to the one reported to date, possibly because DSM-5 criteria are mainly focused on the grandiose dimension. Potential explanatory links between ASD phenomenology and vulnerable narcissism, such as the personality dimension of neuroticism, are discussed, together with the possible role of narcissistic vulnerability in mediating internalizing symptoms (e.g., anxiety, depression) in individuals with ASD.

Disclosure of Interest: None Declared

O0056

Mental Disorders in patients hospitalized due to Neurologic Disorders: a nationwide study

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Introduction: The presence of psychiatric comorbidity significantly impacts the quality of life for patients and often goes unnoticed within the realm of neurology.
Objectives: This study's objective was to elucidate and characterize psychiatric comorbidity among patients hospitalized for neurological disorders in mainland Portugal.
Methods: This retrospective observational study analyzed hospitalizations categorized with a primary diagnosis of neurological disorders, defined by Clinical Classification Software (CSS) for ICD-9-CM codes 76, 77, 79-85, 95, and 109, occurring in adult patients (≥18 years) between 2008 and 2015. Psychiatric comorbidity was determined by the presence of secondary diagnoses falling under CCS categories 650-670.
Results: A total of 294,806 hospitalization episodes were documented with a primary diagnosis of neurological disorders in adult patients between 2008 and 2015 in Portuguese public hospitals. Approximately 26.9% (n=79,442) of these episodes were associated with documented psychiatric comorbidity (22.1% for female hospitalizations and 32.2% for male hospitalizations). Patients with recorded psychiatric comorbidity were younger (66.2±16.2 vs. 68.6 ±17.2 for those without psychiatric comorbidity, p<0.001), exhibited a lower overall in-hospital mortality rate, and experienced significantly longer mean hospital stays. Among these comorbidities, 'Delirium, dementia, amnestic, and other cognitive disorders' were documented in 7.4% (n=21,965) of hospitalizations, followed by alcohol-related disorders in 6.5% (n=19,302) and mood disorders in 6.1% (n=18,079). Epilepsy/seizures had the highest recorded psychiatric comorbidity rate among neurological disorders (39.9%).
Conclusions: Psychiatric comorbidity is present in more than a quarter of hospitalizations with a primary diagnosis of neurological disorders. The prevalence of psychiatric comorbidity varies across different neurological disorders and is associated with distinct demographic and clinical characteristics.

Disclosure of Interest: None Declared

Old Age Psychiatry

O0058

Evidence-Informed Approach to De-Prescribing of Atypical Antipsychotics (AAP) in the Management of Behavioral Expressions (BE) in Advanced Neurocognitive Disorders (NCD): Results of a Retrospective Study.

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Introduction: Diagnosis of behaviors in advanced neurocognitive disorders (aNCD) is one of exclusion, and the framework has been laid out in DSM-V. However, clinical assessments in aNCD become increasingly unreliable, and commonly used psychometric tools for clinical assessments lack reliability and validity, thereby making outcomes unreliable. Consequently, the syndromic and symptom management approaches for behaviors in aNCD behaviors have yielded poor results. To address this, the focus has shifted towards understanding the 'meaning' of behaviors in aNCD, recognizing them as a 'mode of communication'. To date, there are no existing frameworks to ascribe 'meaning' to behaviors in aNCD.
Objectives: LuBAIR™ paradigm is the first step in offering such a framework for understanding the 'purpose' and 'meaning' of behaviors in NCD. The 'meaning' ascribed to each behavioral category was used to guide the use of atypical antipsychotics in their management. De-prescribing was attempted on patients who qualified to enter this retrospective study. De-prescribing was defined as successful if individuals were completely withdrawn from AAP and remained off them for 60 days without the re-emergence of behaviors.
Methods: The data collected on the second occasion, in the successful and failed de-prescribed groups, were compared in this retrospective study. MANOVA, Chi-Square paired *t*-test statistical analyses were used to detect the differences in the behavioral categories between the two cohorts. Cohen d was used to measure effect size.
Results: Patients who did not have Mis-Identification and Goal-Directed Expressions were more likely to successfully de-prescribe: $X2\ (1, N = 40) = 29.119\ p < 0.0001$ and $X2\ (1, N = 40) = 32.374, p < 0.0001$, respectively. Alternatively, the same behavioral categories were more likely present in patients who failed de-prescribing: MANOVA and paired *t*-test ($p < 0.0001$). Atypical antipsychotics, in their role as an antipsychotic and mood stabilizer, may be used to manage Mis-Identification and Goal-Directed Expressions, respectively.