

## EPP0149

**Changes in neuropsychiatric symptoms and caregivers' distress in behavioral variant frontotemporal dementia and Alzheimer's disease in 12 months**

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**Introduction:** In behavioral variant frontotemporal dementia (bvFTD) neuropsychiatric symptoms are a significant concern as they impact care management and caregiver wellbeing.

**Objectives:** To describe change in individual neuropsychiatric symptoms and associated caregivers' distress assessed by the Neuropsychiatry Inventory (NPI) in patients diagnosed with bvFTD and Alzheimer's disease (AD) from baseline to a 12-month follow-up.

**Methods:** The sample consisted of 31 patients diagnosed with bvFTD and 28 patients with AD and their caregivers. The NPI and the Addenbrooke's Cognitive Examination Revised (ACE-R) were applied. Descriptive statistics, Mann-Whitney U test, Wilcoxon test, Chi square ( $\chi^2$ ) were used.

**Results:** At baseline, significantly higher scores were observed for the bvFTD group for: agitation, disinhibition and eating disturbances. The latter two were also higher in the NPI Distress subdomains. At followup, there were significantly higher scores for the bvFTD group in agitation, disinhibition, eating disturbances, hallucination and irritability. For the NPI Distress subdomains, agitation, eating disturbances and hallucination scores were significantly higher for the bvFTD group.

**Conclusions:** In 12 months, neuropsychiatric symptoms increased in both bvFTD and AD groups. However, NPI subdomain and caregiver distress scores were statistically higher among bvFTD patients at both assessment points. Neuropsychiatric symptoms may be associated with care burden in bvFTD and should be a focal point in care management decisions.

**Disclosure:** No significant relationships.

**Keywords:** behavioral dementia frontotemporal (bvFTD); Alzheimer's disease; aging; Neuropsychiatric symptoms

**Others**

## EPP0151

**"Hypochondriac" discourse in the modern society: a way to self-care about health or health anxiety?**A. Tkhostov<sup>1\*</sup>, E. Rasskazova<sup>2,3</sup> and V. Emelin<sup>1</sup>

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**Introduction:** Modern social discourse emphasizes an importance of health either as a limiting resource that needs to be "saved" and

"restored", or as a vulnerability that should be protected, or as a "natural gift" that needs support and recovery by natural methods including alternative medicine. Advertisement adds to the social discourse a meaning of health as a sign of success. Research demonstrated that beliefs in any of these meanings is associated with higher adherence to medical recommendations but also higher catastrophizing of bodily sensations, somatosensory amplification and belief in bodily weakness (Rasskazova et al., 2017).

**Objectives:** To reveal relationships of beliefs and thoughts in "hypochondriac discourse" with subjective importance of health self-care and health-oriented behavior.

**Methods:** 340 participants 17-77 years old filled "Hypochondriac" Discourse Questionnaire (Rasskazova et al., 2016) that includes four scales measuring beliefs and four scales measuring frequency of thoughts about each health meaning, and Health Self-Care Scale (Rasskazova et al., 2021) that differentiates subjective importance of different ways of self-care and activities (Cronbach's alphas .66-.80).

**Results:** All beliefs in "hypochondriac discourse" except importance of alternative medicine are related to medical health monitoring and active styles of life ( $r=.23-.43$ ) but unrelated to reported activities. Frequency of thoughts about "hypochondriac discourse" are related to adherence to health behavior ( $r=.31-.49$ ).

**Conclusions:** Frequent thoughts about "hypochondriac discourse" could be protective factor helping to support active life styles but also could lead to over-protection in healthy people. Research is supported by the Russian Foundation for Basic Research, project No. 22-28-01643

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**Keywords:** "Hypochondriac"; discourse; self-care; health behavior

## EPP0153

**Psychiatrist-led treatment of hepatitis C (HCV) at an opioid agonist treatment (OAT) clinic in Stockholm - enhancing the HCV treatment care cascade**M. Kåberg<sup>1,2\*</sup>, P.-E. Klasa<sup>3</sup> and T. Nordin<sup>3</sup>

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**Introduction:** People who inject drugs (PWID) and opioid agonist treatment (OAT) patients have an increased hepatitis C (HCV) prevalence. Studies among these populations show promising HCV treatment results, which is essential to reach the WHO goal of eliminating HCV as a major public health threat by 2030.

**Objectives:** To introduce psychiatrist-led HCV treatment at an OAT clinic and to investigate HCV treatment results, i.e. sustained virological response at 12 weeks post treatment (SVR12) and numbers of reinfections.

**Methods:** Prima Maria OAT clinic in Stockholm, provides OAT for 450 patients. The majority have a history of injection drug use. Baseline HCV prevalence (January 2018) was retrospectively