Methods: Non-systematic review of literature, using PubMed as database and filtering the results for meta-analysis.
Results: Four articles were included in this review.
Zhong G et al. concluded that risk of dementia increased in consumers of benzodiazepines and it was associated with higher doses. In turn, AlDawasari A et al., when trying to clarify the use of different sedative-hypnotic drugs, found and increased risk with the consumption of benzodiazepines. After exclusion of articles with confounders and adjustment for protopathic bias, the risk was not maintained.
Lucchetta RC et al. concluded that the risk exists but without inferring differences between doses or duration of action.
Finally, Penninkilampi R e Eslick GD investigated this association, after controlling for the protopathic bias, concluding, contrary to AlDawasari et al., that the association benzodiazepines consumption and dementia do not result from this bias.
Conclusions: We cannot draw robust and concrete conclusions between benzodiazepines consumption and the pathogenesis of dementia because not only is the literature limited, but results are also heterogeneous.
However, these prescriptions must be carried out cautiously, especially in the elderly, due to the known adverse effects associated with them.

Disclosure of Interest: None Declared

EPV0669

Prevalence of Dementia, associated Co-morbidities, and Multidisciplinary Team Involvement in a Psychiatry of Old Age Service

S. Crowley* and E. Dunne

Psychiatry of Old Age, North Lee Mental Health Service, Cork, Ireland
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1320

Introduction: Dementia is a common diagnosis in service users seen by Psychiatry of Old Age (POA) Services. This clinical audit was conducted prior to the services engagement with a focus group, which aimed to explore the implementation of the "Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia" (National Clinical Guideline No. 21) and identify additional resource requirements to be submitted for consideration by the HSE's estimate process for 2023.
Objectives: Its aims were to evaluate:

- The prevalence of service users with a dementia diagnosis among those seen by the POA Service, from January 2018-June 2022
- The prevalence of co-morbid psychiatric diagnoses among those with a dementia diagnosis.
- The resources needed to manage currently active cases with a diagnosis of dementia, by evaluating MDT member involvement.

Methods: Data is routinely collected on service users treated by the POA service for service evaluation, including service users' diagnoses, and current MDT member involvement. All service users seen by the POA service between Jan 2018 – June 2022 were included. The total number of service users, and service users with dementia and mild Cognitive impairment were counted, in order to evaluate the prevalence of dementia. We then evaluated the proportion of those with dementia who had co-morbid psychiatric diagnoses. We then looked at currently active cases with dementia, and evaluated how many MDT members were involved in their ongoing care.
Results: 392 service users were treated by the service from Jan 2018-June 2022. Of these 104 cases were still active with the service. 152 (39%) of these service users had a diagnosis of dementia. Of those with dementia, 45% (68, n=152) also had another psychiatric co-morbidity. Psychosis was the most common psychiatric co-morbidity, seen in 22% of those with dementia (33, n=152). 12% of active service users with a dementia diagnosis were only seen in outpatients clinics only, 60% were seeing one MDT member, 28% were seeing multiple MDT members (n=25).
Conclusions: Dementia was the most common diagnosis among service users seen by the POA service. 45% of service users with dementia being seen by the POA service also had another psychiatric co-morbidity. Such patients require significant MDT input.

Disclosure of Interest: None Declared

EPV0670

Underrated and Underestimated – Deprivation in Dementia. A Case Report

S. C. Steininger*, R. Frizi-Roser, S. Schneider, T.-V. Hoang and T. Zetzsche

Alterspsychiatrie, Clienia Schlössli, Oetwil am See, Switzerland
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1321

Introduction: Deprivation is widely known in children and adolescents and means a lack of social, emotional, or sensory stimuli, due to disabilities such as deafness, but also social isolation and reduced parental care. It may cause developmental disorders such as impaired language, motoric and social development. Little is known of the impact of social deprivation in demented patients. Stimulus shielding, which is a widespread option for psychiatric symptoms of dementia such as agitation, vocalization and aggressive behavior may – if frequently used- have similar effects on demented patients.
Objectives: We report the case of a 71-year-old patient with dementia caused by PSP (Progressive Supranuclear Palsy), who was in inpatient treatment due to continuous undirected vocalizations. She presented with inability to walk, dysarthria, aphasia, and hearing difficulties beside major mnestic impairment. In a prior hospitalization and in her residency, she was frequently isolated from other patients due to loud screaming and vocalizations in terms of stimulus shielding by suspected overstimulation. In order to that, for four months, she developed progressive difficulties to speak, hear, understand, as well as gait disorders. In addition, the vocalizations increased.
Methods: We rated the symptoms due to deprivation, triggered by lack of mobilization, social experiences, visual, tactile and acoustic stimuli following a vicious circle of anxiety, vocalizations and recurrent isolations. Therefore, a multimodal therapy assessment was implemented, including daily physical therapy, mobilization, basal stimulation, social reintegration and basal conversation training.

https://doi.org/10.1192/j.eurpsy.2024.1321 Published online by Cambridge University Press

Results: After a few days of high intensity treatment, speech reappeared in form of one- word sentences and proceeded to the ability to have short conversations. Mobility increased, starting from severe gait disorder, including the use of a wheelchair and emerged to the ability of walking up to 50 metres. Additionally, the undirected vocalizations improved and were reduced. In addition, hearing ability improved during the four-week treatment.

Conclusions: This case highlights the impact of deprivation in demented patients. Especially it shows that these symptoms can be reversible under a high intensity multimodal and multi- professional treatment within a few weeks. Therefore, stimulus shielding, should be carefully evaluated in order to prevent deprivation – and thus deterioration of the symptoms – in demented patients.

Disclosure of Interest: None Declared

EPV0671

Practice recommendations to manage Alzheimer's disease based on the targeted behavioral and psychological symptoms

Y. Ouazzani Housni Touhami[1,2,3*], E. Layoussifi[1,2,3] and R. Benjelloun[1,2,3]

[1]Faculty of Medicine, Mohammed VI University of Health and Sciences; [2]Psychiatry Department, Cheikh Khalifa International University Hospital and [3]Psychiatry Department, Mohammed VI International University Hospital, Casablanca, Morocco
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1322

Introduction: Behavioral and psychological symptoms (BPS) of Alzheimer's disease, known as neuropsychiatric symptoms, involve a range of symptoms that include agitation, psychosis (hallucinations, delusions), affective symptoms (depression and anxiety), apathy, and sleep disturbances. These behavioral and psychological symptoms harm the patients' daily lives and significantly burden their families. Managing BPS of Alzheimer's disease requires a targeted approach focused on each symptom to achieve a better therapeutic response.

Objectives: Providing practice pharmacological recommendations targeted to each of the behavioral and psychological symptoms of Alzheimer's disease.

Methods: A literature review was conducted using Medline via PubMed, Embase, PsycINFO, and Cochrane databases until September 2023.

Results: There is a consensus in the literature that non-pharmacological approaches should be recommended as the first-line treatment for most behavioral and psychological symptoms of Alzheimer's.

Second-generation antipsychotics (risperidone and olanzapine, with improved efficacy; aripiprazole and quetiapine, with better tolerance) are recommended for severe agitation states with a risk of self or hetero-aggression, as well as for persistent psychotic symptoms in Alzheimer's disease. The benefit-risk balance of these agents must be assessed, with close monitoring of heart arrhythmias, metabolic risk, orthostatic hypotension, and extrapyramidal symptoms. The recommendations suggest tapering antipsychotics within the first three months of their prescription. Selective serotonin reuptake inhibitors (SSRIs) such as Escitalopram, Citalopram, and Sertraline can be considered a therapeutic option for persistent affective symptoms (depression and anxiety) with significant functional impairment or suicidal risk, severe apathy, or constant agitation. Minimum effective doses are recommended for Escitalopram and Citalopram due to the risk of QT interval prolongation. There is limited evidence regarding the effectiveness of benzodiazepines, mood stabilizers, cholinesterase inhibitors, and memantine for various behavioral and psychological symptoms; the benefit-risk ratio and therapeutic response do not support the prescription of these agents. Melatonin and Mirtazapine have limited benefits for sleep disturbances, while benzodiazepines, antihistamines, and antipsychotics should be avoided.

Conclusions: The pharmacological approach should target a thorough clinical assessment of the psychopathological dimensions of behavioral and psychological symptoms of Alzheimer's disease. The prescription should be based on evaluating the benefit-risk balance and adherence to literature recommendations for patient safety.

Disclosure of Interest: None Declared

EPV0672

Mania and alzheimer disease, review and case report

M. Garcia Moreno[1*], A. De Cos Milas[2], L. Beatobe Carreño[2], P. Del Sol Calderón[1] and A. Izquierdo de la Puente[1]

[1]Psychiatry, Hospital Universitario Puerta de Hierro Majadahonda and [2]Psychiatry, Hospital Universitario de Móstoles, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1323

Introduction: There are numerous organic causes that can be related to affective symptoms such as neurological, metabolic, infectious and pharmacological. Neurological conditions associated to affective symptoms include vascular lesions, tumors, infections, seizures and dementia. Within cognitive impairment conditions, depressive symptoms are more frequent in vascular dementia and Alzheimer disease, and behavioral or manic symptoms in frontotemporal dementia although we cannot rule out less common associations.

Objectives: To review about organic mania due to dementia

Methods: We carry out a literature review about organic mania accompanied by a clinical description of one patient with manic symptoms and cognitive impairment.

Results: A 80-year-old male was admitted to the short-term hospitalization unit from the emergency department due to maniform symptoms. He had believed for weeks that he was millionaire and capable to cure all the diseases in the world, reason for which he had given away many of his belongings and had tried to register the patent for his invent. He also had future plans to invest all the money he earned from the patent in the construction of roads in Latin America. He had not previous history of mental illness. Neurological study concluded a diagnosis of Alzheimer disease. It was treated as a manic episode with a mood stabilizer and antipsychotic, with partial resolution of the condition.

Conclusions: It is common to find depressive symptoms in cognitive disorders. Although manic symptoms are much more frequent in frontotemporal dementia or other organic disorders, we can also

https://doi.org/10.1192/j.eurpsy.2024.1321 Published online by Cambridge University Press