

Alzheimer's dementia (AD) and has a progressive course that leads to inevitable deterioration in functioning. Still, FTD is not a unique entity in ICD- 10 classification.

**Objectives** To investigate the diagnostic and treatment difficulties in FTD.

**Aims** To show very rapid and progressive deterioration in people with early onset FTD.

**Methods** We will present a series of cases showing progressive cognitive deterioration and prominent personality changes in patients with FTD hospitalised at University Psychiatric Hospital Vrapce since 2013 to 2015. Collected data included anamnestic and heteroanamnestic information, blood tests and neuroimaging.

**Results** Our findings showed a significance of early onset FTD, with subtle, atypical symptoms at the beginning, and galloping deterioration during the course of illness.

**Conclusions** Presented patients with FTD showed rapid and progressive nature of disease with infaust prognosis. Even though early onset patients make 20% of overall number of patients with FTD, we consider that it is necessary to separate them from late onset patients in future classification systems.

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#### EV0796

### Characteristics of elder mistreatment's perpetrators in Tunisian community-dwelling elders

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**Introduction** While research is illuminating characteristics of elderly that are associated with mistreatment, far less research has investigated characteristics of the perpetrator that are involved in elder mistreatment cases.

**Aim** To address the characteristics of elder mistreatment's perpetrators in a population of community-dwelling elders.

**Methods** A cross-sectional study was conducted, including 80 subjects aged 65 years and older, with sufficient cognitive ability to complete the interview. Elderly were asked about several characteristics of mistreatment's perpetrators. Indicators of Abuse Screen (IOA) was used to evaluate abuse.

**Results** Findings show that 13.8% of the participants suffered from elder mistreatment, with a mean IOA's score of 8.35. According to subtypes, 10% reported psychological, 2.5% physical and 1.3% financial abuse. Abuse was recurrent and the victim's reactions were passive in all cases.

Perpetrators were family members in all cases, with being a partner in 63.6%, a child in 18.2%, a sibling in 9.1% and a stepdaughter in 9.1% of cases. They were men in 72.7% of cases and their mean-age was 64.09 years. Financial difficulties and psychological problems were reported in 54.5% and 36.4% of perpetrators, respectively. Perpetrators were most likely living with the victims ( $P=0.009$ ). Partners were the perpetrators of half of the psychological abuse, and the totality of the physical and financial abuse. Abusive marital relationships were significantly associated with the perpetrator ( $P=0.04$ ).

**Conclusion** Our findings suggest that the cause of elder abuse is rarely unique, and that this phenomenon is consequent to many pre-existing underlying problems affecting both elderly and perpetrators.

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#### EV0797

### A comparative study of elder mistreatment between community-dwelling elders and those residing in long-term care facilities

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**Introduction** Elderly who live in settings other than their own homes or those of relatives have received little attention from researchers in Tunisia.

**Aims** To compare sociodemographic and clinical factors associated with elder abuse between community-dwelling elders and those residing in nursing home.

**Methods** A comparative study was conducted, including 50 subjects aged 65 years and older living in the community and 20 age- and sex-matched subjects living in a nursing home. Cognitive status, depressive symptoms and autonomy were assessed using mini-mental state examination (MMSE), geriatric depression scale (GDS) and activities of daily living scale (ADL). Elder abuse was evaluated with Indicators of Abuse Screen (IOA).

**Results** Elder abuse was more prevalent in elderly residing in nursing home ( $P=0.009$ ) with a prevalence of 35% and 8% and a mean IOA score of 12.75 and 7.74. Psychological, physical, financial abuse and neglect were reported by elderly residing in nursing home. Those living in community reported exclusively psychological abuse. The victim's reactions were passive in all cases.

Elders living in nursing home were more single or divorced (0.000) and financially independent (0.003). They had lower scores of MMSE (0.002) and ADL (0.014), and higher scores of GDS (0.022). A binary logistic regression confirmed that elder abuse was significantly more prevalent in nursing home after eliminating these confounding variables: age, gender, MMSE, GDS and ADL scores ( $P=0.018$ ).

**Conclusion** Our results confirm that elderly who live in long-term care facilities are at particular risk for abuse and neglect.

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#### EV0798

### Medical Staff's Social representation on elderly with psychiatric disorder: Impacts about the life project

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Today, the questioning about the life project of elderly with mental disorders seems not to be a priority of research and politics. Many studies shows that social representation of this specific population are mostly negative. They impact the place of these subjects on their social and community integration into the society. The purpose of our research work is to identify the nature of health professional's social representation involved in the accompaniment of these subjects. In that case, the authors aim to identify its impact on their life project. Consequently, the authors interviewed 715 professionals (doctors, psychologists and nurses) with the free association method of Abric. A prototypical and categorical analysis was conducted with the help of IRAMUTEQ software. Then a factorial analysis was performed in order to identify which factors could be possibly linked with some dimensions of the social representation we isolated (age, sex, profession and study level). Results shows that social representation of health professionals

is really close to the social representation of the rest of population. To conclude, the authors will discuss about the influence and impact of this social representation on the decision process concerning the life project developed by the medical staff in psychiatry

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#### EV0799

### First neuropsychiatric symptoms and neurocognitive correlates of behavioral variant frontotemporal dementia

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Previous works highlight the neurocognitive differences between apathetic and disinhibited clinical presentations of the behavioral variant frontotemporal dementia (bvFTD). However, little is known regarding how the early presentation (i.e., first symptom) is associated to the neurocognitive correlates of the disease's clinical presentation at future stages of disease. We analyzed the neurocognitive correlates of patients with bvFTD who debuted with apathy or disinhibition as first symptom of disease. We evaluated the neuropsychological, clinical and neuroanatomical (3 T structural images) correlates in a group of healthy controls ( $n = 30$ ) and two groups of bvFTD patients (presented with apathy [AbvFTD,  $n = 18$ ] or disinhibition [DbvFTD,  $n = 16$ ]). To differentiate groups according to first symptoms, we used multivariate analyses. The first symptom in patients described the evolution of the disease. AbvFTD and DbvFTD patients showed increased brain atrophy and increased levels of disinhibition and apathy, respectively. Whole brain analyzes in AbvFTD revealed atrophy in the frontal, insular and temporal areas. DbvFTD, in turn, presented atrophy in the prefrontal regions, temporoparietal junction, insula and temporoparietal region. Increased atrophy in DbvFTD patients (compared to AbvFTD) was observed in frontotemporal regions. Multivariate analyses confirmed that a set of brain areas including right orbitofrontal, right dorsolateral prefrontal and left caudate were enough to distinguish the patients' subgroups. First symptom in bvFTD patients described the neurocognitive impairments after around three years of disease, playing an important role in the early detection, disease tracking, and neuroanatomical specification of bvFTD, as well as in future research on potential disease-modifying treatments.

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#### EV0800

### Behavioral symptoms as predictor factor of disease progression across different neurocognitive disorders. A longitudinal study

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**Background** Previous works highlight the importance of neurocognitive symptoms over cognitive and functional dependency in neurocognitive disorders. However, little is known regarding to what extent presence of neuropsychiatric symptoms predicts disease progression, cognitive and functional impairments in behavioral variant frontotemporal dementia (bvFTD) and in Alzheimer dementia.

**Methods** We performed two different evaluations (T1 and T2) with 3 years of difference in a group of bvFTD ( $n = 18$ ), AD ( $n = 20$ ) and controls ( $n = 22$ ). Neuropsychological, clinical and cognitive correlates were measured in each time T1 and T2. By using different multiple regression models, we explored if behavioral symptoms (measured by Columbia, Yesavage at T1) predict disease progression as measured by changes over T1 and T2 in cognitive (MoCA, IFS, and clock figure) and functional dependency (Lawton).

**Results** Behavioral symptoms, in particular depression, psychosis, apathy and disinhibition were factors able to predict cognitive and functional progression in bvFTD. By contrast, regression model revealed that depression and insomnia were behavioral factors able to predict progression in AD.

**Conclusion** Neuropsychiatric symptoms are crucial to predict disease progression in bvFTD and AD patients in differentiated ways. Our results suggest the tracking early behavioral symptoms in neurocognitive disorders playing an important role in the early detection, disease tracking, and neuroanatomical specification of bvFTD, as well as in future research on potential disease-modifying treatments.

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#### EV0801

### Mild cognitive impairments and whole-body cryotherapy – Placebo control study

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**Introduction** Cognitive impairment is considered to be a result of oxidative stress and disturbances in inflammatory status. Whole-body cryotherapy (WBC), which is a short exposure to extremely low temperatures, probably regulates the release of cytokines and nitric oxide. The hypothesis is that WBC may be useful in the therapy of mild cognitive impairments (MCI).

**Aims** The effect of the whole-body cryotherapy (WBC) on cognitive impairments was investigated.

**Objectives** In this study the observation of several biological factors and cognitive functions were conducted to analyse the WBC influence on cognitive deficits.

**Methods** People with MCI participated in 10 WBC sessions divided for experimental group ( $-110^{\circ}\text{C}$  till  $-160^{\circ}\text{C}$ ) or control group ( $-10^{\circ}\text{C}$  till  $-20^{\circ}\text{C}$ ). The MoCa test (scores 26 and lower) was used for inclusion criteria. Cognitive functions were measured with: TYM, DemTect and SLUMS at baseline and in follow-up. Biological factors (cytokines, BDNF, NO) were also assessed.

**Results** It was shown that memory domains in experimental group improved after WBC sessions. Also modulatory effect on inflammatory mediators in plasma was shown. The results of this