is really close to the social representation of the rest of population. To conclude, the authors will discuss about the influence and impact of this social representation on the decision process concerning the life project developed by the medical staff in psychiatry

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EV0799

First neuropsychiatric symptoms and neurocognitive correlates of behavioral variant frontotemporal dementia

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Previous works highlight the neurocognitive differences between apathetic and disinhibited clinical presentations of the behavioral variant frontotemporal dementia (bvFTD). However, little is known regarding how the early presentation (i.e., first symptom) is associated to the neurocognitive correlates of the disease's clinical presentation at future stages of disease. We analyzed the neurocognitive correlates of patients with bvFTD who debuted with apathy or disinhibition as first symptom of disease. We evaluated the neuropsychological, clinical and neuroanatomical (3 T structural images) correlates in a group of healthy controls ($n = 30$) and two groups of bvFTD patients (presented with apathy [AbvFTD, $n = 18$] or disinhibition [DbvFTD, $n = 16$]). To differentiate groups according to first symptoms, we used multivariate analyses. The first symptom in patients described the evolution of the disease. AbvFTD and DbvFTD patients showed increased brain atrophy and increased levels of disinhibition and apathy, respectively. Whole brain analyzes in AbvFTD revealed atrophy in the frontal, insular and temporal areas. DbvFTD, in turn, presented atrophy in the prefrontal regions, temporoparietal junction, insula and temporoparietal region. Increased atrophy in DbvFTD patients (compared to AbvFTD) was observed in frontotemporal regions. Multivariate analyses confirmed that a set of brain areas including right orbitofrontal, right dorsolateral prefrontal and left caudate were enough to distinguish the patients' subgroups. First symptom in bvFTD patients described the neurocognitive impairments after around three years of disease, playing an important role in the early detection, disease tracking, and neuroanatomical specification of bvFTD, as well as in future research on potential disease-modifying treatments.

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EV0800

Behavioral symptoms as predictor factor of disease progression across different neurocognitive disorders. A longitudinal study

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Background Previous works highlight the importance of neurocognitive symptoms over cognitive and functional dependency in neurocognitive disorders. However, little is known regarding to what extent presence of neuropsychiatric symptoms predicts disease progression, cognitive and functional impairments in behavioral variant frontotemporal dementia (bvFTD) and in Alzheimer dementia.

Methods We performed two different evaluations (T1 and T2) with 3 years of difference in a group of bvFTD ($n = 18$), AD ($n = 20$) and controls ($n = 22$). Neuropsychological, clinical and cognitive correlates were measured in each time T1 and T2. By using different multiple regression models, we explored if behavioral symptoms (measured by Columbia, Yesavage at T1) predict disease progression as measured by changes over T1 and T2 in cognitive (MoCA, IFS, and clock figure) and functional dependency (Lawton).

Results Behavioral symptoms, in particular depression, psychosis, apathy and disihinibition were factors able to predict cognitive and functional progression in bvFTD. By contrast, regression model revealed that depression and insomnia were behavioral factors able to predict progression in AD.

Conclusion Neuropsychiatric symptoms are crucial to predict disease progression in bvFTD and AD patients in differentiated ways. Our results suggest tha tracking early behavioral symptoms in neurocognitive disorders playing an important role in the early detection, disease tracking, and neuroanatomical specification of bvFTD, as well as in future research on potential disease-modifying treatments.

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EV0801

Mild cognitive impairments and whole-body cryotherapy – Placebo control study

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Introduction Cognitive impairment is considered to be a result of oxidative stress and disturbances in inflammatory status. Whole-body cryotherapy (WBC), which is a short exposure to extremely low temperatures, probably regulates the release of cytokines and nitric oxide. The hypothesis is that WBC may be useful in the therapy of mild cognitive impairments (MCI).

Aims The effect of the whole-body cryotherapy (WBC) on cognitive impairments was investigated.

Objectives In this study the observation of several biological factors and cognitive functions were conducted to analyse the WBC influence on cognitive deficits.

Methods People with MCI participated in 10 WBC sessions divided for experimental group (−110 °C till −160 °C) or control group (−10 °C till −20 °C). The MoCa test (scores 26 and lower) was used for inclusion criteria. Cognitive functions were measured with: TYM, DemTect and SLUMS at baseline and in follow-up. Biological factors (cytokines, BDNF, NO) were also assessed.

Results It was shown that memory domains in experimental group improved after WBC sessions. Also modulatory effect on inflammatory mediators in plasma was shown. The results of this