95% confidence interval (CI)=1.11-3.69, p=0.0214) and 'lassitude' (OR=1.62, 95% CI=1.00-2.62, p=0.0497) at the end of the acute ECT course were significantly associated with increased risk of relapse at six-month follow-up.

Conclusions: *Conclusions*: Some residual depressive symptoms, including sleep disturbance and fatigue, may help better identify patients vulnerable to relapse following a successful acute ECT course for LLD. Future studies assessing interventions that target specific residual symptoms may further reduce post-ECT depressive relapse.

Disclosure: No significant relationships.
Keywords: Electroconvulsive therapy; Residual symptoms; Relapse; Late-life depression

EPP0143

Measuring neuropsychiatric symptoms in early dementia patients using speech analysis

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doi: 10.1192/j.eurpsy.2022.461

Introduction: Certain neuropsychiatric symptoms (NPS), namely apathy, depression and anxiety demonstrated great value in predicting dementia progression representing eventually an opportunity window for timely diagnosis and treatment. However, sensitive and objective markers of these symptoms are still missing.
Objectives: To investigate the association between automatically extracted speech features and NPS in early-stage dementia patients.
Methods: Speech of 141 patients aged 65 or older with neurocognitive disorder was recorded while performing two short narrative speech tasks. Presence of NPS was assessed by the Neuropsychiatric Inventory. Paralinguistic markers relating to prosodic, formant, source, and temporal qualities of speech were automatically extracted, correlated with NPS. Machine learning experiments were carried out to validate the diagnostic power of extracted markers.
Results: Different speech variables seem to be associated with specific neuropsychiatric symptoms of dementia; apathy correlates with temporal aspects, anxiety with voice quality and this was mostly consistent between male and female after correction for cognitive impairment. Machine learning regressors are able to extract information from speech features and perform above baseline in predicting anxiety, apathy and depression scores.
Conclusions: Different NPS seem to be characterized by distinct speech features which in turn were easily extractable automatically from short vocal tasks. These findings support the use of speech analysis for detecting subtypes of NPS. This could have great implications for future clinical trials.

Disclosure: No significant relationships.
Keywords: Neuropsychiatric symptoms; Depression; apathy; speech analysis

EPP0144

Subjective age and positive psychiatry: Identifying the positive characteristics associated with successful aging

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doi: 10.1192/j.eurpsy.2022.462

Introduction: For older adults, feeling subjectively younger is associated with improvements in cognition, subjective well-being and depressive symptoms. Positive psychiatry is the field that focuses on patient strengths and the promotion of positive outcomes, rather than just mitigation of illness. Younger subjective age may be a useful measure of successful aging, but little is known about how subjective age is associated with positive psychosocial characteristics.
Objectives: Our objective is to characterize how subjective age is related validated positive psychosocial measures, with the goal of better understanding the determinants of successful aging.
Methods: The Successful Aging Evaluation (SAGE) longitudinal study recruited over 1,300 community-dwelling residents of San Diego County, CA, from age 21 to over 100. A single-item question asked "How old/young do you feel?" We used spearman correlations to assess the relationship between subjective age and validated positive psychosocial scales such as the Self-Rated Successful Aging, Life Orientation Test, Personal Mastery Scale, Connor-Davidson Resilience Scale, Satisfaction with Life Scale, Adult Hope Scale, and Social Support Index.
Results: Mean chronological age was 65.5, and mean subjective age was 53.6. Mean age discrepancy was 11.5 years. Younger subjective age was positively associated with most of the positive psychosocial characteristics measured, including self-rated successful aging, optimism, personal mastery, resilience, curiosity, hope, and social support.
Conclusions: There is a growing movement within psychiatry to understand the positive characteristics that lead to successful aging. This is one of the first studies demonstrating younger age identities are associated with positive psychosocial characteristics and successful aging.

Disclosure: No significant relationships.
Keywords: optimism; social support; resilience; Geriatric Psychiatry

EPP0145

Prevention and Management of Falls in Older Adults admitted to Woodlands Hospital, an inpatient Old Age Psychiatric Unit

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doi: 10.1192/j.eurpsy.2022.463

Introduction: Falls are a significant cause of injury in older adults who are disproportionately at higher risk due to multiple factors such as, mobility issues, co-morbidities and polypharmacy. There are several evidence-based interventions that can be implemented to reduce the risk of – and manage falls.

Objectives: Assess whether Woodlands Hospital has implemented the standards set by NICE guidelines on the management of Falls in Older People.

Methods: Retrospective audit of patients admitted to Woodlands Hospital from 1st June to 1st December 2018. 113 patient records were analysed to determine; was an falls risk assessment completed on admission, did patients 'at risk of falls' have individualized interventions in place, was a falls risk assessment completed weekly at MDT, following a fall, were patients checked for signs of fracture before moved, was a medical examination completed and were neurological observations completed in patients with observed head injury or where it could not be excluded?

Results: 100% of patients had individualised interventions to reduce risk of falls and 97.3% of patients had an assessment of risks completed on admission. 60.3% of patients were checked for signs of fracture. 78.3% of patients had a physical examination within 12 hours. 75% of patients had neurological observations completed.

Conclusions: Risk assessment for falls and individualized interventions for patients at risk of falls were completed at a high standard. There remains scope for improvement of review of risk of falls during weekly MDT, documentation of checking for signs of fractures and neurological examination. The outcomes were relayed to the unit and plans to re-audit in September 2021.

Disclosure: No significant relationships.
Keywords: falls; falls prevention; old age psychiatry; falls management

EPP0147

Prodromal stage of late-onset psychosis

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Introduction: Prodromal stage of psychosis may be an aim of prevention first episode psychosis. In late-onset psychosis it's low described.

Objectives: The aim of this investigation is to describe prodromal phase of late-onset psychosis and their connection with psychopathology.

Methods: 74 women with late-onset psychosis (age 64,3±6,7) - late-onset schizophrenia (LOS) (n=49, age 63±8,4), schizoaffective disorder (n=17, age 62,4±6,5), late onset delusion disorder (LoDD) (n=8, age 76,6±4,3) underwent clinical assessment (SOPS, PANSS, HAMD-17), cognitive examination (MMSE, MoCA), structured interviewing on life-time pathology. Spearman's rho statistics was used.

Results: LOP patients have low prodromal symptoms according to the SOPS score. In LOS patients middle score of SOPS is 18±8,5, in schizoaffective patients middle score of SOPS is 12,3±6,8, and for LoDD SOPS is 13,4 ±4,6. Prodromal disturbances are represented mainly by fragmentary paranoid ideas, thoughts of unusual con-

tent, acoasms and affective fluctuations. In LOS patients SOPS negative subscale correlate with HAMD (r=0,384, p<0,05), desorganisation subscale correlate with PANSS common psychopathology subscale (r=0,32, p<0,05) and total PANSS (r=0,28, p<0,05), generous subscale and common SOPS correlate with HAMD (r=0,29, r=0,3, p<0,05). For patients with schizoaffective disorder there is no correlations, and in patients with LoDD SOPS desorganisation subscale negative correlate with PANSS negative subscale (r=-0,71, p<0,05).

Conclusions: In patients with late psychoses, the severity of disorders in the prodromal period is minimal. However, prodromal features are associated with the psychopathology.

Disclosure: No significant relationships.
Keywords: Late-onset psychosis; late onset schizophrenia; prodromal; first episod psychosis

EPP0148

Social phobia and other syndroms in late-onset psychosis

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Introduction: Anxiety disorders are frequent comorbidity in patients with schizophrenia. Their frequency in late-onset psychosis is unknown.

Objectives: We aimed to study life-time anxiety disorders as well as other psychiatric pathology in patients with late-onset schizophrenia (LoS) and late-onset delusional disorder (LoDD).

Methods: 42 patients with LoS (age 64,1±9,2, 12% males) and 15 patients with LoDD (n=15; age 69,9±10,9, 14% males) underwent clinical assessment (PANSS, HDRS-17), cognitive examination (MMSE, MoCA), structured interviewing on life-time pathology. Control group included 24 subjects with no signs of depression or psychosis (age 58,1±10,8, 50% males). Kruscal-Wallis and χ^2 statistic was used.

Results: Patients with LoS and LoDD had higher frequency of social phobia (50% and 30% compared to 16,7 in control group, χ^2 (2)= 6,834, p= 0,033) and more animal phobias (KW χ^2 (2)=15,536, p<0,001). The number of habitual anxiety reaction was increased in LoS but not LoDD patients compared to controls (KW χ^2 (2) =7,275, p= 0,026) with more severe motor (KW χ^2 (2)=8,516, p= 0,014), vegetative (KW χ^2 (2)=8,633, p= 0,013 and ideatory symptoms (KW χ^2 (2)=6,969, p= 0,031) of anxiety. There was no group difference in life-time frequency of depression. Patients and controls had similar rate of complicated grief, but controls had often no reaction in response to loss and LoS patients responded to loss with manifestation of psychosis (χ^2 (6)= 14,473, p= 0,025).

Conclusions: Social phobia and other anxiety disorders are frequent in late-onset psychosis. Symptoms of generalized anxiety are more specific to LoS than to LoDD.

Disclosure: No significant relationships.
Keywords: old age; social phobia; late onset schizophrenia; complicated grief