

Conclusions: Patients with SMDs are still untreated in an appropriate way. Results highlight the importance of the community-care facilities, as well as of the composition of the multidisciplinary teams working there.

Disclosure of Interest: None Declared

EPP0071

What are the fundamental ways that psychiatric services should engage with carers and family?

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Introduction: When mental health service providers, service users and their carers/family are successfully integrated, widespread benefits will flow to all stakeholders. However, mental health services do not commonly engage with carers or family.

Objectives: This presentation describes (a) an extensive review of the literature and (b) empirical research with carers and family about what they received and wanted from engagement with mental health services.

Methods: A mixed method online survey asked 134 family members and carers what they received and what they wanted from mental health services. Participants also quantified the importance of seven hypothesised core practices on a 0-100 point likert scale.

Results: Almost 250 verbatim responses were deductively matched against hypothesised engagement practices from the literature, with additional unaligned responses inductively categorised. The findings triangulate with multiple diverse literatures to confirm seven fundamental engagement practices that carers and family want from health services. Conceptually, these practices are represented by two broad overarching practice themes of (i) meeting the needs of the family member and (ii) addressing the needs of the service user.

Conclusions: Policy, clinical practice, training and future research might encompass these core practices along with consideration of the intertwined relationship of family, carers and the service user suggested by the two broader concepts.

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EPP0072

Capacity of the health facilities to manage Alzheimer's and related dementia diseases in Mukono district: Challenges and recommendations

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Introduction: With the projected increase in the number of older persons in both low and middle-income countries, the burden of Alzheimer's and related dementia diseases (AD/ARDs) is projected to increase as well. However, the health systems are inadequately

prepared to offer optimal care for patients with AD/ARDs, despite the growing disease burden.

Objectives: The aim of this study was to assess the capacity of the health facilities to optimally manage Alzheimer's and related dementia diseases in the Mukono district

Methods: We conducted a cross-sectional between August and December 2018. A survey of 32 facilities (3 hospitals, 2 health center IV (HCIV), 15 health center III (HCIII) and 6 health center II (HCII), and 6 Private health facilities) in Mukono district. We conducted a thorough assessment of medical records, interviewed heads of the facilities, and a questionnaire was administered to 46 health workers. The study assessed the service provision for AD/ARDs, Knowledge of AD/ARDs management, challenges, and opportunities.

Results: Out of 32 health facilities assessed, 4 in 10 (42%) facilities reported managing (diagnosing/treating) clients with AD/ARDs, and the majority (90.2%) were run by Non-Physician Health Workers (NPHW). Only 2 in 10 had guidelines for managing AD/ARDs. Less than half (46.4%) had AD/ARDs medicines in stock (mainly Haloperidol) and all of the private facilities lacked essential medicine to treat AD/ARDs. All health center IIs lacked drugs for AD/ARDs. A significant knowledge gap in assessing and diagnosing AD/ARDs was observed among all the health workers. All health workers highlighted the need for additional training in AD/ARDs. A multitude of client and health provider challenges were observed in this study

Conclusions: Health facilities in Mukono district are inadequately prepared to offer optimal services for the management of AD/ARDs. AD/ARDs drugs, knowledge gap, and human resources for health presented a great challenge. In order to address the inadequately capacity to manage AD/ARDs, emphasis should be dwelt on strengthening the health facilities.

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Old Age Psychiatry 01

EPP0073

Accessibility to mental health services during pandemic period

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Introduction: A try to protect people diagnosed with dementia, from the COVID virus, during pandemic period could easily lead to isolation and hinder them to reach the needed medical care.

Objectives: Research question refer to accessibility during pandemic to psychiatric services of patients with dementia.

Methods: The consultations of patients with dementia of an outpatient setting where analyzed before (2019-2020) and during pandemic (2020-2021). We evaluate the consultations frequency, characteristics of patients, comorbidities and treatment changes.

Results: A total number of 965 consultation (493/472) were analyzed. There was no statistically significant difference between the

number of consultations before and during the pandemic, which means that the patients had access to medical assistance with the same frequency as before the pandemic. ($p=0.63$) There was no statistically significant difference in different environment groups (urban/rural). ($p=0.53$) Telemedicine (videoconference) and phone consultation were also used during pandemic period. 63.6% of those in rural area chose telemedicine and 9% phone consultation. Significantly more patients from the urban area were consulted on-site during the Covid pandemic. ($p=0.04$) Despite the risk, patients with comorbidities had visited more often the hospital during the COVID-19 pandemic. ($p=0.012$) In 39% of cases there was worsened evolution and a drug change: most frequent add it a hypnotic or an antipsychotic.

Conclusions: The accessibility of the psychiatry clinic during the pandemic was at all times possible for dementia patients. Telemedicine ensured an ongoing consultation flow for the patients.

Disclosure of Interest: None Declared

EPP0074

How integration of dementia services is improving timely dementia diagnosis: an example from Kent. The author wants to share a programme of work from Kent U.K, where system-wide transformation of services has enabled improved time to diagnosis

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Introduction: The author wants to share a programme of work from Kent, a County in the south-east of England, where integration of services has enabled system wide quality improvement and innovation to achieve improved time to diagnosis, by best use of available resources and increased diagnostic capacity by engaging with primary care.

Objectives: Improving dementia diagnosis rate and improved time to diagnosis for people seeking help for memory problems.

Methods: The main elements of improving dementia diagnosis rate and improved time to diagnosis are:

- 1) Pre-diagnostic support through appointment of Dementia Coordinators
- 2) Transformation of memory services using Quality Improvement methodology to an Enhanced memory assessment and intervention model, which includes diagnosis within six weeks of the GP referral by offering assessment and diagnosis on the same day by clinicians as opposed to a lead time of 18 weeks previously.
- 3) Increased dementia diagnosis capacity by training primary care colleagues and creating GP with extended roles posts to diagnose non-complex dementia referrals.
- 4) Introducing a screening tool to diagnose people with dementia in care homes avoiding the need to refer to secondary care services.
- 5) Having a shared electronic patient record system across the county which enables quick and easy access to patient records.

Results: In the UK dementia diagnosis rates, dropped from 67.6% in February 2020 to 63.2% in December 2020. Post COVID-19 recovery in dementia diagnosis is happening across the country and Kent is ahead at 9% with increase in dementia diagnosis rates compared to a national average of 0.5% increase.

Conclusions: The integrated care system in Kent has enabled collaborative working across organisations to improved dementia diagnosis rates at a fast pace, an example for other health care systems. In Kent a county-wide, Dementia Special interest group has provided the platform to introduce innovation collaboratively across the entire county and has made a significant difference to people with dementia across the whole pathway of care that has particularly improved time to diagnosis.

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EPP0075

Analysis of sociodemographic, clinical, and lifestyle factors associated with cognitive aging

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Introduction: Cognitive aging is defined as the cognitive decline during the aging process. Most cognitive skills deteriorate in old age; however, there are individual differences in the speed of the decline and severity of neuropsychological deficits.

Objectives: The aim of the study was to delineate the associations of sociodemographic, clinical, and lifestyle factors with cognitive aging.

Methods: 302 participants aged 60 years and above (mean age 69.6 ± 7.2 ; range 60-92 years) were included in the study. Women were 69.9% of the group ($N = 211$). Subjects completed the questionnaire (sociodemographic and anthropometric data, chronic diseases), and depression intensity was assessed by Beck Depression Inventory (BDI). Cognitive functions were evaluated using MiniMental State Examination, Trail Making Test, Stroop test, and selected tests from CANTAB battery (Pattern Recognition Memory, Spatial Recognition Memory, Spatial Span, Spatial Working Memory).

Results: Age influenced most of the studied cognitive functions. Higher education level and more frequent cognitive activities (e.g. reading and crosswords) had a protective effect on the performance of tests assessing working memory and executive functions. Working memory and attention assessed in the Stroop test in part B were most sensitive to the negative impact of age, lower education level, and lower frequency of cognitive activity. Higher body mass index ($BMI \geq 28$) and diabetes were associated with worse spatial working memory.

Conclusions: The results suggesting the association between lifestyle factors – cognitive activity and cognitive functions can contribute to the development of interventions aimed at the preservation of cognitive functions in older age.

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