

Conclusions: LuBAIR paradigm has the potential to guide the development of specific behavioral care plans and the use of AAP in managing individual behavioral categories. AAP use can be justified for managing Misidentification and Goal-Directed Expressions. Vocal expressions may warrant the use of AAP, pending further study. The LuBAIR paradigm offers guidance for de-prescribing AAP for all other behavioral categories in the LuBAIR Inventory. This study is also a preliminary step in validating the psychological theories used to support the individual categories. This workshop will educate the participants on the LuBAIR paradigm and its application in developing person-centered interventions for behaviors in a NCD.

Disclosure of Interest: None Declared

O0059

A thematic analysis of the introduction of smart-hub technology to a rural Psychiatry of Old Age Service during Covid-19 lockdowns.

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Introduction: The use of smart technology in supporting older adults is a growing field of research. However, there is little qualitative research on the experiences of patients utilizing this technology, particularly those attending psychiatry services.

Objectives: To explore the experiences of staff and patients utilizing smart-hubs implemented during the Covid-19 pandemic to provide remote audio/visual communication and smart AI personal assistant technology for the management of patients in a rural Psychiatry of Old Age service.

Methods: Smart hubs were installed in patient homes and in the Psychiatry of Old Age base during the Covid-19 pandemic when lockdown restrictions limited in-person service provision. Patients and staff utilized the smart hubs for its assistive technology and to engage with each other. Semi-structured qualitative interviews were conducted of 10 staff and 15 patients at 6-12 months following the introduction of the smart hubs and thematic analysis was conducted to generate themes.

Results: Three themes were generated from the thematic analysis: 1) Openness to SMART hub technology, 2) Getting set-up and 3) Keeping SMART. The majority of participants did not have much experience using smart technology prior to the intervention. However, many participants reported that they would be comfortable using technology. The Covid-19 pandemic contributed to the rapid adoption of this intervention within the service with mixed views regarding the smart hub prior to implementation. The role of key individuals such as staff and family was highlighted in supporting older persons with setting-up the smart hub. Technical needs included the need for a strong internet connection and technical

limitations were driven by privacy, cost and regional considerations. Many patients were able to utilize the smart hub independently to access interests, therapeutic activities and as a memory aid. The smart hub offered a novel way to connect to services and families and was also seen as a companion by some patients and staff to help address loneliness and isolation. The majority of participants found the use of smart hubs acceptable and were willing to utilize the smart hub in the future as an adjunct to face to face psychiatric interventions. However, suggestions for future use included the need for additional training as users felt that there was more they could do with the smart hub, continued support to manage any challenges and improved information leaflets to better engage users.

Conclusions: Smart hub technology offers an alternate means of providing remote and inclusive psychiatric care to older patients unable to access services in person and at risk of deterioration without intervention in the community.

Disclosure of Interest: None Declared

O0060

Temporal Dynamics of Depressive Symptoms and Cognitive Decline in the Oldest Old: Dynamic Time Warp analysis of the Leiden 85-plus Study

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Introduction: The prevalence of depressive symptoms and cognitive decline increases with age, reducing quality of life. However, the temporal relationship between the two remains elusive.

Objectives: We aimed to explore the temporal relationship between depressive symptoms and cognitive decline in individuals aged 85 years, during up to 5 years follow-up.

Methods: Participants eligible for this study were selected from the Leiden 85-plus Study, who participated for at least 3 follow-up measurements. Depressive symptoms were assessed at baseline and at follow-up in a period of 6 yearly assessments, utilizing the 15-item Geriatric Depression Scale (GDS-15). Cognitive decline was measured through various tests including the Mini Mental State Exam (MMSE), Stroop Test, Letter Digit Coding Test, and immediate and delayed recall using the 12-word learning test. Dynamic Time Warping (DTW) analysis was employed to model their temporal dynamics, in undirected and directed analysis, to ascertain whether depressive symptoms precede cognitive decline, or vice versa.

Results: The study included a total of 325 (54.2%) of 599 patients, of whom 68.0% were female, 45.0% with intermediate to higher education, and all aged 85 years. Depressive symptoms and cognitive functioning significantly covaried in time, and directed analyses showed that depressive symptoms preceded most of the parameters of cognitive decline in the oldest old. Of the 15 GDS

symptoms, those with the strongest outstrength were worthlessness, hopelessness, low happiness, dropping activities/interests, and low satisfaction with life (all $p < .01$).

Conclusions: We found a strong temporal link between depressive symptoms and subsequent cognitive decline in a population of the oldest old. This highlights the importance of a holistic approach that considers both mental and cognitive well-being in the aging population. As depressive symptoms were an early indicator of cognitive decline, it is of importance that healthcare professionals recognize and address depressive symptoms early to allow for appropriate interventions and support, to potentially mitigate the impact on cognitive decline.

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Oncology and Psychiatry

O0062

Prevalence of depressive disorders in breast cancer patients

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Introduction: Breast cancer is the most common type of cancer and the leading cause of death from malignant neoplasms in women in Russia and in most countries in the world (Lima *et al.* *EClinicalMedicine* 2021; 38 100985). According to an analysis of the incidence and mortality from 36 cancers in 185 countries (Sung *et al.* *CA Cancer J Clin* 2021. 3 209-249) in 2020, 2261419 new cases of breast cancer were identified in the world in both sexes, which is accounted for 11.7% of the total cancer incidence. Mortality from breast cancer in 2020 amounted to 684996 cases. Patients with comorbid depression and anxiety disorders experience more severe symptoms, have longer recovery time, use more healthcare resources and have poorer outcome compare to those with cancer alone (Katon *et al.* *Gen Hosp Psychiatry* 2007; 2 147-155).

Objectives: Analytical review of data on the impact of depressive spectrum disorders as comorbid conditions on the survival of breast cancer patients and their quality of life.

Methods: The following databases were searched for publications: PubMed, Embase, CINAHL, PsycINFO, Scopus, Science Citation Index/Social Sciences Citation Index, Cochrane Evidence Based Medicine database. The searches were limited to English language and studies with more than 100 subjects with diagnosed breast cancer where this information was mentioned. The analyzed period is between 1977 and 2018.

Results: The reported prevalence of depression in breast cancer patients, according to researches, varies 4,5 to 38%. In patients with I-III stage breast cancer depression increased hazards of all-cause mortality by 50% compared to non-depressed patients. Stage-specific analyses demonstrated a 2–2.5 fold increase in breast cancer-specific and all-cause mortality in patients with stage I

and II disease (Vodermaier *et al.* *Breast Cancer Res Treat* 2014; 2 373-384.). Women with non-metastatic breast cancer who report mild to moderate depressive symptoms in the weeks after surgery have approximately 2.5 times greater risk of death 8–15 years later than women who report little or no depressive symptoms post-surgery (Antoni *et al.* *Gen Hosp Psychiatry* 2017; 44 16-21). Depression in advanced cancer not only reduces quality of life but is also an independent predictor of poorer survival (Lloyd-Williams *et al.* *J Affect Disord* 2009; 113 127-132.).

Conclusions: Depression and anxiety both have adverse effects on recurrence and all-cause mortality in patients with breast cancer. Untreated depression leads to significant increase in incidence and mortality. Depression can debut at any stage of cancer, including the stage of diagnosis. It proves the necessity for affective disorders screening in patients with cancer on the stage of diagnosis. Patients with diagnosed affective disorders should be observed not only by oncologist, but also by a psychotherapist in order to receive the necessary treatment to improve the quality of life and reduce the risk of mortality.

Disclosure of Interest: None Declared

Pain

O0063

Combined effects of psychological and life style factors on pain intensity and/or disability in patients with chronic low back pain: A cross-sectional study

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Introduction: Chronic Lower Back Pain (CLBP) is a frequently encountered health issue in primary care settings, leading to global disability and imposing a considerable economic burden.

Objectives: This study aimed to: (1) compare socio-demographic, health, lifestyle (sleep, physical activity) and psychological factors (depression, anxiety) between people with and without CLBP; and (2) quantify the correlations between these psychological and life-style factors, and clinical outcomes (intensity of CLBP and CLBP-related disability) in people with CLBP after considering other confounders.

Methods: A cross-sectional study was undertaken at the neurosurgery and orthopedic outpatient department of Heraklion University Hospital between 2019-2021. Two hundred fifty three volunteers with CLBP and 116 without CLBP provided socio-demographic information, daily habits, medical history, subjective sleep/ sleep complaints, low back pain intensity and disability using a 10-point numeric Visual Analogue Scale pain rating scale and Quebec Back Pain Disability Scale, as well as questions assessing impact of pain on mobility, self-care, routine activities and psychological status, respectively. Participants also completed the Zung Self-Rating Scale (SDS) for self-assessment of depression and