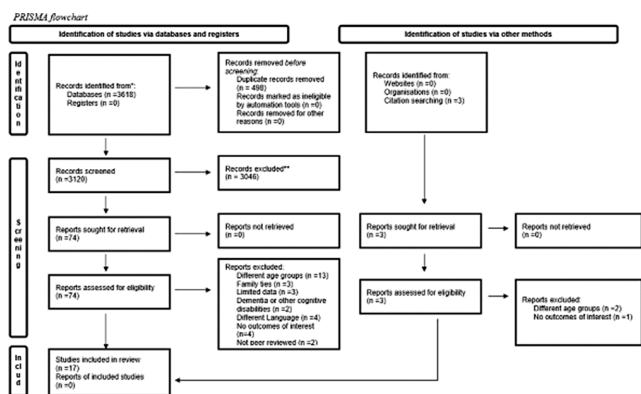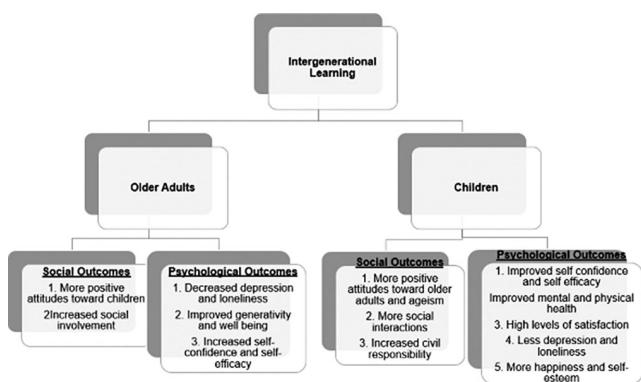**Image:**

Image 2:

Conclusions: Promoting intergenerational interactions and learning experiences holds promise as a means to enhance the overall quality of life and well-being for both younger and older members of our communities.

Disclosure of Interest: None Declared

EPP0595

Manifestations of antisocial behavior in older adults: A review of current literature

M. Arts[1,2]*, A. Videler[1,3] and A. van Dam[1,2]

[1]Tranzo Scientific Center for Care and Welfare, Tilburg School of Social and Behavioral Sciences, Tilburg University, Tilburg; [2]Research and Innovation, GGZ WNB Mental Health Institute, Halsteren and [3]Mental Health Institute, Innovation and Quality, GGZ Breburg, Tilburg, Netherlands
*Corresponding author.
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Introduction: Antisocial behavior in older adults is a problem for their relatives and health care providers Antisocial behavior may present differently in the older population which makes it more difficult to diagnose adequately and apply therapeutic interventions. This literature review provides an overview of diverse conceptualizations of antisocial behavior in older adults and the way it affects recognizability of diagnostic categories and the applicability of interventions.

Objectives: To gain insight into the various manifestations of antisocial behavior in older adults.

Methods: A systematic review design was performed. In this review, an extensive manual and electronic literature search was conducted for papers published from 1980 to 2023. For this purpose we used the electronic databases PubMed and Embase. The review will include empirical and quantitative studies of older adults with antisocial behavior.

Results: The results from the literature indicate that antisocial behavior does probably not decrease with age nor the burden on their social environment. Rather, the manifestations of antisocial behavior change as this population ages. Personality disorders are determined by several dimensional trait domains. The domains which are highly predictive for antisocial behavior include antagonism and disinhibition.

Conclusions: These findings challenge the notion of antisocial behavior decreasing with age. This review underscores the need to shift from traditional personality disorder categories to a dimensional trait perspective. Therefore, specific interventions are needed for older adults.

Disclosure of Interest: None Declared

EPP0596

Clinical and psychopathological features of very late onset of schizophrenia-like psychosis

V. Pochueva[1]* and I. Kolykhalov[1]

[1]FSBSI Mental Health Research Center, Moscow, Russian Federation
*Corresponding author.
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Introduction: Very late onset schizophrenia-like psychosis takes the 3rd place among late-life psychosis, after dementia and affective disorders associated psychosis. It's still unknown the real place of this psychosis.

Objectives: to investigate the clinical and psychopathological features and short-terms outcomes of late-onset schizophrenia and schizophrenia-like psychosis

Methods: 45 patients, mean age 70,6 ±8,70 years, median age of manifestation psychosis - 68 [61; 75] years with late-onset schizophrenia (n=19, 42,2%), late-onset schizoaffective disorder (n=9, 20%), late-onset delusional disorder (n=7, 15,5%) and late-onset organic schizophrenia-like disorder (n=10, 22,3%) underwent clinical examination. Psychopathological, psychometric (PANSS, HAMD, CDSS, MoCA) and statistical methods were applied.

Results: 3 clinical groups were allocated. The 1st group included 15 patients (33%) and was characterized with severe polymorphic psychotic symptoms, included catatonic and paraphrenic signs with mental disorganization. They had the highest score of PANSS (105,46±17,99, p=0,002) and the lowest score of MoCA (14,2±2,16, p=0,05) in compare with 2nd and 3rd groups. They also had symptoms of depression (CDSS 6,28±5,29), compared with the 3rd group (HAMD 21,00±5,92, p=0,05). In short-terms outcomes was formed negative symptoms and cognitive impairment with

decreasing social and daily activity. The 2nd group (22 cases, 49%) included patients with prevalence of delusions of persecution, more rare auditory hallucinations and more often acoasms. They had medium score PANSS (90,22±16,79), with minimal cognitive declare (MoCA average score 20,33±4,27). The short-term outcomes were characterized with formation of residual positive and negative symptoms, that impact on daily and social activity. The 3rd group included 8 patients (8%) with prevalence of delusion symptoms, such as misidentification, persecutory and reference delusions, which were mood-congruent. They had medium PANSS score (89,75±18,90) with more severe depressive symptoms by HAMD scale in compare with 2nd group (22,00±10,00, p=0,07) and minimal cognitive declare (MoCA average score 25,00±1,00, p=0,05) in compare with 1st group. This group was characterized with high level of reduction of productive symptoms and restoration of premorbid social and daily activity in short-term outcomes.

Conclusions: features of clinical characteristics, including the nature and severity of cognitive impairment at the onset of disease, are significant for prognosis and outcomes of disease. The data obtained could be served for the development of personalized therapeutic approaches that take into account the syndromic features and course of late-onset psychosis.

Disclosure of Interest: None Declared

EPP0597

Examining Sexual Well-being across the Lifespan: Assessing the Relationship between Sexual Satisfaction and Adjustment to Aging

I. Miguel[1], S. von Humboldt[2]* and I. Leal[2]

[1]Portucalense Institute of Psychology (I2P) & Department of Psychology and Education - Portucalense University, Porto and [2]William James Center for Research, ISPA – Instituto Universitário, Lisbon, Portugal
*Corresponding author.
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Introduction: Sexual satisfaction is relevant to aging well, throughout the lifespan.

Objectives: This study aims to compare the perspectives of sexual satisfaction and adjustment to aging in three age cohorts, across the life span; and to analyze whether sexual satisfaction influences the perceptions of AtA.

Methods: This cross-sectional study comprised participants from three different age cohorts (18-44; 45-64; and 65+ years). Four measures were used to meet the defined objectives: (a) Adjustment to Aging Scale (ATAS); (b) New Sexual Satisfaction Scale (NISS-S); and (c) sociodemographic, health and lifestyle questionnaire. Data were subject to One-way ANOVAs and hierarchical regression analyses.

Results: Social support emerged as the most relevant dimension in the multifactorial nature of AtA. Generational differences were found in sense of purpose and ambitions [F (2, 616) = 14.203, p = .000], social support [F (2, 616) = 10.65, p = .000] and body and health [F (2, 616) = 8.73, p = .000]. Participants aged 65 and older showed significantly lower levels of sense of purpose and ambition, body and health, and social support. Younger participants showed the highest score for body and health. Age-related decreases in

sexual satisfaction were also found, as younger participants showed statistically higher levels of sexual satisfaction, followed by middle-aged and older participants. Sexual satisfaction predicts all the dimensions of AtA, exception made for aging in place and stability, where age is the main predictor. Ego-centered sexual satisfaction positively predicted sense of purpose and ambitions (β = .212, p < .05) and social support (β = .311, p < .001); while partner/sexual activity centered sexual satisfaction was a positive predictor of zest and spirituality (β = .255, p < .01), body and health (β = .239, p < .001), and social support (β = .168, p < .05).

Conclusions: Sexual satisfaction decreases with age and is positively related to all dimensions of AtA, hence gerontological interventions and program policies with older people would strongly benefit of including sexual satisfaction as a relevant variable for aging well.

Keywords: sexual well-being; sexual satisfaction; adjustment to aging; generational groups; lifespan

Disclosure of Interest: None Declared

EPP0598

Subgroups of patients with late onset schizophrenia-like psychoses revealed by the analysis of glutathione-dependent enzymes and inflammation markers

T. Prokhorova[1]*, I. Boksha[1], L. Androsova[1], E. Tereshkina[1], V. Pochueva[1] and O. Savushkina[1]

[1]FSBSI "MENTAL HEALTH RESEARCH CENTRE", Moscow, Russian Federation
*Corresponding author.
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Introduction: While chronic inflammation and enhanced imbalance of pro- and antioxidant, including glutathione-dependent, systems contribute substantially to pathogenesis of mental disorders in old age, extent of oxidative stress and degree of inflammatory processes severity are varying among patients with late onset schizophrenia.

Objectives: Revealing various phenotypes in patients with late onset schizophrenia basing on measurement of activity levels for blood glutathione-dependent enzymes and inflammation markers and analysis of their links with clinical features of the patients.

Methods: Of 59 studied women patients 34 were with late onset (after 40 years) and 25 with very late onset (after 60 years) schizophrenia or schizophrenia-like psychoses (F20; F22.8; F25; F23; F06.2 by ICD-10). 34 mentally healthy women elder than 50 years comprised controls. Glutathione reductase (GR), glutathione-S-transferase (GST), neutrophil elastase (NE), and α1-roteinase inhibitor (α1-PI) activities were measured in blood. PANSS, CDSS and CGI-S were used to assess the severity of psychotic symptoms, depression and treatment effectiveness.

Results: In the whole group of patients, GR was lower ($p<0.05$), and α1-PI was higher ($p<0.0001$) than in control group. Clustering the patients by their biochemical and immunological signs revealed two clusters (C1, n=34, and C2, n=25) significantly differing by GST ($p<0.0001$), NE ($p<0.0001$), and α1-PI ($p<0.001$) activities. As compared with controls, GST and α1-PI were higher ($p<0.05$ and $p<0.0001$), and NE was lower ($p<0.05$) in C1. As compared with controls, GR activity was lower ($p<0.05$), NE activity was higher