Social Support Scale, the Padua Inventory, and the Portrait Values Questionnaire. The aforementioned characteristics were used to predict sustained resilience through a logistic regression.

Results: A total of 1711 participants out of the total sample (8011 participants from 13 different countries) reported a diagnosis of mental disorder before the pandemic. Nine hundred forty-three participants completed at least three of the five versions of the survey and were included in the analysis. A latent class of participants with resilience maintained over time (*sustained resilience*) was identified, with an estimated probability of 24.8%. The demographic and clinical variables associated with a higher chance of *sustained resilience* were older age, maintaining a job during the pandemic, and having a larger number of people in the household. In contrast, female gender, losing job during the pandemic, having difficulty meeting basic needs, greater fear of contamination, a stronger focus on hedonism, less social support and feeling lonely resulted in a lower likelihood of being *sustained resilient*.

Conclusions: This study identified a number of factors that may help predict resilient outcomes maintained over time in people with mental disorders. COVID-19 related predictors of *sustained resilience* are new findings which might inform resilience-building interventions during pandemics.

Disclosure of Interest: None Declared

Women, Gender and Age

O0045

Effects of cannabidiol on behavioral and psychological symptoms of vascular dementia: a randomized, double-blind, placebo-controlled trial.

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Introduction: Vascular dementia (VD) is the second most common cause of dementia and is characterized by cerebrovascular changes causing cognitive impairment. In patients with VD, behavioral and psychological symptoms of dementia (BPSD) are heterogeneous and highly prevalent manifestations that can arise in the course of dementia and bring suffering to the individual and his family. Currently, pharmacological interventions in the treatment of these symptoms have important adverse effects. Cannabidiol (CBD) has neuroprotective, anxiolytic and antipsychotic properties, as well as a favorable tolerability and safety profile.

Objectives: To evaluate the effect of CBD on behavioral and psychological symptoms in elderly with VD.

Methods: Double-blind, randomized, placebo-controlled clinical trial involving elderly patients with VD. The instruments used are: Neuropsychiatric Inventory, Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression Scale, Side Effects Scale, Mini- Mental State Examination, Brief Cognitive Screening Battery, Katz Index of Independence in Activities of Daily Living, Lawton Instrumental Activities of Daily Living Scale, Informant Questionnaire on Cognitive Decline in the Elderly, Zarit Burden Inventory. Included

participants were assessed at baseline, at the first, second, and fourth weeks after the start of the clinical trial.

Results: Parcial results: Up to the present moment, 18 patients were included, eight in group 1 and ten in group 2. In the initial evaluation of the BPSD, the mean in the Neuropsychiatric Inventory was 43.25 ($\pm$21.89) in group 1 and 50 ($\pm$18.86) in group 2, and in the BPRS, the mean was 25.25 ($\pm$9.82) in group 1 and 34.30 ($\pm$15.11) in group 2. The final BPRS averaged 23 ($\pm$11.41) in group 1 and 20.40 ($\pm$13.32) in group 2. The Neuropsychiatric Inventory averaged in the final assessment 41.88 ($\pm$20.15) and 17.60 ($\pm$12.33) in groups 1 and 2, respectively.

Conclusions: Cannabidiol has been shown to be a strategy for the management of BPSD. In addition, it has a good side-effect profile.

Disclosure of Interest: None Declared

O0046

SUICIDES IN NEUROCOGNITIVE DISORDERS AND TRAUMATIC BRAIN INJURIES

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Introduction: Depression, anxiety and lack of impulse control are common neuropsychiatric symptoms in neurocognitive disorders and have been strongly associated with suicidality.

Objectives: The aim of this study was to explore suicide rates in three major neuropsychiatric conditions including various degenerative neurocognitive disorders (DND), alcohol related neurocognitive disorders (ARND), and traumatic brain injuries (TBI).

Methods: The register cohort data of 231 817 patients with a diagnosis of degenerative dementias, ARND, or TBI, and their mortality data were collected from Finnish nationwide registers between 1998 and 2018. We calculated incidences of suicides, types of suicides, and suicide rates compared with the age- and sex matched general population (Standardized Mortality Ratio, SMR).

Results: In fifteen years since diagnosis, 0.3% (95% CI: 0.2 to 0.5) of patients with DND, 1.1% (0.7 to 1.8) of patients with ARND, and 1.0% (0.7 to 1.3) of patients with TBI died from suicide (**Figure**). Men died from suicide more often than women [58.9 (51.3 to 67.4) vs. 9.8 (7.5 to 12.5) per 100 000 person-years]. Of all three groups of patients, the highest number of suicides per 100 000 was in ARND (98.8; 65.1 to 143.8), then in TBI (82.0; 62.4 to 105.8), and then in DND (21.2; 18.3 to 24.5). The most common cause of death per 100 000 person-years was self-inflicted injury by hanging, strangulation or suffocation and drowning (12.4, 10.3 to 14.8), the second highest incidence self-inflicted poisoning (5.7, 4.3 to 7.4), and then self-inflicted injury by firearms, explosives, smoke, fire, flames, steam, hot vapours or hot objects (4.7, 3.4 to 6.2). The SMRs (95% CI) in the DND group were 1.31 (1.13 to 1.51) for the whole group, 1.21 (0.90-1.62) for women, and 1.34 (1.14-1.58) for men. The SMRs in the ARND group were 3.69 (2.53-5.38), 5.05 (1.90 to 13.46), and 3.52 (2.34 to 5.30), and in the TBI group 2.99 (2.31 to 3.86), 5.68 (3.22 to 10.00), and 2.66 (2.00 to 3.55), respectively.

Image:
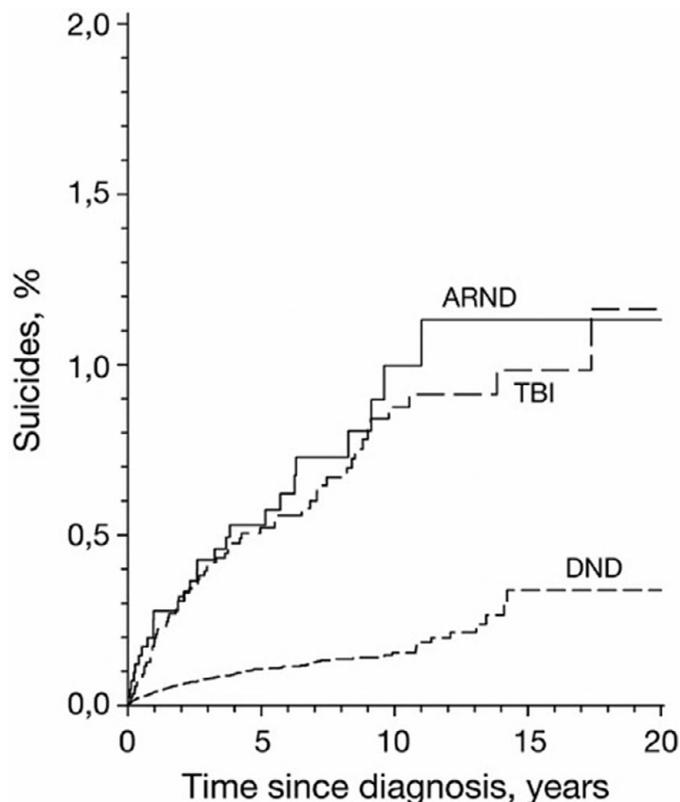
Conclusions: Suicide rates were higher in all three patient groups compared with the same-aged general population. Risk for death from suicide remained elevated for more than ten years after the initial diagnosis. Men committed more suicides than women, but there was no difference between sexes in comparison with the age-matched general population. The suicide methods were mostly violent.

O0047

The effect of intervention using an emotional recognition coaching companion robot on the elderly people with depression

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Introduction: During the COVID-19 pandemic, care for the elderly in the community was greatly limited. Accordingly, the demand for alternative community care have increased to cope with changing situations.

Objectives: In this study, we tried to find out whether the companion robot improved mood state and related problem in depressive or isolated community dwelling elderly

Methods: For 186 community dwelling elderly who have received social welfare service due to depression or social isolation, we provided companion robot that could support their daily living. The robot was equipped with special program that could recognize and respond to the participant's own emotion. It was part of behavioral activation techniques which is one of powerful treatment for depression. The self-report questionnaires were used to measure changes in cognitive function, depression, suicidality, loneliness, resilience and satisfaction of life. Outcomes were measured before using companion robot and after 3 months, and we compared them.

Results: The elderly using companion robot for 3 months showed improved cognitive function (45.7% to 30.1%), depression (p<0.001), suicidality(p<0.001), and loneliness (p=0.033) in the self-report questionnaire. Resilience(p=0.749) and satisfaction of life (p=0.246) were also improved but not reached significance.

Image:

Table 1. Sociodemographic data

구 분		N(%)
Total		186(100)
Sex	Man	31(16.67)
	Woman	155(83.33)
Age	60-65	1(0.54)
	65-69	4(2.15)
	70-74	29(15.59)
	75-79	39(20.97)
	80-84	58(31.18)
	Above 85	55(29.57)
Education (year)	0	77(41.4)
	1-6	79(42.47)
	7-9	19(10.22)
	10-12	10(5.38)
	13	1(0.54)
Religion	No	58(31.18)
	yes	128(68.82)
Marriage status	Married	6(3.23)
	Others*	180(96.77)
Income (10,000 won/month)	Lower 30	70(37.63)
	31~50	71(38.17)
	51~100	43(23.12)
	Above 100	2(1.08)
Perceived health status	Poor	140(75.27)
	Neutral	36(19.35)
	Good	10(5.38)
Diagnosed Depression	Yes	178(95.7)
	no	8(4.3)

N= number; *includes single/separated/divorced/widowed.