

**Objectives:** To estimate the prevalence of at-risk drinking and associated factors among older adults in primary care in Brazil.

**Methods:** A cross-sectional study with 1,639 participants aged 60 and above from fourteen primary care units in the city of the state of Sao Paulo, Brazil, between December 2023 and April 2024. At-risk drinkers were defined by the Alcohol Use Disorders Identification Test - Consumption (AUDIT-C scores  $\geq 4$ ), and/or binge drinking ( $\geq 3$  drinks on a single occasion). Logistic regression was used to assess the association between sociodemographic characteristics, smoking, depression (PHQ-2 scores  $\geq 3$ ), and chronic diseases. A gender interaction test was conducted for all positive associations.

**Results:** The mean age of the 1,639 participants was 68.6 (SD  $\pm 6.2$ ; range: 60–95), with 52.6% reporting current alcohol consumption, 21.3% were at-risk drinkers (AUDIT-C plus binge), and 26.8% regular smokers. Men (OR: 2.94; 95% CI: 2.21–3.90), those with high education (OR: 1.53; 95% CI: 1.10–2.14), were employed (OR: 1.50; 95% CI: 1.02–2.19), and current smokers (OR: 2.36; 95% CI: 1.73–3.23) were more likely to be at-risk drinkers. While older participants (70+) (OR: 0.96; 95% CI: 0.93–0.98), and those with depression (PHQ-2) (OR: 0.96; 95% CI: 0.93–0.98) were less likely to be at-risk drinkers. Having a higher level of education was associated with a greater likelihood of at-risk drinking for men but not for women. Conversely, the presence of chronic diseases was associated with a reduced probability to be an at-risk drinker for women, but not for men.

**Conclusions:** This study revealed a significant prevalence of alcohol consumption, at-risk drinking, and binge drinking among older adults in primary care. Gender differences were observed in drinking behavior. These findings could aid health professionals in identifying at-risk drinkers and inform the development of targeted interventions for the most vulnerable groups.

### **P43: The pattern of social cognition impairment in young-onset and late-onset Alzheimer's disease**

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**Introduction:** People with young-onset Alzheimer's disease (YOAD) are diagnosed when the neurocognitive process begins before the age of 65 and often present with more global impairments and a more rapid course of the disease. In contrast, in late-onset Alzheimer's disease (LOAD), the loss of short-term memory is most pronounced. Therefore, the age of onset may affect global functioning in different ways.

**Objectives:** This study examines the relationship between Social Cognition, global cognition, and other clinical variables in young and late-onset people with Alzheimer's disease and their caregivers.

**Methods:** Using a cross-sectional design, we included 48 people with YOAD and 118 with LOAD and their carers. We assessed social cognition, global cognition, quality of life, dementia severity, mood, functionality, neuropsychiatric symptoms, and caregiver burden.

**Results:** Our results showed that the YOAD group had more global cognitive impairment, lower MMSE scores ( $P = 0.018$ ,  $d = 0.41$ ), higher Adas cog ( $P = 0.002$ ,  $d = 0.06$ ), poorer quality of life (QoL-AD) ( $P = 0.036$ ,  $d = 0.36$ ), and more neuropsychiatric symptoms (NPI) ( $P = 0.044$ ,  $d = 0.35$ ). However, social cognition showed a stable pattern of impairments in YOAD that did not follow the global deficits. The multifactorial regression analyses further showed that in both groups functionality was significantly related to Social Cognition, YOAD ( $P = 0.035$ ), and LOAD ( $P = 0.001$ ).

**Conclusions:** The significant findings of our study underscore that in YOAD, despite more pronounced global impairment compared to LOAD, social cognition remains stable. This finding is crucial for understanding the patterns of social cognition in YOAD and may potentially guide future interventions and care strategies.

**Keywords:** Social Cognition, Alzheimer's disease, Yong onset AD, Late-onset AD, Functionality

**P44: Buddhist temples are promising social resources in secular community-based integrated care (1): Interviews with Buddhist priests who work as health care professionals.**

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**Objectives:** Experience of people with dementia falls between attempts to maintain a sense of self and normality and struggle with acceptance in order to integrate the changes within the self (Clare). The need for interventions, including spiritual care, targeting fear and loss of self is reported (Palmer). In Japan, Buddhist temples which hold peer-support café for the caregivers of the people with dementia are emerging, as those needs are not fully covered by the health care system (Okamura). For the better future psychogeriatrics-Buddhist temple collaboration, this study explores the views of the Buddhist priests who work in the secular health care system.

**Methods:** Consecutive in-depth interviews were conducted with health care professionals such as medical doctors, psychologists, care workers, etc. who work in the secular health care system, and who are at the same time qualified as Buddhist priests. Verbatim transcripts were analyzed using a qualitative descriptive approach. Ethical considerations: The study was approved by the Taisho University ethics committee.

**Results:** Twenty-four subjects were interviewed. Some medical doctors expressed struggles as Buddhist priests concerning not being able to provide person-centered care in the medical setting, especially in intensive care units in early career training, due to the busyness. However, now that they are specialists, they are able to provide person-centered care. According to care workers, the effects of Buddhist priests in the residential care were; protecting burnout of the care staff; decreasing anxiety of the residents; increasing trust from the family; and making the inclusive care environment. All of them talked that the lack of practical knowledge teaching on aging, dementia, and death in the monk training program is a problem, but that there may be considerable resistance to changing a curriculum with a long history.

**Conclusions:** Discourses of the professionals of both territories, i.e., scientific care and spiritual care, are worth investigating for the future reform of the education of both territories.

**Keywords:** Integrated care, Interdisciplinarity, Psychiatry, Buddhism