

## Reference

- [1] Paller KA, Creery JD, Florczak SM, Weintraub S, Mesulam M-M, Reber PJ, et al. Benefits of mindfulness training for patients with progressive cognitive decline and their caregivers. *Am J Alzheimer's Dis Other Dementias* [Internet] 2014 Aug 25 [cited 2014 Nov 6].

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2062>

## EW0193

### Economic recession and mental health distress: Does age matter?

D. Frasquilho\*, G. Cardoso, A. Ana, M. Silva, J.M. Caldas-de-Almeida

Cedoc, Chronic Diseases Research Center, Nova Medical School, Universidade Nova de Lisboa, Lisboa, Portugal

\* Corresponding author.

**Introduction** The association between economic crises and mental health problems can be attributed to a number of factors. Among these, age seems to be an important determinant.

**Objectives** The aim of this study was to assess whether mental health of the Portuguese population following the onset of the 2008 recession, differs by age groups.

**Methods** A follow-up study (2015) on the population aged 18 to >65 years old, using the National Mental Health Survey ( $n=911$ ). The age-group prevalence of mental health distress assessed by the ten-item Kessler's Psychological Distress Scale (K10) was calculated using  $\chi^2$  statistics and mental distress as a categorical variable ( $P<0.05$ ).

**Results** Mean mental distress score differed significantly according to age group,  $\chi^2(3)=10.684$ ,  $P<0.05$ . The results showed that the older groups (50–64 and 65+ years old) were more frequently under mental distress (17–19%) compared to younger people (18–49 years old), which were less likely to report being distressed (8–12%).

**Conclusions** Age seems to be an important determinant of distress levels during the economic crisis in Portugal. Older adults reported to be more distressed compared to younger individuals. There are several hypotheses for a differential expression of psychological distress between age groups such as working status and retirement, which can express differential access to coping resources under such contextual negative pressure of economic recession. Further research on age groups is thus needed to better understand how recession generates adverse effects on mental well-being.

**Keywords** Distress; Age; Mental health; Recession; Older adults  
**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.2063>

## EW0194

### The effect of apolipoprotein E $\epsilon 4$ (APOE E4) on visuospatial working memory in healthy elders and amnesic mild cognitive impairment patients: An event-related potentials study

L. Gu

Nanjing Zhongda Hospital, Southeast University, School of Medicine, Department of Neuropsychiatry, Nanjing, China

**Introduction** Previous studies provided inconsistent evidences for the effect of apolipoprotein E  $\epsilon 4$  (APOE  $\epsilon 4$ ) status on the visuospatial working memory (VSWM). Our study was the first investigation with event-related potential (ERP) to explore the effect of APOE  $\epsilon 4$  on VSWM in healthy elders and aMCI patients.

**Objective** The aim was to investigate the effect of APOE  $\epsilon 4$  on VSWM with event-related potential (ERP) study in healthy elders and aMCI patients.

**Methods** Thirty-nine aMCI patients (27 APOE  $\epsilon 4$  non-carriers and 12 APOE  $\epsilon 4$  carriers) and 43 their matched control (25 APOE  $\epsilon 4$  non-carriers and 18 APOE  $\epsilon 4$  carriers) performed an N-back task, a VSWM paradigm that manipulated the number of items to be stored in memory.

**Results** Our study detected reduced accuracy and delayed mean correct response time in aMCI patients than healthy elders. P300 was elicited by VSWM and its amplitude was lower in aMCI patients at the central-parietal and parietal electrodes than healthy controls. In healthy elders, P300 amplitude declined prior to task performance change in APOE  $\epsilon 4$  carriers than non-carriers. Regarding aMCI patients, P300 amplitude result revealed exacerbated VSWM deficits in APOE  $\epsilon 4$  carriers than APOE  $\epsilon 4$  non-carriers. Additionally, standardized low-resolution brain electromagnetic tomography analysis (s-LORETA) result showed enhanced brain activation in right parahippocampal gyrus during P300 time range in APOE  $\epsilon 4$  carriers than non-carriers in aMCI patients (Fig. 1, Tables 1 and 2).

**Conclusions** It demonstrated that P300 amplitude might serve as a biomarker for recognizing aMCI patients and contribute to early detection of worse VSWM in APOE  $\epsilon 4$  carriers than non-carriers.

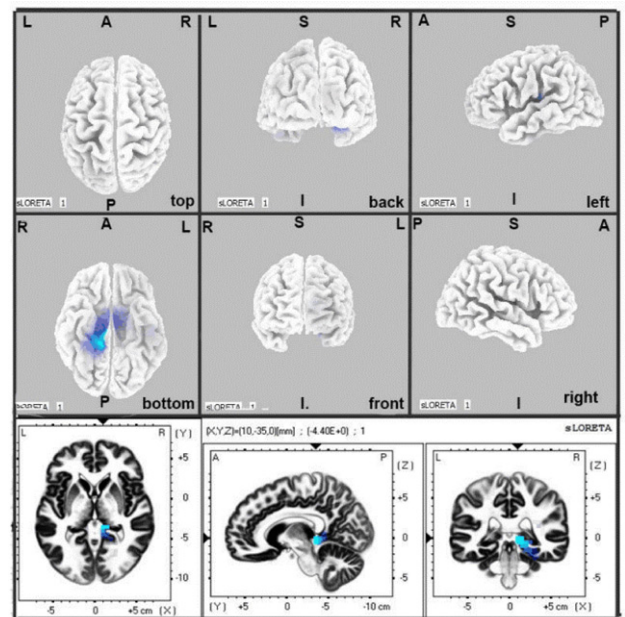


Fig. 1 The sLORETA images showing statistical differences between aMCI- APOE  $\epsilon 4$ - and aMCI- APOE  $\epsilon 4$ + group (3D-view and slice-view) in the P300 time-range. The three slice-view images below located the maximal difference between aMCI- APOE  $\epsilon 4$ - and aMCI- APOE  $\epsilon 4$ + group (MNI coordinates  $x, y, z=10, -35, 0$ ). Negative difference was in blue color with reference of aMCI- APOE  $\epsilon 4$ + group. Abbreviations: aMCI: amnesic mild cognitive impairment; APOE: apolipoprotein E; MNI: Montreal Neurological Institute; sLoreta: standardized low-resolution brain electromagnetic tomography analysis.