

study consist of the comparison of experimental and control groups regarding to cognitive functions as well as biological factors.

Conclusions Whole-body cryotherapy may be supposed to improve cognitive functions in MCI patients. The modulatory effect of WBC on immunological response may be considered as one of possible mechanisms of its action. However, there is no confirmation how long the effects resist so further investigations are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0802

Health-related quality of life in old age institutionalized patients with neurocognitive disorders

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Health-related quality of life (HRQOL) is an important indicator of how a patient perceives hi/her own physical and mental status. Evaluating this dimension in old age patients which are institutionalized for neurocognitive disorders is useful from several perspectives: (1) determination of an initial value for HRQOL parameters could help the case manager in structuring an individualized therapeutic intervention, adapted for psychological, somatic or psychosocial needs of each patient; (2) monitoring the evolution of HRQOL dimensions could help in improving through feedback the quality of therapeutic intervention(s), especially if the case manager is permanently in contact with the patient, as is usually the case of institutionalized subjects; (3) correlation between HRQOL and other important variables, like therapeutic adherence, regression of comorbidities, daily functioning etc. could modulate the therapeutic intervention. We suggest a plan for HRQOL evaluation in institutionalized patients diagnosed with neurocognitive disorder, consisting in monthly scoring of SF-36 or EuroQoL questionnaire, corroborated with MMSE and ADAS-Cog scoring. Psychotherapeutic interventions tailored to the needs identified through HRQOL periodic evaluations could be useful in this population, for example a perceived isolation could be compensated by increasing the rhythm of social interaction by group therapy under the direction of a counsellor, a reduced self-efficacy could be compensated by activation techniques, music or art-therapy, while dissatisfaction with own memory capacities could be mitigated using reminiscence therapy. Switching from a paternalistic way of perceiving the patient as the object of an intervention, to a more interactive style of communication, involves obtaining feed-back through HRQOL instruments.

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EV0803

Validation of a measure of positive and negative affect for use with cross-national older adults

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Introduction Positive Affect (PA) and Negative Affect (NA) have been used as general dimensions to describe affective experience, and they are the affective, emotional components of SWB.

Objectives Positive and negative affect is a relevant facet of well-being for community-dwelling older adults. This study aims to conduct a validation of the Positive and Negative Affect Scale (PANAS), by assessing the psychometric properties (distributional properties, construct, criterion and external-related validities, and reliability) of the PANAS in a cross-national sample of older adults.

Methods A cross-sectional survey design was used. A convenience sample of 1291 community-dwelling older adults aged 75 years old and older was recruited from community centers. Construct validity was estimated through confirmatory factor analysis and convergent validity. Criterion and external-related validities, reliability and distributional properties were also assessed.

Results The PANAS demonstrated satisfactory reliability, distributional properties, and construct, criterion and external-related validities in this sample of older adults.

Conclusions These results suggest that the PANAS can be used as a reliable and valid measure for examining positive and negative affect among cross-national community-dwelling older adults.

Keywords Older adults; Psychometric properties; Positive and negative affect; Positive and negative affect scale; Validation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0804

Older adults' adjustment to aging: The impact of sense of coherence, subjective well-being and socio-demographic, lifestyle and health-related factors

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Introduction Literature lacks of studies assessing correlates of adjustment to aging (AtA) among older populations.

Objective The aim of this study was to build a structural model to explore the predictors of adjustment to aging (AtA) in a community-dwelling older population.

Methods A community-dwelling sample of 1270 older adults aged between 75 and 102 years answered a questionnaire to determine socio-demographic (sex, age, professional and marital status, education, household, adult children, family's annual income, living setting and self-reported spirituality), lifestyle and health-related characteristics (perceived health, recent disease, medication and leisure). Several instruments were used to assert psychological variables, namely AtA, sense of coherence and subjective well-being. Structural equation modeling was used to explore a structural model of the self-reported AtA, encompassing all variables.

Results Significant predictors are self-reported spirituality ($\beta = .816$; $P < .001$), perceived health ($\beta = .455$; $P < .001$), leisure ($\beta = .322$; $P < .001$), professional status ($\beta = .283$; $P < .001$), income ($\beta = .230$; $P = .035$), household ($\beta = -.208$; $P = .007$), sense of coherence ($\beta = -.202$; $P = .004$) and adult children ($\beta = .164$; $P = .011$). The variables explain 60.6% of the variability of AtA.

Conclusions Self-reported spirituality is the strongest predictor of AtA. This study emphasizes the need for deepening the variables that influence older adults' AtA, in particular perceived health and further lifestyle-related characteristics, as being relevant for promoting aging well in later life, within a salutogenic context for health care.

Keywords Adjustment to aging; Older adults.