Objective: Aphasia is a communication disorder associated with impairments in spoken language, understanding, reading and writing that impacts upon daily activities, participation in society and the quality of life (QoL), and it is common in elderly patients in the context of vascular diseases. We aimed to investigate participation in society and the environmental factors and health-related QoL of elderly people with aphasia.

Methods: People with aphasia whose age was above 65 were included in this study. QoL was assessed by the Japanese version of the Stroke and Aphasia Quality of Life Scale-39 (SAQOL-39) and Life stage Aphasia Quality Of Life scale-11 (LAQOL-11), and the participation in society and the environmental factors as barriers was assessed by the Japanese version of the Community Integration Questionnaire (CIQ) and the Japanese version 2 of the Craig Hospital Inventory of Environmental Factors (CHIEF), respectively. We explored predictors such as aphasia severity, communication impairment, cognitive functions, motor paralysis, activities of daily living (ADL).

Results: We included 58 individuals (43 men; mean age 73.2 [SD 5.7] years) with aphasia after the mean 48 (SD 64.9) months of onset (of stroke, cerebral hemorrhage, subarachnoid hemorrhage, brain tumor, traumatic brain injury). The median of the total score of SAQOL-39 and LAQOL-11 was 3.91 (Quartile Deviation 0.47) out of 5 and 85.0 (QD 12.5) out of 110. The QoL was not associated with aphasia severity assessed by the Standard Language Test of Aphasia (SLTA) which is the most frequently used comprehensive aphasia rating scale in Japan, but poor QoL was significantly associated (Spearman correlations) with increased severity of communication impairment assessed by Communication ADL Test (P = 0.01). Moreover, increased QoL was significantly associated with increased participation in society (P = 0.03) and decreased environmental factors (P = 0.01).

Conclusion: Poor communication ADL may have a negative effect on QoL in elderly people with aphasia. Also, we show that QoL is associated with participation in society. For patients with aphasia after retirement, specific rehabilitation of communication ADL might be beneficial and should be explored in future studies.

P212: The characteristics of neuropsychiatric symptom in mild cognitive impairment with diabetes mellitus.

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Objective: Diabetes mellitus (DM) is known to be one of the risk factors for cognitive decline and dementia. Neuropsychiatric symptom (NPS) is present not only in dementia, but also mild cognitive impairment (MCI). In this study, we examined NPS of MCI with DM and compared MCI with DM and our MCI database to investigate the characteristics of MCI with DM.

Methods: The participants were subjects who were diagnosed as MCI from type 2 DM participants enrolled in Osaka University Hospital. To estimate NPS, we used Neuropsychiatric Inventory (NPI) score.

Results: The number of MCI subjects with DM who were estimated NPS was 19. According to the NPI score, apathy is the most severe symptom in MCI (average score = 2.5±3.3). This result was the same as the score of our

database. In the frequency of NPS, there was no difference between the results in NPI of MCI with DM and MCI of our data (n = 225) except for sleep disturbance and appetite/eating disturbance (chi-squared test, P < 0.05). The sleep disturbance was more frequent in MCI with DM than in MCI of our database. On the other hand, the appetite/eating disturbance was less frequent in in MCI with DM than in MCI of our database. Moreover, the appetite/eating disturbance was not observed in MCI with DM.

Conclusion: NPS of MCI with DM is almost the same as MCI of our database except for sleep disturbance and appetite/eating disturbance. This result might be influenced by the disorder of lifestyle habits that is often observed in patients with DM or cognitive impairment of DM.

The limitation of our study is the small number of cases, further investigation is needed.

P153: The CIMA-Q and CompAS cohort studies on factors associated with Alzheimer's disease (AD): Exploring sociodemographic, health and neuropsychological profile of Subjective Cognitive Decline (SCD) participants from two culturally differentiated samples.

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*Some of the data used in the preparation of this proposal were obtained from the sample of the Consortium for the early identification of Alzheimer's disease - Québec (CIMA-Q; cima-q.ca). The CIMA-Q researchers contributed to the establishment of protocols, the implementation of the cohort, the ; obtaining of clinical, cognitive and neuroimaging data as well as the sequence of biological samples. A list of the researchers involved in the conception of CIMA-Q can be found on the website cima-q.ca

Objective: To explore commonalities and differences in the sociodemographic, health, and neuropsychological characteristics of participants with SCD recruited in two culturally differentiated cohort studies, namely CIMA-Q (Canada; Bellevile et al., 2019) and CompAS (Spain; Juncos et al., 2012).

Methods: Older adults with subjective cognitive complaints of the CompAS (N=251; 68.92% women; Control: 30.3%; SCD: 25.9%; MCI: 28.7%) and the CIMA-Q (N=179; 71.5% women; Control:16.1%; SCD: 36.8%; MCI:28.6%) were recruited, respectively, from primary care centers and memory clinics, excluding patients with dementia and other neurological or psychiatric disturbances. Cognitive complaints were assessed considering coincident items of the QAM and MFE questionnaires. Cut-off points for the 5%ile were calculated independently in both samples and according to this, participants were classified as SCD or controls (CompAS: N= 141; CIMA-Q: N=161) considering complaints relevance at baseline (Pereiro et al., 2021). Participants underwent neuropsychological assessment. Participants diagnosed as Mild Cognitive Impairment (MCI) were excluded from the analysis. Between cohort-studies and inter-group (control, SCD) differences were tested in the sociodemographic, health and neuropsychological measures considered. The Holm-Bonferroni correction was applied to reduce the probability of type I error ($p<.003$).