exercise time is positively associated with melatonin level. Additionally, a later start hour of M10 is associated with 5.95 pg/ml increase in melatonin level. In consistent, exercise in older adults did not promote a robust sleep-wake cycle but is related to better cognitive function and higher melatonin levels.

P24: Perceived sleep quality, the use of sleep medications and their association with cognitive performance in Brazilian older adults

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Objectives: The aim of this study was to evaluate the association between self-reported sleep quality, use of sleep medications and cognitive impairment among a representative sample of the Brazilian elderly population.

Methods: We conducted a secondary analysis using the baseline data of the Brazilian Longitudinal Study of Aging (ELSI-Brazil), a representative sample of non-institutionalized older adults, aged 50 years or over, living across the five Brazilian regions. We divided our sample into groups according to self-rated sleep quality and the use of sleep medication, and descriptively reported sociodemographic and general health characteristics with their respective associations to each group. Subsequently, we analyzed the associations between these sleep measures and cognitive performance using linear regression.

Results: Data from 8,592 respondents were included, of which poor sleep perception was reported by 17.8% of participants, 16.2% were users of sleeping pills and 12.9% met criteria for cognitive impairment. Female sex, not having a partner, current smoking, having less education and more comorbidities were associated with poor sleep perception prevalence. Regarding the use of sleep aid, female sex, older age, not having a partner, having less education, more comorbidities and a problematic drinking behavior were associated to a current use. Any use of sleep medication (–0.06 (95% CI; –0.10 to –0.02)) and poor sleep perception (–0.06 (95% CI, –0.09 to –0.02)) were both associated with worse cognitive performance after adjustments in the multivariate analysis. Sensitivity analysis revealed that, when compared to individuals who reported “very good” sleep quality, the group who reported “poor” sleep quality was associated with worse cognitive scores ($p = 0.015$) When compared to not using sleeping medication, the group that used medication 3 or more times a week was associated with worse cognitive measures ($p < 0.001$).

Conclusions: We describe an association of sleep aid use and poor sleep perception with worse cognitive performance. We also report different frequencies of sleep quality perception and sleep aid use in accordance with a set of characteristics of this sample that can be considered potential risk factors for the development of sleep disorders and that can impact older adults’ quality of life.

Key words: Cognition, older adults, sleep quality, sleeping pills.

P25: Effects of cannabidiol on behavioral and psychological symptoms of vascular dementia: a randomized, double-blind, placebo-controlled trial

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Objectives: To evaluate the effect and safety of Cannabidiol (CBD) on behavioral and psychological symptoms in elderly with Vascular dementia (VD).

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Methods: Double- blind, randomized, placebo-controlled clinical trial involving elderly patients with VD at the psychogeriatrics and vascular dementia outpatient clinic at Hospital das Clínicas de Ribeirão Preto. The intervention evaluated was the use of CBD 300mg/day compared to placebo. The instruments used are: Neuropsychiatric Inventory, Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression Scale, Side Effects Scale, Mini- Mental State Examination, Brief Cognitive Screening Battery, Katz Index of Independence in Activities of Daily Living, Lawton Instrumental Activities of Daily Living Scale, Informant Questionnaire on Cognitive Decline in the Elderly, Zarit Burden Inventory. The included participants were assessed at the beginning of the study (baseline assessment), in the first, second and fourth weeks after the start of the clinicaltrial.

Results: 30 participants were included. The mixed ANOVA with repeated measures showed that there is an effect of the interaction time and group ($F (2.12; 59.43) = 4.02$; $p < 0.05$; $\eta p2 = 0.13$) on the total score of the brief scale psychiatric assessment and neuropsychiatric inventory ($F (1.58; 44.31) = 3.61$; $p =0.05$; $\eta p2 = 0.11$). The mixed ANOVA of repeated measures showed no effect of the interaction of time and group for the mini-mental state examination, brief cognitive screening battery. Adverse effects were mild and transient, and similar to the placebo group.

Conclusions: In this study, cannabidiol reduced psychological and behavioral symptoms in patients with vascular dementia. Future studies with larger samples are needed to confirm the findings. ($F(1.58;44.31) = 3.61$; $p =0.05$; $\eta p2 = 0.11$). The mixed ANOVA of repeated measures showed no effect of the interaction of time and group for the mini-mental state examination, brief cognitive screening battery. Adverse effects were mild and transient, and similar to the placebo group.

P26: Safety of Mirtazapine use in older people: A systematic review\

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Objectives: This systematic review aims to analyze the safety of mirtazapine in patients aged 60 years or older, as well as its side effects in this population.

Methods: A systematic literature search was performed based on the Preferred Reporting Items for Systematic Reviews and Meta- Analyses (PRISMA) guidelines. Searches were conducted in the Embase, LILACS, PsycINFO, PubMed, Scopus, and Web of Science for articles published in any language using the terms Mirtazapine AND (pharmacovigilance OR 'side effect*' OR 'adverse reaction*' OR 'adverse event*' OR safety). This review was registered in PROSPERO: CRD42023492249.

Results: Seventy-two papers met the inclusion criteria. A total of 12.983.837 patients aged 60 or over included the studies selected for this systematic review. Most of the reported indications (54.1%) were for depression. The most reported adverse events were drowsiness (5–30%), dry mouth (1–37.5%), constipation (3.9–23.2%), urinary infection (8.8–24%), fractures (0.3–18.6%) and risk of death (0.28–1.7%). From the included randomized controlled trials, comparing mirtazapine with placebo, mirtazapine resulted in higher rates of dry mouth. Compared with amitriptyline, mirtazapine had lower risk of dry mouth and drowsiness, and a higher risk of constipation. Compared with fluoxetine, mirtazapine had higher rates of drowsiness and dry mouth.

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