Results The amount of food eaten by treated patients significantly increased 10.5% at 8 weeks after the initiation of rivastigmine transdermal patch therapy.

Comments This preliminary results might show favourable effects of rivastigmine transdermal patch therapy on AD patients with loss of appetite.

Disclosure of interest Study supported by Ono pharmaceutical co.

EW0208

Does participation in the Meeting Centre Support Programme change the stigma experienced by people with dementia?

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Introduction The Meeting Centre Support Programme (MCSP) is a community-based approach to support people living with dementia and their families. It was developed in the Netherlands and has been implemented in other European Countries (Italy, Poland and the UK) within the JPND-MEETINGDEM project.

Aims To assess the relationship between background characteristics of people with dementia participating in MCSP, mood, quality of life (QoL) and experienced stigma, and to explore if and how the experienced stigma changed after 6 months of participation in MCSP.

Methods A pretest (M1) post-test (M7) control group design with matched groups regarding severity of dementia was applied. In each country, a minimum of 25 participants using MCSP were compared with people with dementia receiving 'usual care'. Data were collected with the Stigma Impact Scale, Cornell Scale for Depression in Dementia, Global Deterioration Scale and two QoL scales (QoL-AD & DQoL). Differences in background characteristics were taken into account in the analyses.

Results The preliminary analysis on 116 participants at baseline shows that the level of stigma was low to moderate. People felt more socially rejected in the UK than in Poland and Italy. The level of perceived stigmatization appeared negatively correlated with QoL areas and positively correlated with negative mood. Changes after 6 months will be presented.

Conclusions It is expected that after 6 months people living with dementia participating in MCSP will experience less stigma, as in contrast with usual care MCSP promotes social integration of people with dementia and person-centered support.

Disclosure of interest The authors have not supplied their declaration of competing interest.

EW0209

What predicts adjustment to aging among lesbian, gay and bisexual older adults?

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Introduction Intervention programs that highlight predictors of adjustment to aging (AtA) for minority older lesbian, gay and bisexual (LGB) populations are scarce.

Objective The aim of this preliminary study is to build a structural model to explore whether socio-demographic, health and lifestyle-related variables, are correlates of AtA in a group of LGB older adults.

Methods The sample comprised 287 LGB older adults aged 75 years old and older. Convenience sampling was used to gather questionnaire data. Measures encompassed the adjustment to aging scale, the satisfaction with life scale, demographics and lifestyle and health-related characteristics. Structural equation modeling was used to explore a structural model of the self-reported AtA, comprising all the above variables.

Results The structural model indicated the following significant correlates: perceived health ($\beta = 0.456$; $P < 0.001$), leisure ($\beta = 0.378$; $P < 0.001$), income ($\beta = 0.302$; $P < 0.001$), education ($\beta = 0.299$; $P = 0.009$), spirituality ($\beta = 0.189$; p <0 .001), sex ($\beta = 0.156$; $P < 0.001$), physical activity ($\beta = 0.142$; $P < 0.001$), satisfaction with life ($\beta = 0.126$; $P < 0.001$), and marital status ($\beta = 0.114$; $P = 0.008$). The variables explain respectively 76.4% of the variability of AtA.

Conclusions These outcomes suggest that policy making and community interventions with LGB older adults may benefit of including variables, such as, perceived health, leisure and income, as these were pointed out as significant for this group of older adults for promoting adjustment to aging in late adulthood.

Keywords Adjustment to aging; Lesbian; Gay and bisexual

Disclosure of interest The authors have not supplied their declaration of competing interest.

EW0210

Predictors of satisfaction with life among older adults

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Introduction Increasing longevity brings challenges for older adults' satisfaction with life (SWL).

Aims This study aims at exploring a structural model of predictors of SWL in a cross-national sample of older adults.

Methods A community-dwelling sample of 1234 older adults was assessed regarding SWL, sense of coherence (SOC) and socio-demographic, lifestyle and health-related characteristics. Structural equation modeling was used to investigate a structural model of the self-reported SWL, comprising SOC, socio-demographic characteristics (age, sex, education, marital and professional status, household, adult children, income, living setting and religion), lifestyle and health-related characteristics (physical activity, recent disease and medication).

Results Significant predictors are SOC ($\beta = .733$; $P < .001$), religion ($\beta = .725$; $P < .001$), income ($\beta = .551$; $P < .001$), adult children ($\beta = .546$; $P < .001$), education ($\beta = -.403$; $P < .001$), living setting ($\beta = -.292$; $P < .001$) and medication ($\beta = -.197$; $P < .001$). The variables accounted for 24.8% of the variability of SWL. Moreover, differences between the four nationality groups ($F_{(3, 671)} = 3.671$, $P = .066$) were not found concerning SWL.

Conclusions Sense of coherence is the strongest predictor of self-reported SWL. Other predictors are religion, income, adult children, education, living setting and medication. The four nationalities did not present significant differences, concerning SWL. This study highlights the factors that influence older adults' SWL, namely, SOC,

religion and income, as promoters of aging well, within a salutogenic model of health for older populations.

Keywords   Satisfaction with life; Structural equation modeling; Older adults

Disclosure of interest   The authors have not supplied their declaration of competing interest.

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EW0211

Burden of care of the caregivers of Alzheimer's disease patients and relationship with burnout syndromes

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Introduction   Increased caregiver burden and burn out in Alzheimer disease is associated with a spectrum of problems, like depression or anxiety.

Objectives   To examine the relationship between the burden of care and burnout level of professional staff dealing with Alzheimer's disease patients in geriatric inpatient centers in Turkey.

Methods   Zarit Caregiver Burden Scale to measure the level of burden of care, and Maslach Burnout Inventory were used to measure the level of burnout. Relationships between the socio-demographic data of the sample group, burden of care and burnout level were investigated. Sample group was consisting of 203 caregivers working in 8 geriatric care centers in Istanbul.

Results   The surveyed caregivers' "burden of care giving" level was low (35.3 ± 9.9); "emotional exhaustion" level was weak (2.3 ± 0.8); "depersonalization" level was weak (1.9 ± 0.6); "a feeling of low personal accomplishment" level was weak (2.5 ± 0.8); "general burnout" level was weak (2.3 ± 0.5). There was positive correlation between caregiver burden and burnout level. According to the sociodemographic data, married women with children were especially in increased risk for burnout. Low level of education was associated with increased caregiver burden and burnout. Caregiver burden and depersonalization points were also higher with increasing age.

Conclusions   Supportive interventions are needed to decrease the burnout and caregiver burden especially for the caregivers with increased risk.

Disclosure of interest   The authors have not supplied their declaration of competing interest.

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EW0212

Assessment of renal function based on cystatin C in elderly with dementia

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Introduction   Assessment of renal function in elderly with dementia is a difficult clinical problem due to the high prevalence of malnutrition and creatinine limits as a marker of glomerular filtration in this context.

Objectives   To assess the correlation between renal function and dementia diagnosis.

Aims   To highlight differences between methods of assessment of renal function based on creatinine and cystatin C.

Methods   Cross-sectional study. Patients institutionalized at Bucharest City-Center of Socio-Medical Services (a nursing home) from 04/2014 to 11/2014 were included in the study. Dementia diagnosis was established by a psychiatrist. We determined serum creatinine by Jaffe method and serum cystatin C by nephelometry. Renal function was determined using several formulas based on serum creatinine/cystatin C: Cockcroft–Gault, MDRD, creatinine CKDEPI/cystatin/creatinine + cystatin, Berlin Initiative Study (BIS1, BIS2), Lund-Malmo LM-LBM. To highlight a link between dementia and renal function, we determined Spearman correlation coefficients.

Results   Thirty-one patients were included in the study, mean age 78.6 (63–97) years, 64% women. The diagnosis of dementia (1 = positive, 0 = negative) had the following statistically significant correlations: CKDEPIcystatin: rho = −0.390, P = 0.015; CKDEPI creatinine-cystatin: rho = −0.332, P = 0.032; BIS2: rho = −0.346, P = 0.02. We did not find statistically significant correlations between the diagnosis of dementia and formulas for assessing renal function based on creatinine only.

Conclusions   Elderly patients with dementia present decreased kidney function as determined by formulas based on cystatin/cystatin + creatinine, but not on creatinine alone. Assessment of renal function using cystatin C might represent a useful method for detection of renal dysfunction in these patients and for proper dosage of medication.

Disclosure of interest   The authors have not supplied their declaration of competing interest.

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e-Poster walk: Prevention of mental disorders and promotion of mental health

EW0213

Are we using mass media to raise awareness about psychiatric disorders?

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Introduction   The global burden of mental disorders is large and continues to grow. Depression is the leading cause of disability worldwide. Every 40 seconds somebody dies from suicide. People with mental disorders are amongst the most marginalized in society. The stigma they experience puts them at an increased risk of poverty, discrimination and human right violations.

Objectives   To study the presence of psychiatric disorders in the media.

Methods   We selected and analyzed the top media Twitter accounts of general news outlets, based on their number of followers. Our research strategy focused on the search of several psychiatric terms of interest (ex: "insomnia") on each Twitter account. The search includes tweets from the beginnings of Twitter in 2007 up to May 2016, and yielded a database of more than 10,000 news.

Results   The terms with the highest impact in mass media referred to suicide, depression, addictions and gender dysphoria. Disorders related to anxiety (Generalized anxiety, phobias, panic disorder, obsessive-compulsive disorder), dysthymia and bipolar disorder were the psychiatric disorders with the lowest impact. We noticed that the presence of psychiatric disorders in the media is increasing. However, it does not accurately reflect the actual impact it has on society.