal attempt.

Methods Non systematic literature review through the Medline and Clinical Key databases, with time constraints.

Results Individuals with cancer have twice the risk of suicide compared to the general population. It was found that suicidal thoughts are more common in patients with advanced disease, in hospital or in palliative care settings or in those who are experiencing severe pain, depression, cognitive impairment or delirium. The first months following the diagnosis are the period of greatest risk and the highest suicide risk occurs in men with respiratory cancers. Death by suicide occurs more often in cancer patients in the advanced stages of disease.

Conclusions An appropriate therapeutic response should include empathy, active listening, management of realistic expectations and permission to discuss psychological distress. The first intervention should focus on determining imminent risk of suicidal behaviour and act for patient safety.

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