

Objectives: In this multicenter study, we sought to examine potential clinical differences between older adults with schizophrenia who are living in a long-term care facility and their community-dwelling counterparts.

Methods: We used data from the French Cohort of individuals with Schizophrenia Aged 55-years or more (CSA) study, a large multicenter sample of older adults with schizophrenia (N = 353).

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Results: Results from the multivariable binary logistic regression analysis including all variables that had a significant association in univariate analyses (i.e., $p < 0.05$) revealed that older age (Adjusted odds ratio (AOR) [95%CI]=1.08 [1.03–1.13]), depression (AOR [95%CI]=1.97 [1.06–3.64]), lower MMSE (AOR [95%CI]=0.94 [0.88–0.99]) and GAF scores (AOR [95%CI]=0.97 [0.95–0.99]), living in an area comprising more than 1000 inhabitants per km² (AOR [95%CI]=2.81 [1.37–5.80]), having consulted a general practitioner in the past year (AOR [95%CI]=0.28 [0.0.14–0.56]), and a greater lifetime number of hospitalizations in a psychiatric department (AOR [95%CI]=2.30 [1.18–4.50]) were significantly and independently associated with long-term care utilization among older adults with schizophrenia. In the multivariable logistic regression model, the variance inflation factor (VIF) and tolerance values of each predictor variable were respectively lower than 2.5 and higher than 0.2, supporting that multicollinearity was not a concern in our analysis.

Conclusions: In a multicenter sample of 353 older adults with schizophrenia, we found that long-term care utilization was significantly and independently associated with depression, lower cognitive and global functioning, greater lifetime number of hospitalizations in a psychiatric department, not having consulted a general practitioner in the past year, urbanicity and older age. Patients living in a long-term care facility appear to belong to a distinct group, marked by a more severe course of illness with higher level of depression and more severe cognitive deficits.

Despite its limitations, this study contributes to gain more specific knowledge about this specific understudied population. Our study highlights the need of early assessment and management of depression and cognitive deficits in this population and the importance of monitoring closely this vulnerable population.

Disclosure of Interest: None Declared

EPV0667

Charles- Bonnet Syndrome: a case review. The objective of this poster is to contribute a case to the existing series, and thus get closer to the knowledge of this clinical entity.

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Introduction: Charles-Bonnet syndrome was described in 1760 by the Swiss philosopher Charles-Bonnet, who reported that his grandfather's visual hallucinations were due to eye disease rather than mental illness.

It is characterized by the presence of visual hallucinations, which are usually complex and structured, in elderly patients with preserved cognitive status, significant deterioration in visual acuity and no evidence of associated psychiatric or neurological disease.

Objectives: The objective of this poster is to contribute a case to the existing series, and thus get closer to the knowledge of this clinical entity.

Methods: To review the case, a search was made in Pubmed with the terms hallucinations and Charles Bonnet's Syndrome.

Results: This is a 76-year-old man, in follow-up by the ophthalmology service in the context of bilateral cataract, which causes severe visual disturbance. He went to our hospital, accompanied by his wife, reporting that for some months he has had complex visual hallucinations of various animals, colors in space, as well as children playing around him. All this generates a lot of anxiety, although the patient makes adequate criticism of them.

The neurological examination performed was normal. The CT scan and laboratory tests were also within normal limits. Cognitive impairment was explored using the MMSE scale, which did not show any alteration. In addition, after a psychiatric evaluation, the patient does not meet the criteria for any disorder included in the DSM V. After reviewing the literature and taking into account the clinical picture described, the case is framed within a Charles-Bonnet syndrome.

Regarding the therapeutic plan carried out, it was decided to start treatment with Gabapentin up to a maximum dose of 900 mg/day, with a considerable improvement in the hallucinatory symptoms. In addition, given the repercussion at the affective level, especially with a predominance of anxious symptoms, it was decided to start sertraline at a dose of 50 mg/day, with an adequate therapeutic response.

Conclusions: Charles-Bonnet syndrome refers to hallucinosis, generally of a visual nature, that appear in patients with a sensory deficit associated with the type of sensory-perceptive alteration. It is important to take it into account in the differential diagnosis of the elderly patient with hallucinosis. There is no established treatment, although neuroleptics, benzodiazepines, antidepressants and anti-epileptics are used.

Disclosure of Interest: None Declared

EPV0669

Visual hallucinations and age-related macular degeneration: case presentation and a brief literature review

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Introduction: age-related macular degeneration (AMD) is an ocular disease involving central vision. It is one of the main reasons of vision loss in people over 50. Seeing non-existing faces or shapes are described in AMD. Symptoms of visual hallucinations that occur as a result of vision loss is known as Charles Bonnet syndrome (CBS). These patients have intact cognition, do not have hallucinations in any other sensory modalities, and retain insight into the unreal nature of their hallucinations.

Objectives: the aim of this work is analyzing etiology, demographic characteristics, clinical features and treatment inpatients with AMD and visual hallucinations

Methods: a literature search using electronic manuscripts available in PubMed database published during the last ten years with further description and discussion of a single-patient clinical case.

Results: in different studies in patients diagnosed with AMD, the reported prevalence ranges between 15 up to 39 percent. Patients with more significant vision loss may be more likely to experience visual hallucinations. In large case series, mean age is 70 to 85 years. Hallucinations can last few minutes or several hours. On average, people experience these hallucinations on and off for about 3 years. Those who experience hallucinations tend to see multiple types of images, particularly people and faces. The diagnosis of CBS is made when visual hallucinations occur in patients with vision loss in the absence of psychosis, delirium, or other causes.

There is no specific treatment for CBS: optimal ocular care, education and different techniques to manage hallucinations (changing your lighting conditions and environment, blinking frequently or moving your eyes side-to-side rapidly while keeping your head still...). Antidepressants, anticonvulsants, anxiolytics and low-dose of antipsychotics have been used for CBS with positive effects in previous reports, but the efficacy of these drugs in the treatment is somewhat questionable and should be reserved for those who exhibit high levels of distress and have not responded to conventional intervention.

Case report: 80-years old woman who presented with a 4 month history of hallucinations and legally blind from AMD. A workup for other pathological causes of visual hallucinations was negative.

Conclusions: CBS is an under-recognized and under-reported disorder that involves visual hallucinations in visually impaired individuals. It requires a multidisciplinary approach from neurologists, psychiatrists, general practitioners and ophthalmologists. New studies are needed in order to understand its clinical presentation and to improve its management.

Disclosure of Interest: None Declared

EPV0670

Transcranial Pulse Stimulation (TPS®) as a method for treating the central nervous system of patients with Alzheimer's disease

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Introduction: Dementia - one of the most common diseases in old age - is often only diagnosed at a late stage. Therefore patients with dementia have often a 1.4 to 3.6 times greater risk of treatment as an inpatient. Consequently it is highly relevant within the caring system to identify and treat the onset of dementia at the earliest possible opportunity.

Objectives: Part of a new treatment center, a psychiatric clinic in the Hanover area (Warendorf) has concentrated on treating patients with a mild or moderate form of Alzheimer's disease as early as possible on an outpatient basis. The method of transcranial

pulse stimulation (TPS®) is used. Acoustic pulses generated outside the body are introduced specifically into the brain regions requiring treatment. The aim being the release of growth factors and an improvement in cerebral blood flow, as a means to maintaining and promoting cognitive performance for as long as possible. The poster contribution shows reports from clinicians, patients and relatives, using TPS®. The development of cognitive performance in the course of treatment is also considered.

Methods: The data collection for the quantitative study design will take place at the clinic in the period from 06/2021 to 10/2022 (N planned = 60). Cognitive performance is recorded using the Montreal Cognitive Assessment (MoCA test) and the experience reports via interview.

Results: Results of repeated measurement and analysis of the variance in terms of cognitive performance (MoCA test, baseline and follow-up measures) are presented. Field reports are considered and the suitability of TPS® as a method for treating the symptoms of dementia in Alzheimer's disease is discussed in the form of a best-practice example.

Conclusions: Field reports are considered and the suitability of TPS® as a method for treating the symptoms of dementia in Alzheimer's disease is discussed in the form of a best-practice example.

Disclosure of Interest: None Declared

EPV0671

Memory complaints and quality of life in a patient with mild cognitive impairment

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Introduction: Subjective memory complaints remain a relevant aspect to be considered in patients with mild cognitive impairment. Likewise, their association with depressive symptoms, quality of life and cognitive performance is also an objective to be studied in such patients.

Objectives: Our clinical case represents just one opportunity to study how memory complaints are related to depressive states and how they affect the quality of life of patients with mild cognitive impairment.

Methods: We conducted a bibliographical review by searching for articles in PubMed.

Results: PERSONAL HISTORY: Male, 73 years old, separated, residing alone in Valladolid. He has home help, a person comes to help him with the household chores. Little social and family circle.

History in Mental Health: He has a history of an admission in 2013 to this Short Hospitalization Unit for ethanol detoxification. Since then, he has been followed up in the Mental Health Unit. According