

signaling pathways. The SASP index correlates with poor executive function and information processing speed. Patients with late-onset depression associated with cognitive decline have been shown to have profound neurobiological abnormalities and significantly reduced BDNF levels, which is consistent with an enhanced molecular profile of aging. SASP proteins can be produced and secreted by senescent glial cells and activate neuronal intracellular cascades associated with nutrition, metabolic control, cell growth, and apoptosis.

Conclusions: Key to understanding the neurobiology of late-onset depression is how it interacts with brain and systemic biological changes associated with aging.

Disclosure of Interest: None Declared

EPV1169

Prevalence of sarcopenia in elderly psychiatric inpatients of central Slovenia - study protocol

A. Stojkowska^{1*} and P. Rus Prelog^{1,2}

¹University Psychiatric Clinic and ²Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia

*Corresponding author.

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Introduction: Sarcopenia is a syndrome described as generalized and progressive loss of muscle mass, strength and function, leading to an increased risk of falls, fractures, disability and mortality. Recent studies have shown that sarcopenia is more common in patients with long-standing psychiatric illnesses compared to the general population, particularly in those with depression and dementia. There have also been reports of higher prevalence in patients with schizophrenia and bipolar disorder.

Objectives: Our study aims to determine the prevalence of sarcopenia and the factors associated with the syndrome among the geriatric psychiatric population diagnosed with Alzheimer's disease, depression, bipolar disorder, or schizophrenia in the central Slovenian region.

Methods: A single-centre cross-sectional study will be conducted over 3 months at the Department of Geriatric Psychiatry of the University Psychiatric Clinic Ljubljana. Admitted patients aged 65 years or older with a diagnosis of Alzheimer's, depression, bipolar disorder, or schizophrenia will be eligible (50 patients per each diagnosis). The SARC-F (Strength, Assistance with walking, Rising from a chair, Climbing stairs, and Falls) and the MSRA (Mini Sarcopenia Risk Assessment) questionnaires will be used as screening tools to identify sarcopenic patients. Additionally, calf circumference and handgrip strength will be measured. The patients' cognitive functioning will be assessed using the Mini-Mental State Evaluation (MMSE).

Results: We expect to detect higher rates of sarcopenia among inpatients with mental illness. Subgroups will be analyzed according to different demographic and disease parameters.

Conclusions: This study is the first to evaluate sarcopenia among elderly Slovenian inpatients with a mental health illness. We believe that sarcopenia is an important yet underdiagnosed parameter of functional health in the elderly struggling with a chronic mental health illness and should be regularly screened for. Further research

is required to identify sarcopenia in this vulnerable population, especially at an early stage, to counteract the progression of the disease.

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Using a reflective practice group to facilitate the professional development of care staff in a dementia care setting

L. L. Tan^{1*} and H. K. Wong¹

¹Psychological Medicine, Changi General Hospital, Singapore, Singapore

*Corresponding author.

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Introduction: Research has shown that staff working in clinical environments caring for frail, elderly or dying patients often must deal with high levels of emotional distress and psychological pain. Psychological defences are necessary and are part of our normal coping mechanism to deal with grief and losses but if they are not understood and recognized, may impact on staff and organizations in unhelpful and destructive ways. In resilient caregiving organizations, emotions are respected and attending to these emotions allow staff to create relationships which will help them cope with their work better.

Objectives: Through interprofessional education with a reflective group, it was hoped that the improved understanding of emotions and experiences of staff and patients could directly influence clinical practice.

Methods: Participants were invited to monthly meetings of 60 minutes for 12 months. A psychodynamic perspective addressed the unconscious processes in clinical encounters. Participants were encouraged to describe how they felt and the meanings of their behaviour rather than just focusing on what happened. Group size was capped at 12 with 2 psychodynamically-oriented facilitators. Semi-structured interviews were conducted and a qualitative approach with content analysis of the transcribed interviews was adopted.

Results: Interdisciplinary staff included nurses, psychologists, social workers, junior and senior clinicians. Our findings showed that staff in dementia care encountered significant levels of emotional distress. The major themes emerged included:

1. Universality of emotions
2. Psychologically safe space
3. Enhancement of reflective capacity
4. Sense-making in the clinical environment

Conclusions: The experiential group discussions allowed staff to better understand and recognize their vulnerability by providing a safe space for directed catharsis. The enhancement of reflective capacity through mirroring and universality in groups allowed members to create relationships which helped them cope with their work better. Through critical inquiry and dialogue, there was better awareness of the social, cultural, economic and political forces at work as staff were encouraged to think and respond honestly to day to day clinical and organizational pressures.

Disclosure of Interest: None Declared