clinical characteristics to be taken into account. This case highlights some of them, drawing attention to this uncommon diagnosis.

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EV0747

Frontotemporal dementia: A diagnostic challenge

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Introduction Frontotemporal dementia (FTD), the second commonest cause of degenerative dementia after Alzheimer's disease in patients aged 65 years or less is characterized clinically by progressive changes in social, behavioural, and language function.

Objectives To do a complete psychiatric and neurological examination of a case with pick dementia.

Aims This case report wants to highlight the combination of psychiatric and neurological symptoms in FTD in order to improve the early diagnosis and therapeutical management.

Methods We report the case of a 62-years-old male who was admitted in psychiatric clinic, I Cluj-Napoca after he was transferred from neurology clinic I for distractibility, impersistence, apathy, loss of interest, emotional blunting, hyperorality, dietary changes, stereotyped behaviour, decline in personal hygiene. The delay in diagnosis was approximately 3 years, probably because his MMSE total score was 30 points and because he presented behavioural and verbal disinhibition, irritability, inappropriate emotional reacting and a CT with minimal changes.

Results Psychometric evaluations revealed: Frontal Assessment Batery (13/18), Frontotemporal Dementia Rating Scale (50% impairment, moderate severity level), ADL (activities of daily living) (Katz score = 4/7, moderate dependence, low self-care) and IADL (instrumental activities of daily living) (2/8 = high dependency level, low self-maintenance). MRI: fronto-temporal atrophy. The anamnesis, heteroanamnesis, para-clinical investigations led us to a diagnosis of FTD (Pick dementia).

Conclusions We should acknowledge that behavioural changes progress whatever the presentation, that cognitive decline occurs later and that FTD is a disease with a longer delay in onset of cognitive symptoms and diagnosis.

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Self-compassion, well-being and health in elderly: Are there related?

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Introduction The increase in aging population is a major advance in society, but also a great challenge, imposing the need for actions that promote successful aging, with higher subjective well-being and better health.

Objectives (1) analyse the possible influence of socio-demographic variables in self-compassion, satisfaction with life, affection, physical and mental health (study variables); (2) understand how is that the study variables are associated with each other in old age; and (3) explore which variables best predict satisfaction with life and health in the elderly.

Method The study sample consists of 155 individuals, aged between 65 and 94 years old, institutionalised and non-institutionalised.

Results (1) significant correlations were found between some demographic and the study variables. (2) Significant associations were also found between self-compassion, subjective well-being and health. (3) linear regression analysis revealed that physical health is best predicted by greater life satisfaction and lower age; mental health is best predicted by increased satisfaction with life, self-compassion and decreased negative affect; and, finally, life satisfaction is predicted by a higher physical health and self-compassion.

Conclusions These results suggest the importance of developing psychological skills such as warmth, tolerance and the acceptance of suffering bearing in mind that the elderly may experience difficulties resulting from the developmental characteristics of old age. Our findings suggest the possible beneficial effect of compassion, focused therapies designed for this specific population, particularly contributing to the promotion of life satisfaction and mental health of the Portuguese elderly.

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The psycho-geriatric patient in the Emergency Room (ER) of the Maggiore della Carità Hospital in Novara

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Introduction Due to population aging, the health system will face increasing challenges in the next years. Concerning mental disorders, they are major public health issues in late life, with mood and anxiety disorders being some of the most common mental disorder among the elderly. For this reason, increasing attention has to be paid to the evaluation of the elderly in psychiatry emergency settings.

Objectives To evaluate the socio-demographic and clinical features of over 65 patients referred to psychiatric consultations in the ER of "Maggiore della Carità" Hospital in Novara, in a 7 years period.

Aims The analysis of the characteristics of the study sample could be potentially useful in resource planning in order to better serve this important segment of the general population.

Methods Determinants of ER visits for over 65 patients referred to psychiatric evaluation were studied retrospectively from 2008 to 2015.

Results Elderly patients made up 14,7% ($n = 458$) of all psychiatric evaluation in the ER ($n = 3124$). About two thirds (65,9%) were females and one third were males (34,1%). The mean age of patients recruited was 75.11 years. The majority of subjects (68.6%) presented without a diagnosis of Axis I according to DSM-IV. The other most frequent diagnosis was "cognitive disorders" (11.4%) and "mood disorders" (10.9%).

Conclusions The large proportion of patients without a diagnosis of Axis I, could be related to the misunderstanding of the psychosocial aspects of aging. Preliminary results highlight the importance of research on this topic, considering population aging and the impact of mental disorders in late-life.