Objectives: To understand the attitudes of older adults receiving care at a Psychogeriatric clinic and to contrast them with the degree of sexual satisfaction they experience.

Methods: An observational, prospective, cross-sectional, descriptive, and non-comparative study was carried out to explore the attitudes of older adults with psychiatric comorbidities receiving care at a specialized clinic in Mexico City. Two questionnaires were employed to investigate biases and attitudes regarding the practice of sexuality, as well as satisfaction with their life and sexual expression: the Questionnaire of Attitudes towards Sexuality in Old Age and the Sexual Satisfaction Inventory, respectively.

Results: Participants were recruited from the Psychogeriatrics clinic of the National Institute of Psychiatry (n = 52). The average age of participants was 69.4 ± 6.4 years, with an average of 10.4 ± 5.1 years of education. Two questionnaires were utilized to assess attitudes and sexual satisfaction (Questionnaire of Attitudes Towards Sexuality in Old Age and the Sexual Satisfaction Inventory, respectively).

A statistically significant difference was found in sexual satisfaction between men and women. Men exhibited higher levels of overall sexual satisfaction ($\bar{X}$ = 109.2, S.D. = 25.0) compared to women ($\bar{X}$ = 87.0, S.D. = 35.7), with W = 424, p = 0.01. Women tended to harbor more negative attitudes ($\bar{X}$ = 15.5, S.D. = 6.8) towards sexuality than men ($\bar{X}$ = 19.5, S.D. = 6.6), with W = 399 and p = 0.01.

The correlation between sexual satisfaction and attitudes towards sexuality in older adults was analyzed using the Spearman correlation coefficient. A result of −0.1 was obtained, indicating a weak and negative correlation between the two variables evaluated (p = 0.5).

A linear regression analysis was conducted using the sexual satisfaction score (dependent variable), attitudes score (independent), and sex as a dichotomous independent factor (male or female). The contribution of sex to the model was statistically significant (p = 0.01), with an expected Sexual Satisfaction Inventory score 26.5 points lower in women compared to men. The proposed model accounted for approximately 14.0% of the variability.

Conclusions: Despite not finding a correlation between attitudes and sexual satisfaction, the gender disparities in satisfaction levels indicate that attitudes may exert differential influence on men and women. These findings underscore the significance of integrating the gender dimension when addressing sexual satisfaction in older adults. Moreover, there appears to be a restricted perspective on individual sexuality, emphasizing the imperative to overcome cultural and religious stigmas that could impact the mental health and sexual well-being of this demographic.

P29: Anti-dementia drugs and Repetitive Transcranial Magnetic Stimulation in neurocognitive disorders

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Objectives: The Objectives of this study is to demonstrate the response of patients with neurocognitive disorders to a combination of antidementia drugs and repetitive transcranial magnetic stimulation (rTMS).

Methods: We conducted a descriptive and retrospective study with a sample of 13 geriatric patients, randomly selected from the private psychogeriatric clinic at the Nina Institute of Clinical Neurosciences in Santo Domingo. These patients were presented with various neurocognitive disorders: 3 with mild cognitive impairment, 3 with Alzheimer's dementia, 2 with vascular dementia, and 5 with mixed dementia. All patients signed an informed consent form. Prior to starting rTMS treatment, they underwent EEG, laboratory analysis, and neuropsychological

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testing using the Mini-Mental State Examination (MMSE). Additionally, they were medicated with rivastigmine (12 mg) and memantine (20 mg). The rTMS parameters for the 20-session protocol were as follows: for mild cognitive impairment, 110% motor threshold (MT), 10 Hz, and 2,000 pulses; for Alzheimer's diagnosis, 80% MT, 20 Hz, 1,200 pulses, 80% MT, 5 Hz, 600 pulses, and theta wave at 10 Hz, 110% MT, and 2,500 pulses. The results were tabulated, and consistent were drawn.

Results: Our findings showed that all the patients improved their levels of cognitive impairment.

Conclusions: Patients improved their cognitive impairment level with the combination treatment of antidementia drugs: cholinesterase inhibitors and memantine, along with repetitive transcranial magnetic stimulation (rTMS). Repetitive transcranial magnetic stimulation (rTMS) is a developing treatment, and further clinical studies are needed to confirm its potential in treating Alzheimer's disease and other neurocognitive disorders alongside antidementia medications.

P30: Effects of Cognitive Stimulation Combined with Transcranial Direct Current Stimulation on Cognitive Performance and Cortical Excitability in Amnestic Mild Cognitive Impairment

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Introduction: Transcranial Direct current stimulation (tDCS) and repetitive transcranial magnetic stimulation (rTMS) are neuromodulatory techniques capable of modifying the altered cerebral hyperexcitability in amnestic mild cognitive impairment (aMCI). Cortical excitability can be estimated with motor evoked potentials (MEPs) and synaptic plasticity can be induced with a 5 Hz rTMS paradigm applied to the motor cortex (M1). An increase in MEP amplitude reflects a better capacity for plasticity in M1, and these measures can, in turn, be associated with cognitive performance. Cognitive stimulation (CS) and tDCS in aMCI can modify excitability and improve cognition.

Objectives: Study the effect of the combination of CS and tDCS (real vs. placebo) on cognitive performance and cortical excitability.

Methods: Randomized, double-blind, placebo-controlled clinical trial in aMCI. The diagnosis was established through a clinical evaluation by a psychogeriatrician and a neuropsychological assessment. To determine the effect of the interventions, evaluations were conducted at two time points: before (T0) and after administering 9 sessions of CS and 15 sessions of tDCS over three weeks (T1). The evaluations included: MEP amplitude, Montreal Cognitive Assessment (MoCA), and Screening for Cognitive Impairment in Psychiatry (SCIP-S). For data analysis, ARTool in RStudio was used to perform aligned rank transformation for non-parametric analysis of variance in factorial models with fixed and random effects, applying a factorial ANOVA for each response variable.

Results: A total of 18 participants were enrolled (real n = 8 and placebo n = 10). Comparing T0 and T1, differences were found in both groups in MEP amplitude after applying the paradigm (F = 5.479; p = 0.032) as well as in the total MoCA score (F = 4.808; p = 0.043). When comparing the groups, differences were found in the delayed verbal learning domain assessed with SCIP-S (F = 6.038; p = 0.025) and in MEP amplitude (F = 6.165; p = 0.024). No differences were found in any of the evaluations when studying the effect of the Group x Time interaction.