EPV0663

Is content of delusions in psychotic depression related to the risk of dementia?

J. T. Coelho[1]*, B. Martins[2], A. Silva[1], C. Silveira[1] and A. S. Machado[1]

[1]Department of Psychiatry and Mental Health and [2]Department of Neurology, University Hospital Center of São João, Porto, Portugal
*Corresponding author.
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Introduction: Some studies have shown that late-life depression is related to faster cognitive decline and may increase the risk of dementia.
Identifying risk and protective factors for dementia is essential to develop preventive interventions. Some literature has suggested that mood disorders (namely depression) are potential modifiable risk factors for dementia.
Thus, it is important to know clinical presentation of depression that is associated to dementia, as a manifestation of subclinical dementia or as a risk factor for neurocognitive disorders.
Objectives: We aim to identify clinical characteristics related to dementia of inpatients admitted for first time due to depressive episode after 55 years old.
Methods: Retrospective cohort study of inpatients admitted between January 1st 2010 and March 31st 2022 in a psychiatry inpatient unit of a tertiary hospital. Descriptive analysis of the results was performed using the SPSS software, version 26.0.
Results: Our sample included 57 inpatients, 15,8% (n=9) with the diagnosis of dementia 5,2 (SD 5,6) years after admission. All of these patients presented a depressive episode with psychotic symptoms, namely delusion activity. In those with hallucinatory activity, no one developed dementia.
Interestingly, 33,3% of patients with dementia (n=3) presented with delusion of ruin, 55,6% (n=5) with delusion of prejudice/persecutory delusion and 66,7% (n=6) manifested delusion of ruin and/or prejudice.
We also found that 42,9% (n=3) of patients with dementia manifested Cotard delusion while this type of delusion was observed in 13,6% of patients without dementia (p=0,095).
Conclusions: Our study has several limitations because is based on results of only one hospital, with a small sample size.
However, since depressive symptoms are potentially modifiable risk factors for dementia, future studies are essential to understand the mechanisms that link depression to cognitive decline as well as clinical characteristics that may constitute predictors of dementia.

Disclosure of Interest: None Declared

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The importance of non-pharmacological approach versus pharmacological treatment of behavioral and psychological symptoms (bpsd) in patients with Alzheimer's dementia (AD) in a geriatric institution

M. Spirova[1,1,2,3]*

[1]PHI Specialized Hospital for Geriatric and Palliative Medicine, Skopje; [2]PHI General hospital, Kavadarci and [3]PHI Health center Skopje, Skopje, North Macedonia
*Corresponding author.
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Introduction: BPSDs in patients with AD are present up to 90% and can cause serious complications in their overall health. A non-pharmacological approach and cognitive enhancers should be a priority in treatment in order to reduce the use of antipsychotics. In the pharmacological treatment of bpsd, additional therapy is inevitable in many cases
Objectives: the need for adequat educatation of the medical staff in a geriatric center for the nonfarmacological approach in patients with bpsd in AD. Polypharmacy is common in farmacological treatment.
Methods: A cross-sectional study of 180 patients hospitalized at geriatric unit in period of January till May 2023 was conducted. 61(33.9%) were patients with AD, 44 or 72.1% were females and 17 or 27.9% were males, with mean age 78.6±5.6 years. 50 patients (82.0%) had potentiated BPSD in the first days of hospitalization and needed additional therapy
Results: : 19 od 61pts (31.1%) were on dual therapy, full doses of donepezil and memantine. 17 (89.5%) needed additional therapy for BPSD; 13 (68.4%) a short-term antipsychotic and 4 (21.1%) patients antidepressant therapy. 22 patients (36.1%) were admitted with donepezil only. 18 (81,8%) needed additional therapy. The remaining 20 (32,8%) were solely on memantine. 15 (75.0%) needed additional therapy
Conclusions: Vast majority of patients AD (82.0%) manifested BPSD and needed additional therapy. Number of scientific papers it is found that cognitive stimulation in persons with moderate dementia has a benefit more than any pharmacological treatment. Education of caregivers of people with AD is inevitable.Opening of day care centers that will enable continuous support as well as individual access which would help delay institutionalization of people with BPSD at ADthe need

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Late Onset Bipolar Disorder (LOBD): a case report

M. Martín De Argila Lorente[1]*, B. Franco Lovaco[1], B. Rabinovici[1], C. Díaz Mayoral[2] and G. E. Toapanta Yanza[3]

[1]Psychiatry, Hospital Dr. Rodríguez Lafora; [2]Psychiatry, Hospital Universitario Príncipe de Asturias and [3]Geriatric, Hospital Universitario La Paz, Madrid, Spain
*Corresponding author.
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Introduction: Bipolar disorder (BD) in the elderly patient may present as the evolution of illness initiated earlier in life or as a new-onset entity. Therefore, two groups of patients are distinguished: "late onset" (LOBD) when the first mania occurs in old age and "early onset" in elderly patients with long-standing history. BD in elderly patients (≥60 years) constitutes 25% of all BD cases. Specific aspects of older age bipolar disorder (OABD) are somatic and psychiatric comorbidity, impaired cognition and age-related psychosocial functioning. The management of BD in the elderly is complex given the high sensitivity of these patients to pharmacological side effects, particularly of psychotropic drugs.
Objectives: The case of a patient with LOBD is presented, followed by a theoretical review of the subject.
Methods: A case is presented with a bibliographic review.