support activities holds potential for reducing distress and improving subjective well-being of conflict affected mothers.

Disclosure of Interest: None Declared

Old Age Psychiatry 03

EPP0470

EUROLD: preliminary results of the ecological study on suicide and its associated socioeconomic variables in people over 85 in Europe

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Introduction: Approximately one person commits suicide every 40 seconds, resulting in more than 800,000 deaths per year worldwide. Regarding this phenomenon, it is necessary to highlight how suicide rates increase markedly with age. These reach their highest figures in people aged 85 years or older, and this increase is very worrying in certain geographical areas. Although there is extensive literature on the risk factors that influence at the individual level, the same cannot be said when the problem is analyzed at the population level.

Objectives: The study aims to review the entire Eurostat database, relating suicide data from different European countries to any possible variables that may influence suicide. In this pilot phase, certain socioeconomic variables were chosen based on criteria of suitability and availability of the information provided, selecting data from 2015, as it was the most recent year in which most countries reported their data on suicide in people over 85 years of age.

Methods: Firstly, a comparison was made of suicide rates in people over 85 years of age in relation to overall suicide rates in different European countries (suicide rate in people over 85 years of age divided by the total rate in the country). Secondly, socioeconomic variables that may be more strongly related to suicide in this age group in these European countries were studied. After calculating the conditional suicide rate in people over 85 years of age with respect to the overall suicide rate in each country (Fig. 1), Spearman correlations were performed between the conditional rates and different demographic variables, economic variables, social variables, and health variables.

Results: Conditional suicide rates in people over 85 years of age show a marked difference between southern and northern European countries. In the correlational analysis, several significant associations were found. Suicide in those over 85 years of age was associated with economic variables (social deprivation, economic impossibility to buy new clothes, impossibility to dedicate money for personal matters and Gini coefficient), demographic (old-age dependency ratio) and health (self-perceived health). After performing a multivariate regression with the variables that were significant in the Spearman correlation, included the variables

"old-age dependency ratio (X1)" and "economic impossibility to buy new clothes (X2)," with a value of R-square = 0.612 and a value of $p < 0.01$.

Image:
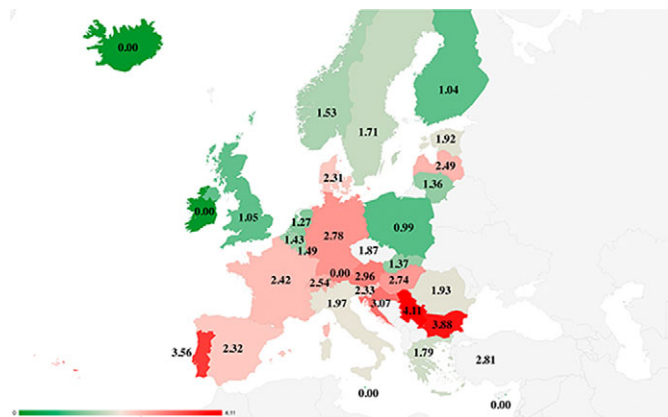
Conclusions: The conclusions suggest that of the different variables studied, the great majority in which an association has been found belong to the field of economics, specifically poverty and economic inequality, and demographics, highlighting the old-age dependency ratio. Furthermore, marked north/south differences can be observed in the different European countries.

Disclosure of Interest: None Declared

EPP0472

Donepezil-induced psychosis: a cautionary report of a rare adverse reaction

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Introduction: Donepezil is an acetylcholinesterase inhibitor approved by the Food and Drug Administration for the treatment of dementia in Alzheimer's disease. While it is not curative for Alzheimer's disease, donepezil has been shown to improve symptoms and slow disease progression; however, cases of rare psychiatric adverse effects, including hallucinations, mania, and increased confusion, have been reported. This report presents a case of donepezil-induced psychosis, which quickly resolved following cessation of the offending medication.

Objectives: To illustrate a unique case of donepezil-induced psychosis

Methods: The patient is an 81-year-old male with a history of late-onset Alzheimer's disease, mild depression, hypertension, hyperlipidemia, gastroesophageal reflux disease, and myocardial infarction. The patient was prescribed oral donepezil 10mg twice daily to manage his late-onset Alzheimer's disease. Subsequently, he began developing persecutory delusions, increased agitation toward his

family, and auditory hallucinations. His symptoms were worse at night after taking the donepezil, and he regularly requested to have a firearm for self-defense in the late hours of the night. His symptoms progressed for several weeks before his family brought him into the geriatric psychiatry clinic to address his psychosis. The family recognized that these new symptoms started shortly after the patient began taking donepezil and had already started decreasing the dose to half of what was originally prescribed.

Results: This patient experienced symptom remission from psychosis immediately upon discontinuation of donepezil. The patient and his family reported significant improvement with no continuation of hallucinations or paranoia. There was also reported improvement in mood and irritability, and the patient appeared significantly better upon follow-up with geriatric psychiatry. Due to this immediate improvement, the suspected causative factor in the precipitation of psychosis in this patient is the anticholinesterase activity of the donepezil. Although the prescribing information of donepezil details inadequate data proving an association between donepezil and psychotic symptoms, two other published case reports (Yorston GA *et al.* J Psychopharmacol 2000;14:303-4, Pozzi FE *et al.* Case Rep Neurol 2022; 14:359-365), along with this one, provide evidence of a causal relationship between the two. The patient was switched to memantine therapy and has remained free of psychotic symptoms thus far.

Conclusions: This case demonstrates the caution required among clinicians when prescribing donepezil for the treatment of Alzheimer's disease. There needs to be a more focused risk evaluation of potential psychiatric adverse effects in patients treated with donepezil.

Disclosure of Interest: None Declared

EPP0473

A study on demographic and psychiatric suicide risk factors and their correlation in the community dwelling elderly

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Introduction: According to data from the National Statistical Office of the Republic of Korea, the number of suicides increased with increasing age, and the elderly over the age of 65 had a higher suicide success rate using lethal means.

Among mental disorders, depression is known to be the most associated with suicide, and suicidal thoughts help predict the risk of suicide. Dementia, depression, and sleep disorders, which are typical mental health problems of the elderly, require treatment, but only 10% of the elderly receive appropriate treatment at the right time.

Objectives: The purpose of this study was to identify suicide risk factors among the community dwelling elderly and to reveal their correlations. In addition, the differences of suicide risk factors were analyzed in the cognitively impaired group and the cognitively normal group.

Methods: We investigated 20,127 elderly over aged 65, from January 2019 to December 2019. The participants were asked to complete questionnaires. Cognitive function, depression, anxiety, sleep disturbance, suicidal idea data was obtained by mini-mental status examination for dementia screening (MMSE-DS), short geriatric depression scale (SGDS), geriatric anxiety inventory (GAI), Athens insomnia scale (AIS), and scales for suicidal ideation (SSI). We used the Chi-squared test and logistic regression analysis for these data to examine the suicidal risk factors and to analyze the relationships. And differences in suicide risk factors according to cognitive function were also analyzed.

Results: Age, cognitive function, depression, anxiety, and sleep disturbance were identified as risk factors for suicide among the community dwelling elderly. Depression was the factor that increase the risk of suicide the most, followed by anxiety, impaired cognitive function, sleep disturbance, the late elderly (85 years or older), and the middle aged elderly (75-84 years old). In addition, depression increased the risk of suicide by 1.86 times in the cognitively impaired group.

Image:

Table 1. Sociodemographic and psychiatric symptom characteristics of subjects

Characteristics	Categories	N(%)	Total N
Gender	Male	4.372(21.7%)	20.127
	Famale	15.755(78.3%)	
Age	65-74	6.474(32.2%)	20.127
	75-84	10.791(53.6%)	
	≥85	2.862(14.2%)	
Residence status	Live alone	9.132(45.4%)	20.127
	Living with other people	10.995(54.6%)	
Education status	0-1yr	6.437(32.0%)	20.127
	2-6yrs	9.865(49.0%)	
	7-12yrs	3.329(16.5%)	
	>12yrs	496(2.5%)	
Disease	None	5.364(26.7%)	20.127
	Have	14.763(73.3%)	
MMSE-DS	Normal	2.694(91.5%)	2943
	Cognitive function Impaired	249(8.5%)	
S-GDS	Normal	18.017(89.5%)	20.127
	Depressed	2.110(10.5%)	
GAI	Normal	16.711(83.0%)	20.127
	Anxiety	3.416(17.0%)	
AIS	Normal	4.573(61.8%)	7401
	Sleep disturbance	2.828(38.2%)	
SSI	None	19.333(96.1%)	20.127
	Suicidal ideation	794(3.9%)	

Image 2:

Table 4. Correlation of variables with suicidal ideation

	SSI	Age	Gender	Educational status	Disease	Residence status	MMSE-DS	S-GDS	GAI	AIS
SSI	1	-0.007	0.021**	0.000	0.047**	-0.023**	-0.073**	0.458**	0.433**	0.266**
Age		1	-0.021**	-0.335**	0.093**	-0.206**	-0.346**	0.065**	-0.027**	0.015
Gender			1	-0.044**	0.021**	-0.016*	0.013	0.035**	0.036**	0.032**
Educational status				1	-0.154**	0.258**	0.467**	-0.114**	-0.032**	-0.053**
Disease					1	-0.099**	-0.067**	0.141**	0.097**	0.077**
Residence status						1	0.159**	-0.098**	-0.029**	-0.038**
MMSE-DS							1	-0.143**	-0.052**	-0.055**
S-GDS								1	0.678**	0.399**
GAI									1	0.431**
AIS										1

*p<0.05, **p<0.01