Results: During follow-up, 26.2% frail depressed patients died compared to 12.7% non-frail depressed patients (p<.001). Adjusted for confounders, the number of frailty components was associated with an increased mortality rate (HR=1.38 [95%CI: 1.06–1.78], p=.015). All biomarkers were prospectively associated with mortality, but only higher levels of hsCRP and lower levels of vitamin D were independent of frailty associated with mortality.
Conclusions: Frailty identifies older patients at increased risk of adverse negative health outcomes in late-life depression. Therefore, among frail-depressed patients, treatment models that include frailty-specific interventions might reduce mortality rates.

Disclosure: No significant relationships.
Keywords: Depression; Frailty; mortality

EPP0138

Associations of neuroinflammatory parameters with clinical features in patients with mild cognitive impairment and dementia

Y. Zorkina[1,2*], T. Syunyakov[2], A. Andriushchenko[2], O. Abramova[1], M. Kurmishev[2], G. Kostyuk[2] and A. Morozova[1,2]

[1]V.P. Serbsky National Medical Research Center for Psychiatry and Narcology, Department Of Basic And Applied Neurobiology, Moscow, Russian Federation and [2]Mental Health Clinic No. 1 named after N. A. Alexeev, Research Center, Moscow, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.456

Introduction: Mild cognitive impairment (MCI) represent a state of cognitive function between normal aging and dementia and does not always progress to dementia. Neuroinflammation has a key role in the pathogenesis of neurodegeneration. Determining the associations of neuroinflammatory markers in the blood with clinical disease severity may be useful for early diagnosis of cognitive impairment and prediction of the development of severe dementia.
Objectives: The aim of our study was to compare the serum concentration of a panel of inflammatory markers in patients with MCI and dementia as well as their associations with clinical symptoms.
Methods: Patients were evaluated using Mini-Mental State Examination (MMSE), Clock Drawing Test (CDT), Montreal Cognitive Assessment scales (MoCA), Clinical Dementia rating (CDR) and Hospital Anxiety Depression Scale (HADS). We determined the serum concentration of a panel of inflammatory markers (25 units) cytokines, chemokines, growth factors and several others on Mulliplex and prepared multivariate analysis to investigate associations between clinical features and serum concentration.
Results: Patients with dementia had lower scores on scales than the control and MCI groups. MCI patients were equal to the control group, except for the MMSE scale. EGF, eotaxin-1, GRO-α, IP-10, IL-8, MIP-1β, sCD40L, TNF-α, MDC and MCP-1, VEGF were differ between groups. Multivariate analysis identified some neuroinflammatory parameters associated with the severity of the disease.
Conclusions: We identified some neuroinflammatory parameters associated with dementia and MCI. Many of them have been poor described and data is contradictory. It is necessary to investigate these parameters as potential biomarkers of neurodegeneration in further studies.

Disclosure: No significant relationships.
Keywords: MoCA; MCI; MMSE; Dementia

EPP0139

The impact of Mild Behavioral Impairment on the individual's level of psychological, social, and occupational functioning

C. Elefante*, G.E. Brancati, T. Gemmellaro, S. Ricciardulli, F. Romeo, S. Torrigiani, G. Pistolesi, S. Amadori, L. Lattanzi and G. Perugi

University of Pisa, Department Of Clinical And Experimental Medicine, Pisa, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2022.457

Introduction: Mild behavioral impairment (MBI) is a neurobehavioral syndrome characterized by later-life emergent neuropsychiatric symptoms, which represent an at-risk state for incident cognitive decline and dementia.
Objectives: Our obective was to prospectively evaluate the impact of MBI on global functioning in patients ≥ 50 years with a major depressive episode (MDE) at baseline.
Methods: We recruited 51 patients ≥ 50 years presenting with a MDE at the outpatient clinic of the 2nd Psychiatric Unit of the University of Pisa. Then we selected those patients who had a follow-up of at least two months and excluded subjects with a neurodegenerative disease. The included patients (N = 25) were subdivided in a subgroup with MBI and a subgroup without MBI. The subgroups have been compared for the difference between baseline and follow-up score in global functioning according Global Assessment of Functioning (GAF) scale. Comparative analyses were conducted by means of mixed anova.
Results: There was a significant interaction effect between time and the MBI condition ($F[1, 23] = 4.12$, $p = 0.05$ $\eta p 2 = 0.15$). Descriptive statistics showed that while patients without MBI showed higher GAF score at follow-up (mean = 65.12) compared to GAF score at baseline (mean = 54.37), patients with MBI showed, on average, the same GAF score at follow-up (mean = 54.44) and at baseline (mean = 54.44).
Conclusions: In patients with MDE, the presence of MBI is related to a lack of improvement in psychological, social, and occupational functioning in the short-term

Disclosure: No significant relationships.
Keywords: Mild Behavioral Impairment (MBI); Neuropsychiatric symptoms; Preclinical dementia; global functioning

EPP0140

Traumatic brain injury alters presentation of mild behavioral impairment domains across progression of all-cause dementia

M. Bray[1*], B. Bryant[1], A. Esagoff[1], L. Richey[1], C. Rodriguez[1], A. Krieg[1], C.M. Cullum[2], C. Lobue[2], Z. Ismail[3] and M. Peters[1]

[1]Johns Hopkins University School of Medicine, Department Of Psychiatry And Behavioral Sciences, Baltimore, United States of