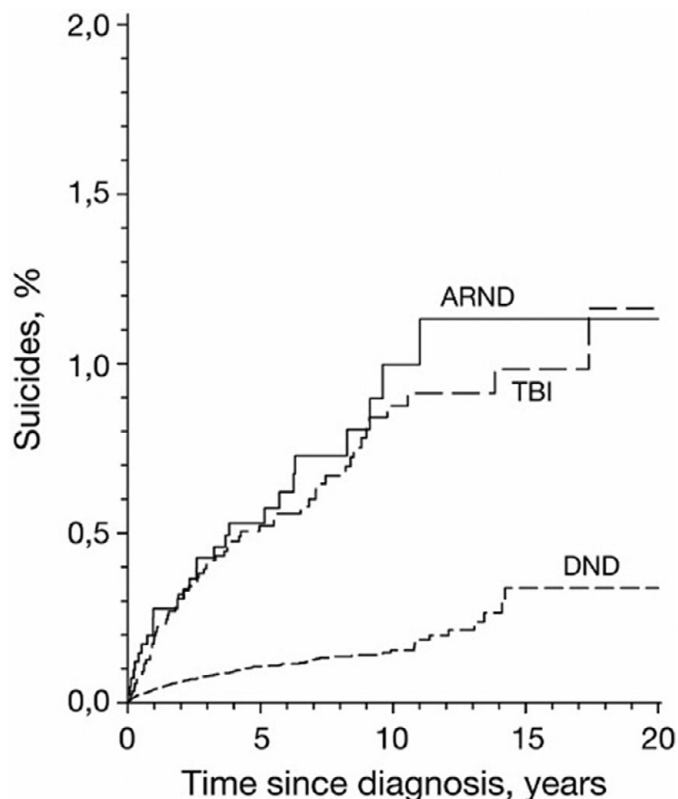


Image:



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.

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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.

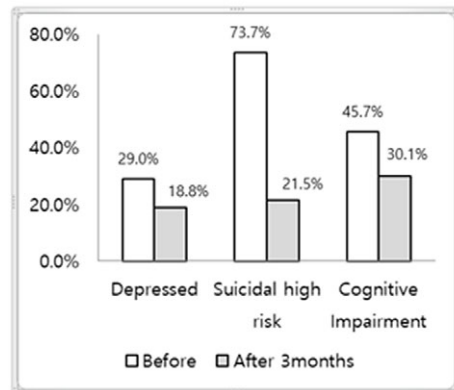
Results: The elderly using companion robot for 3 months showed improved cognitive function (45.7% to 30.1%), depression (p<0.001), suicidality(p<0.001), and loneliness (p=0.033) in the self-report questionnaire. Resilience(p=0.749) and satisfaction of life (p=0.246) were also improved but not reached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

Image 2:**Figure 1. Changes in frequency of high risk group.**

*Depressed; MINI depression score ≥ 8 , Suicidal high risk; Scale for Suicidal ideation score ≥ 15 , Cognitive impairment; diagnostic test request score in CIST (Cognitive Impairment Screening Test)

Image 3:**Table 2. Change the mental status after 3 months of using companion robot.**

	Total (Mean \pm SD)	
	Before	After
GDS	10.29 \pm 2.71	9.05 \pm 2.86
SIS	15.52 \pm 6.19	9.25 \pm 6.24
UCLA	51.73 \pm 11.38	49.81 \pm 10.26
Resilience	15.89 \pm 5.82	16.04 \pm 4.56
SWLS	14.59 \pm 6.89	15.13 \pm 5.93

* $p < 0.05$; GDS=Geriatric Depressive scale, SIS=Suicidal Ideation scale; UCLA=UCLA Loneliness scale, SWLS=Satisfaction with Life Scale

Conclusions: These findings showed that the use of companion robot with emotional recognition coaching program could help improve depression, cognitive function, loneliness and suicidal ideation. In particular, this effect was also useful for those who were diagnosed with depression. Also if we can put more techniques of behavioral activation programs into robot, it could be useful in community care for depressive and isolated elderly.

Disclosure of Interest: None Declared

O0048**Insomnia and depression as risk factors for dementia. A scoping review**

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Introduction: One of the most important functions of sleep may be the promotion of brain development. The non-REM and REM sleep sequences show the succession of cerebral processing phenomena that underlie memory consolidation. The negative consequences of sleep loss on neural and behavioral plasticity has been

examined. On the other hand, sleep disruption can be a crucial symptom to develop depression disorders. Recent literature suggests that maintenance insomnia may be a risk factor for dementia. It would be important to elucidate which factors may increase the risk of developing dementia and aggravating its progression.

Objectives: The aim of this scoping review is to point out the increased risk of developing dementia related to insomnia and depression.

Methods: Relevant literature was searched with PUBMED as electronic database. We used and combined the following MeSH terms: depression, insomnia, cognitive impairment and dementia. We chose sixteen recent studies from 2009 to 2021. Four of them were ruled out because the methodology and conclusions were not enough evident.

Results: We underlined an interesting research which was carried out with Chinese population in 2021. A total of 256 patients with insomnia disorder were diagnosed by neurologists, 45 of whom were diagnosed with amnesic mild cognitive impairment (aMCI) and 45 participants with intact cognition were chosen as controls matched for age and education. A case-control study was conducted to compare sleep structure between aMCI and control patients with insomnia disorder. An American prospective research in 2016 founded a statistically significant association with a higher MCI/dementia risk in women with either short (≤ 6 hours/night) or long (≥ 8 hours/night) sleep duration (vs.7 hours/night). The relationships between depression, cognitive function, serum brain-derived neurotrophic factor (BDNF) and volumetric MRI measurements in older adults were investigated. A total of 4352 individuals aged 65 years or older (mean age 72 years) participated in this Japanese study.

Conclusions: According to these researches, we emphasize the importance of detecting sleep disturbances as potential risk factors for MCI and dementia. All of them provide evidences that future studies should investigate dementia prevention among elderly individuals through the management of insomnia. At that point we have to consider personalized medicine and machine learning techniques for sleep and cognitive or mood symptoms.

Disclosure of Interest: None Declared

O0049**Differential associations of childhood adversity subtypes and psychopathology in men and women**

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