participants who completed the third wave of the study and who did not present dementia or other serious pathologies were selected. Mild Cognitive Impairment (MCI) was diagnosed according to the current criteria in a special meeting of the research team. In the participants without MCI, the intensity and severity of their complaints were assessed according to the Subjective Cognitive Decline (SCD) criteria. Physical frailty was assessed following the frailty phenotype as described by Fried et al.

Results: Only 4 participants (2.7%) presented physical frailty (3, 4 or 5 criteria in the frailty phenotype). Of those presenting physical pre-frailty (1 or 2 criteria), 36 were MCI (23.8%), 33 SCD (21.9%) and 36 controls. Finally, 40 participants (26.5%) presented no frailty criteria (8 with MCI, 13 with SCD and 19 controls). Participants with SCD and pre-frailty were of intermediate age and they had more years of education than the group with MCI and pre-frailty, although these differences were not significant. They have significantly more symptoms of depression (GDS) and worse mental health status (GHQ-12) than participants without frailty and pre-frailty controls, and more symptoms of anxiety (GAD-7) than participants without frailty.

Conclusion: The relationship between subjective memory complaints and frailty could help to establish groups at special risk of cognitive impairment in phases prior to objective cognitive decline, being these groups particularly optimal targets for preventive intervention. However, a detailed characterization of these subgroups is still required.

P53: Brain, Diabetes and Cognition

Authors: Edgardo Reich, M.D., Elena Halac, M.D, Carlos Torres, M.D. Patricia Castaño, M.D. Department of Neuroscience and Department of Diabetes, Buenos Aires University

Diabetes mellitus (DM) is a chronic metabolic disease, characterized mainly by elevated levels of blood glucose, associated with other important metabolic disturbances. Prevalence of DM is dramatically increasing worldwide, but especially in western countries, due to several factors as like diet, lifestyle and population aging.

Recent studies demonstrate that some diabetic patients have an increased risk of developing cognitive decline and dementia compared with healthy individuals. Although this may reflect brain changes as a consequence of diabetes, the coexistence of diabetes and cognitive dysfunction suggest common risk factors and causative mechanisms.

Cognitive dysfunction, including mild cognitive impairment and dementia, is increasingly recognized as an important comorbidity and complication of diabetes that affects patient's health and diabetes management with several public health implications. The aim of our work is to give an overview of cognitive dysfunction in people with diabetes, describing its clinical features and their biochemical basis and future perspectives.

P54: The Valladolid Multicentre Study: Clinical Difference Between Age Groups in a Sample of Geriatiric Patiants Referred to 7 Liaison Psychiatrics

Authors: Eduardo Fuster Nacher, Mª Desamparados D. Perez Lopez, Miguel Alonso-Sánchez, Eduardo Delgado Parada, Leire Narvaiza Grau, Monica Prat Galbany, Maria Iglesias Gonzalez, Cristina Pujol Riera

Introduction and Objectives: It is well known that geriatric patients are at increased risk of developing comorbid medical and psychiatric conditions, and a large proportion of them are admitted to psychiatric liaison units (LPUs). The aim of this study is to determine which clinical differences between age groups (65- 74 years and ≥75 years) are statistically significant to potentially warrant special attention when referring to an LPU.

Methods: This is an observational, cross-sectional and comparative multicentre study. We collected data from 165 patients (≥65 years) admitted to 7 Spanish general hospitals and referred to each LPU from different departments. Data were collected over a period of one and a half months. Psychiatric examinations were performed during the patients' stay in the wards. The sample was divided into two age groups of patients and a comparative analysis was done.

Results: We obtained a sample of 165 patients with a mean age of 76.03 years (42.10% < 75 years, 57.83% ≥ 75 years). We analysed several variables between two age groups: the youngest (65- 74 years) and the oldest (≥75 years).

In the younger group (mean age 69.87 years), the mean Barthel index before admission was 93.23 (52.1% with independent ambulation) and at the time of our first assessment was 54.62, before 82.71 of the older group (mean age 80.63). The mean Lawton index was 4.44 (6.35 for the older group) and the Charlson index was 6.38 (5.6 for the older group). 21.11% reported falls in the last 6 months, compared to 27.6% in the older group. The most common reason for referral was anxiety/depression symptoms in both groups (52.12% and 56.53%) and agitation (24.46% in the older group). After the LPU visit, the main diagnoses were adjustment disorder in both groups (25.3% and 25.53%) and delirium in the older group (23.4%). Antidepressants and benzodiazepines were the most common psychotropic drugs prescribed before the LPU visit, and benzodiazepines were the most common drugs discontinued after the LPU visit in both groups.

Conclusions: Clinical differences were found between two age groups (65-74 years and ≥75 years) at LPU, which could allow professionals to improve their attention and interventions.

P60: Development of a participant-driven dementia learning program by people living with dementia

Authors: Fumiko Miyamae, Mika Sugiyama, Tsutomu Taga, Sumiko Kenjo, Mitsuo Morikura, Hiroyuki Iwata, Mayumi Kaneko, Tsuyoshi Okamura

Objective: All older adults, including those already living with dementia, should be provided with adequate knowledge about dementia and be aware of how to navigate the social resources available to them. The purpose of this study was to develop a practical program to help older adults living in the community learn about cognitive decline and how to use related social resources.

Methods: Program participants included attendees of a community center for dementia support in a major Japanese city, as well as the residents of a large housing complex in the local area. Within the cohort, there were participants who willingly disclosed to having dementia. The program began in February 2021 and was held once a month for a total of 15 hour-long sessions. A participant survey was administered at each session to gather the demographic information of participants and their understanding of the program. Additionally, the staff conducted recorded verbal discussions about the program, which were then reviewed using thematic analysis.