

FC43: Particularities of late-life psychosis: from epidemiology to treatment option

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Objective: Psychotic disorders are not infrequent in late life and involve massive costs to society, affecting individuals and their caregivers. The epidemiology of late-life psychosis remains imprecise and despite its high prevalence, it remains a diagnostic and treatment dilemma. The aim of this article is to review the current literature regarding late-onset psychosis and whether it is recognized as a clinical entity on itself, differing from early-onset psychosis.

Methods: Review of the most recent literature regarding late-onset psychosis its clinical and epidemiological particularities. The research was carried out through the PubMed and UptoDate databases, using the terms “late-onset psychosis”, “late-life psychosis”, “dementia” and “elderly”.

Results: Late-life psychotic disorders may originate in an intricate interaction between several biological, psychological, social, and environmental factors. These may include functional status, other physical diseases, hospitalizations, physical activity, and stability of care. Some authors refer that older age, and the presence of suicidal ideation were associated with incident late-life psychosis. Assuming the significant load associated with psychotic disorders in late life, their assessment should identify the potential causes and distinguish predictive factors. Treatment should include a combination of nonpharmacological approaches and psychotropic medications, used cautiously.

Conclusion: Late-life psychosis differs from early-onset psychosis on several characteristics. The treatment must be directed towards the cause and adapted to each individual. Non-pharmacologic interventions are frequently used as first line treatment, and pharmacotherapy must be used carefully. The crescent number of senior population must alert to this entity and the specificity of its approach.

FC44: Prevalence of mental health outcomes and the impact of sex and mood or cognitive comorbidity in older adults during the COVID-19 pandemic

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Introduction: Older adults are at greater risk for developing severe illness from SARS-COV2 infection and may be more vulnerable to negative mental health outcomes as a result of public health guidelines that increase social isolation. We assessed mental health outcomes in older adults with normal cognition (NC), past history of major depressive disorder (i.e., remitted; rMDD), or mild cognitive impairment (MCI) to determine the prevalence of