

EPV0682

How is depression in the elderly patient diagnosed?

R. Fernández Fernández^{1*}, Á. Izquierdo de la Puente², P. del Sol Calderón² and O. Méndez González²

¹Psychiatry, Hospital Universitario Infanta Cristina, Parla and ²Psychiatry, Hospital Universitario Puerta de Hierro, Majadahonda, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1995

Introduction: The diagnosis of depression in the elderly patient presents peculiarities that should be taken into account. Studies point out the importance of an adequate screening of suspected cases of depression in older adults by physical therapists and other non-mental health professionals (Ramos Vieira et al., 2014). In this study, we intend to find out which are the most used diagnostic methods in Mental Health research on geriatric patient.

Objectives: To analyze the diagnostic methods most used in research on the geriatric patient, specifically in articles that analyze the patient with cognitive impairment.

Methods: A bibliographic search of all articles analyzing depression in patients with cognitive impairment between 2000 and 2020 was carried out. The diagnostic method of depression in each of them has been collected.

Results: A total of 38 studies were analyzed. The most common diagnostic method continues to be the use of diagnostic criteria (ICD or DSM), which is used in 34.2% of the studies, while the Center for Epidemiologic Studies Depression Scale (CES-D) is the most commonly used test, appearing in 23.7% of the studies. The remaining tests (CIDI, GDS, HAM17, PHQ, SCID, SCL-90, SGDS) do not reach 10% each.

	Counts	% of Total	Cumulative %
GDS	2	5.3 %	5.3 %
CES-D	9	23.7 %	28.9 %
CIDI	2	5.3 %	34.2 %
Diagnostic criteria	13	34.2 %	68.4 %
EURO-D	1	2.6 %	71.1 %
PHQ	2	5.3 %	76.3 %
GMS-AGECTA	2	5.3 %	81.6 %
HAM-17	1	2.6 %	84.2 %
Others	6	15.8 %	100 %

Conclusions: The diagnosis of depression continues to be made primarily using diagnostic criteria. It is striking that the most commonly used test is the CES-D, given that the Geriatric Depression Scale (GDS) is usually the most popular scale for screening for late-life depression (Gana et al., 2017), which may be due to the fact that the studies analyzed have a more research than clinical purpose.

References: Gana, K., Bailly, N., Broc, G., Cazauviel, C., & Boudouda, N. E. (2017). The Geriatric Depression Scale: does it

measure depressive mood, depressive affect, or both?. *International journal of geriatric psychiatry*, 32(10), 1150–1157.

Vieira, E. R., Brown, E., & Raue, P. (2014). Depression in older adults: screening and referral. *Journal of geriatric physical therapy* (2001), 37(1), 24–30.

Disclosure of Interest: None Declared

EPV0683

Diagnosing Posttraumatic stress disorder (PTSD) in people with dementia

S. Sobczak

Neuropsychology and Psychopharmacology, Faculty of Psychology and Neuroscience, Maastricht University, Maastricht, Netherlands
doi: 10.1192/j.eurpsy.2023.1996

Introduction: Traumatic stress is a major determinant of decreasing global mental health (Schnyder, 2013). Traumatic stress is a global public health issue, with the majority (70.4% and 88.7%) of the general population experiencing a traumatic event at least once in their lifetime (Schnyder, 2013, Kessler et al., 2017, de Vries and Olff, 2009, Ribeiro et al., 2013), which may result in Posttraumatic Stress Disorder (PTSD) (Iqbal et al., 2022, Riedl et al., 2019). People with a diagnosis of PTSD have been found to be at increased risk of developing dementia (hazard ratio (HR) of 1.61)(Gunak et al., 2021). Studies on the comorbidity of PTSD in dementia are sparse, probably, because of the lack of a valid diagnostic tool (Havermans et al., 2022). As subjects with dementia are often unable to give a valid report of their life history, in particular a delayed-onset PTSD may be easily missed. Preliminary findings reported a comorbidity rate of PTSD in veterans with dementia between 4.7- 7.8% (Sobczak et al., 2021).

Objectives: We will investigate a) clinical manifestation and b) diagnostic challenges of PTSD in dementia.

Methods: a) A structured review with a PRISMA design, b) a qualitative case-study will be used.

Results: a) 13 papers were included. Only 1% of included cases fulfilled the DSM-5 criteria of PTSD.

Most commonly described PTSD symptoms were: irritability and anger (9%), persistent negative emotional state (9%), and sleep disturbances (8%). In 93% of the cases reports, other symptoms were described, e.g. screaming (33.3%). B) Diagnostic challenges are: attributing symptoms to the past traumatic event, overlap in symptoms between PTSD and personality disorders and interference of other neuropsychiatric symptoms.

Conclusions: Mondial the number of people with dementia are sky rocketing and number of subjects with comorbid PTSD is substantial and will increase steadily in the coming years. PTSD and dementia are both known for their impact on the quality of life of those affected. In clinical practice, we see that the combination of both causes significant psychological suffering. And that while it is precisely in people with dementia that the experiences of these violent events often revive.

As the clinical manifestation of PTSD in dementia may differ and expertise on PTSD is often missing in geriatric wards, diagnosis of PTSD is easily missed. Hence, related behavior is often described as

'unexplained' or 'problem' while it can better be seen as 'signal' behavior (van Dongen et al., 2022). Adding observational research to the diagnostic process in people with dementia can give insight into underlying causes of neuropsychiatric symptoms. The TRADE-interview can be helpful in diagnosing PTSD. The value of using validated tests is emphasized.

Disclosure of Interest: None Declared

EPV0684

Social robots in care for older adults: a non-pharmacological option for the improvement of mental functioning?

S. Tobis^{1*}, J. Piasek², K. Wieczorowska-Tobis³ and A. Suwalska⁴

¹Department of Occupational Therapy, Poznan University of Medical Sciences; ²Institute of Robotics and Machine Intelligence, Poznan University of Technology; ³Geriatrics Unit, Chair of Palliative Medicine and ⁴Department of Mental Health, Chair of Psychiatry, Poznan University of Medical Sciences, Poznan, Poland

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1997

Introduction: With the rapid ageing of societies in Europe and worldwide, the issues of social functioning and mental well-being of older adults gain importance and call for effective care solutions. Among the non-pharmacological options, modern technologies are a promising direction. The use of humanoid social robots, at least in selected areas of care for community-dwelling older people, is one of the possibilities to cope with both their mental problems and the increasing shortage of qualified caregivers.

Objectives: We thus investigated which prospective areas of care are scored best by older subjects and their professional caregivers.

Methods: Opinions of older people (60+; no severe cognitive impairment), living in the community, and their professional caregivers about a robot in care for older adults were collected using the mixed-methodology Users' Needs, Requirements and Abilities Questionnaire (UNRAQ), after a 90-150 minute interaction with the TIAGo robot (PAL Robotics, Spain).

Results: The robot as a companion of an older person was scored better by older adults than caregivers ($p < 0.01$). Similar results were obtained for the statements *The robot could decrease the sense of loneliness and improve the mood of the elderly person* ($p < 0.01$), *The robot should detect the owner's mood* ($p < 0.05$), and *The robot should accompany the owner in everyday activities* ($p < 0.01$).

Conclusions: Our results, reflecting the opinions and preferences of various stakeholders, indicate a high general acceptance of a robot in care for older people. The indication of best-scored areas provides clues for the robot's designers as well as those involved in the implementation of robotic solutions in care and their introduction into the lives of older adults.

Disclosure of Interest: None Declared

EPV0685

ANTIPSYCHOTIC PRESCRIPTION AMONGST THE ELDERLY : DESCRIPTIVE AND ANALYTICAL STUDY

W. BOUALI^{1*}, R. OMEZZINE GNIWA², S. YOUNES¹, M. KACEM¹ and L. ZARROUK¹

¹Psychiatrie and ²Family medicine, Faculty of Medicine of Monastir, Mahdia, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1998

Introduction: Antipsychotics are frequently used to treat certain delusional, psychotic and behavioral symptoms in the elderly. However, the data in the literature show a great variability in the practices of different teams as well as numerous misuses in the use of this therapeutic class.

Objectives: The aims of this work were to evaluate the prescription of antipsychotics in the elderly admitted in a psychiatric department and to compare them with the Information in the literature.

Methods: This was a retrospective and descriptive study carried out in the Psychiatry Department at Mahdia Hospital. We included all patients aged 65 years and older, admitted between January 2016 and December 2021 and having received antipsychotic treatment.

Results: Our sample consisted of 53 patients with a mean age of 69.8 years with a standard deviation of 4.2. The sex ratio (M/W) was 2.7. The most common diagnoses in our sample were schizophrenia and dementia with rates of 31.8% and 27.3% of cases respectively. Regarding antipsychotic treatment, 34.1% received first generation oral antipsychotic treatment (AP1G), 31.8% received second-generation oral antipsychotic treatment (AP2G), 27.3% received a combination of AP1G and AP2G and 6.8% received a long-acting injectable antipsychotic. More than a quarter of our patients (34.1%) reported adverse events due to antipsychotic treatment.

Conclusions: The results of our study highlighted various indications for which an antipsychotic treatment was prescribed in an elderly person despite an often poor and multi-medicated health status, to which side effects were added.

Disclosure of Interest: None Declared

Oncology and Psychiatry

EPV0686

Factors influencing quality of life and well being in metastatic prostate cancer patients

K. Bouassida¹, A. Lohgmari^{1*}, M. Ben Othmen¹, G. Tlili¹, E. Acacha¹, W. Ben Abdallah¹, M. Kahloul², W. Hmida¹ and M. Jaidane¹

¹Urology and ²Anesthesiology department, Sahloul teachin Hospital Sousse, Sousse, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1999

Introduction: Improving health-related quality of life (HRQL) is the main goal of palliative care. It requires consensual management