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Sensory experience in obsessive compulsive disorder - sensiocd: Do they think or feel differently?

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Introduction: Obsessive-compulsive disorder (OCD) is associated to a wide range of symptomatic expression and treatment response variability [1]. Sensory perception has been identified as an emerging factor in this process [2]. Sensory vulnerability and atypical sensory experience were identified as risk factors for the development of OCD [3] and a sensory subtype of the disease was proposed in which there is a positive correlation with early onset sensory symptoms, male gender and family background [4]. Adding to the atypical sensory profile, obsessions are frequently experienced as partially perceptual.

Objectives: Our main goals are to characterize the sensory perception in OCD patients; assess the prevalence and intensity of the sensory properties of the obsessive thoughts and explore the how sensory perception, obsessive thoughts and obsessive dimensions/clusters are interrelated.

Methods: Patients with OCD diagnosis, aged 18 to 65 years and no comorbid mental disorder (except depression) will be recruited. The study battery will include participant form with demographical and clinical features, assessment of depressive and anxiety symptoms (HAM-A and HAM-D) evaluation of clinical outcome measures and obsessive dimensions/clusters (Yale-Brown Obsessive-Compulsive Scale (Y-BOQS) and Obsessive Beliefs Questionnaire-44 (OBQ-44)), assessment of sensory perception and sensory properties of obsessive thoughts (Sensory Perception Quotient (SPQ 21) and Sensory Properties of Obsessive Thoughts Questionnaire (SPOQ)).

Results: The results will help us understand the interaction between perceptual and cognitive processes in OCD.

Conclusions: Better definition of OCD psychopathology and the establishment of a sensory subtype may indicate the need of specific therapeutic indications or a different escalation of treatment measures.

Disclosure: No significant relationships.

Keywords: ocd; sensory experience; obsessive spectrum; obsessive thoughts

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Can we reduce the stigmatisation experience with psychosocial interventions? An investigation of the meeting centre support programme impact on people with cognitive impairmentsK. Lion^{1*}, D. Szcześniak², S. Evans³, S. Evans³, E. Farina⁴, D. Brooker³, R. Chattat⁵, F. Meiland⁶, R.-M. Droes⁷ and J. Rymaszewska²

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Introduction: People living with dementia or mild cognitive impairment (MCI) experience stigmatisation and there are not many specific psychosocial interventions dedicated to help them coping with this issue, reducing its impact on their lives.

Objectives: This study aimed to a) investigate the stigmatisation level among people with dementia and MCI in Poland, Italy and the United Kingdom and b) assess the role of the Meeting Centre Support Programme (MCSP) in decreasing stigmatisation.

Methods: We investigated outcomes for 114 people with dementia and MCI living in Italy, Poland and the UK who participated 6 months in MCSP or usual care (UC) using a pre/post-test control group study design. Level of stigmatisation was assessed with the Stigma Impact Scale: neurological impairment (SIS).

Results: Stigmatisation level (SIS) among participants varied from 2 to 65 (median=33.5; Q1=27; Q3=41) with people from the UK experiencing a statistically significantly higher level of stigmatisation than people in Italy and Poland. In Italy, stigmatisation was lower (p=0.02) in the MCSP group following the intervention. In Poland, the social isolation level did not significantly change in MCSP, but increased (p=0.05) in UC. In the UK, the social rejection level raised (p=0.03) in MCSP. Overall, the combined data of the three countries did not show statistically significant differences in SIS between MCSP and UC.

Conclusions: Stigmatisation among people with dementia and MCI is complex and seems culturally dependent. There is a great opportunity in psychosocial interventions to reduce the burden of stigma among people with dementia which requires further investigation.

Disclosure: No significant relationships.

Keywords: dementia; Stigma; attitude; social isolation

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Rates of 1-year cognitive impairment in older adults who developed delirium due to a systemic infectionA.R. Silva*, A.L. Cardoso, I. Baldeiras, I. Santana and J. Cerejeira
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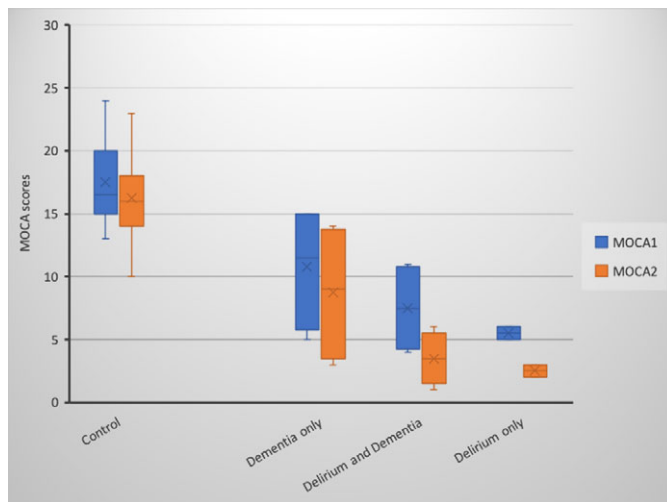
Introduction: Delirium affects a significant proportion of hospitalized older patients with acute infections. There is growing evidence that delirium accelerates the cognitive decline at long term.

Objectives: We aimed to determine if delirium during hospitalization was independently associated with cognitive deterioration at one-year.

Methods: From a total of 22 patients (12 C, 4 Dem, 2 D, and 4 DD) delirium (D and DD groups) was associated with a worse score in MOCA of 3-points (p<.02) and 2.5-points (p<.03), respectively, at one year, follow up. Dementia patients without delirium had a

decrease of 2-point ($p=.04$) while cognitively healthy patients had a decrease in 1.08 points ($p=.05$) (Graph1). MOCA and NPI scores during hospitalization correlated significantly with cognitive decline in the four groups ($r=.658, p<.01$ and $r=.439, p=.02$, respectively.)

Results: From a total of 22 patients (12 C, 4 Dem, 2 D and 4 DD) delirium (D and DD groups) was associated with a worse score in MOCA of 3-points ($p<.02$) and 2.5-points ($p<.03$), respectively, at one year follow up. Dementia patients without delirium had a of 2-point ($p=.04$) while cognitively healthy patients had a decrease in 1.08 points ($p=.05$) (Graph1). MOCA and NPI scores during hospitalization correlated significantly with cognitive decline in the four groups ($r=.658, p<.01$ and $r=.439, p=.02$, respectively.)



Conclusions: Individuals developing delirium while recovering from infection have higher rates of cognitive decline after one year, but the cognitive decline is also present to a lower extent for individuals with infections that did not develop delirium.

Disclosure: No significant relationships.

Keywords: delirium; cognitive impairment; Hospitalization; dementia

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Prevalence and nature of sexual violence in a gerontopsychiatric population in flanders

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Introduction: Sexual violence (SV) is an important public health concern which may induce important and long lasting mental health problems. However, studies on SV and its mental health

impact on older adults and more specifically gerontopsychiatric patients are currently lacking.

Objectives: This study aims to contribute to a better understanding of the prevalence, risk factors and mental health impact of SV in a gerontopsychiatric patient population.

Methods: Between July 2019 and March 2020 100 patients (66%F, 34%M) participated in a face to face interview on health, sexuality and wellbeing during their admission at an old age psychiatry ward in one general hospital and two psychiatric hospitals across Flanders, Belgium. Participation rate was 58%. Interviews were performed by a psychiatric trainee and especially trained master students in medicine.

Results: 58% (65%F; 42%M) of the participants were sexually victimised during their life, 45% (51%F, 33%F) experienced hands-off SV, 43% (48%F, 33%M) sexual abuse with physical contact and 16% (6%M, 21%F) was raped. 7% were sexually victimised in the past year. Compared with non-victimised respondents, hands-on SV victims (incl. rape) described more symptoms of depression ($p=0.007$) and anxiety ($p=0.003$) and reported lower resilience ($p=0.022$).

Conclusions: SV appears to be common in the gerontopsychiatric population and is linked to even worse mental health outcomes. These findings confirm the long-lasting mental health impact of SV and highlight the importance of attention to (sexual) trauma in mental health care in old age.

Disclosure: No significant relationships.

Keywords: older adults; ageing; elder abuse and neglect; old age psychiatry

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Modeling the appearance and progression of cognitive impairment

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Introduction: It remains difficult to predict which individuals will develop cognitive impairment and progress to major neurocognitive disorders. Prevention studies suffer from the long time frames and the manner in which this topic does not lend itself to randomized, double-blinded controlled trials.

Objectives: We aimed to construct a computer simulation model that would accurately portray the time course for a series of individuals to develop cognitive impairment and to progress to major neurocognitive disorder.

Methods: We built a computer simulation model that incorporated the role of exercise, genetic load, age, quality of diet, presence of diabetes and level of hemoglobin A1C, ongoing levels of cognitive stimulation, presence or absence of micronutrients, presence or absence of other co-morbidities, an overall general health index, levels of smoking and other substance use, and family history. We modeled the life course of 10 individuals, adjusting parameters to make correct predictions for all 10 people. Then we entered the data