

Image 3:

Table 5. Logistic regression analysis of factors affecting suicide risk

Factor	B	S.E	Exp(B)	p	95% CI
Age(75-84)	-0.436	0.216	0.647	0.043	0.424-0.987
Age(≥85)	-0.702	0.327	0.496	0.032	0.261-0.941
Cognitive function impaired	0.922	0.275	2.514	0.001	1.468-4.307
Depressed	1.519	0.219	4.566	0.000	2.971-7.019
Anxiety	1.416	0.233	4.119	0.000	2.610-6.499
Sleep disturbance	0.803	0.223	2.232	0.000	1.442-3.456
Chi-square (df) of model, p	251.35 (6), 0.000				

B: Regression coefficient, S.E.: Standard error, Exp(B): Odds ratio, CI: Confidential Interval

Conclusions: Among community dwelling elderly, depression was the most contributing suicide risk factor. Prevention and treatment of depressive symptoms should be more active in the cognitively impaired group.

Disclosure of Interest: None Declared

EPP0474**Capgras Syndrome as a Manifestation of a Neurodegenerative Disease – What do we know?**

M. Matias*, L. Lopes, I. Grenha, M. Marques and M. Alves

Unidade Local de Saude Alto Minho, Viana do Castelo

*Corresponding author.

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Introduction: The Capgras syndrome (CS), firstly described in 1899, is a delusional conviction that a person emotionally close has been replaced by an imposter or duplicate. It has been associated to primary psychiatric disturbances as well as neuropsychiatric syndromes. Its etiology and management have been debated throughout the years. We describe a case of a 75 years old male who was admitted to our psychiatric ward due to aggressiveness towards his spouse, believing she was an imposter.

Objectives: In light of this case, we aim to discuss its etiology and review the association between the Capgras syndrome and neurodegenerative diseases.

Methods: Classically, CS was associated to psychotic illnesses such as schizophrenia, schizoaffective disorder and substance abuse. However, recent studies shed light on other possible etiologies, such as neurodegenerative and nonneurodegenerative diseases. In older ages, it has been associated to Alzheimer's and, most commonly, Lewy body dementia subtype. Research also shows that other misidentification syndromes are frequently present in association with CS. Patients are more likely to be aggressive towards caregivers under these circumstances. Studies suggest there is a higher prevalence of right hemisphere lesions in CS, namely frontal and temporal lobes, that impair facial processing. Various brain circuits are being proposed as possible etiopathogenesis.

In this case, parkinsonian signs were observed in our patient, such as resting tremor, imbalance gait and rigidity. Those had not been described before his hospitalization. His family stated memory loss and difficulty in executive functions were present for at least a year. This patient had no previous psychiatric history. Brain CT scan showed cortical atrophy.

Results: A neurodegenerative cause was assumed, and the patient was started on a cholinesterase inhibitor and on a second-generation antipsychotic. Improvement was observed.

Conclusions: This case is an example of the heterogenous etiology of the CS. It is important to consider different diagnosis, especially in older ages. More studies are needed to improve the knowledge on CS etiopathogenesis as well as the brains circuits involved. Psychopharmacology tackling these syndromes is also a growing.

Disclosure of Interest: None Declared

EPP0475**Negative symptoms and associated factors in older people with schizophrenia**

M. Karoui^{1*}, I. Kammoun², R. Kammoun¹, H. Nefzi¹ and F. Ellouze²

¹Tunis, Faculté de médecine de Tunis, Tunisia and ²Faculté de médecine de Tunis, Tunisia

*Corresponding author.

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Introduction: The evolution of schizophrenia with age remains poorly studied. The prevalence of negative symptoms in elderly people with schizophrenia is even less described in the literature.

Objectives: to evaluate the prevalence of remission of negative symptoms in the elderly and to study the sociodemographic and clinical variables associated with this remission.

Methods: The sample consisted of 83 subjects aged 55 years and over, followed at the psychiatry department "G" of the Razi hospital in Tunis and suffering from schizophrenia according to the DSM5 criteria. Global remission was defined as a score below 4 on the seven negative symptom items of the PANSS. A questionnaire was administered to each patient to collect epidemiological and anamnestic data.

Results: 59% of the sample showed remission of global negative symptoms. 84% and 60% were in remission on the emotional and cognitive subscales, respectively. The existence of remission was correlated with lower PANSS global score, more preserved cognitive functioning, later age of onset, more family and social support, and the absence of a concomitant somatic illness.

Conclusions: This study showed that measures to optimize treatment of positive symptoms and cognitive functioning may have an impact on negative symptoms. Similarly, quality of social network in later life impacts the level of negative symptoms.

Disclosure of Interest: None Declared

EPP0476**Pseudodementia or depression? An unresolved issue. Cognitive alterations in a population of geriatric patients**

M. Violi*, B. Buccianelli, M. Simoncini, L. Massoni, F. Pardini, L. Massa, S. Palermo, A. Arone, M. G. Carbone, D. Marazziti and L. Dell'Osso

DEPARTEMENT OF CLINICAL AND EXPERIMENTAL MEDICINE, UNIVERSITY OF PISA, PISA, Italy

*Corresponding author.

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Introduction: The relationship between mood disorders, particularly depression and cognitive impairment is complex. The symptoms of depression in the elderly include confusion, sleep alterations, low concentration, cognitive deficits, and somatic complaints that may also be present in dementia, with depression being often a prodrome.

Objectives: The present study aimed at investigating the presence of cognitive disturbances in outpatients over 65 years of age consulting us for a mood episode, as well as to investigate the possible relationships between cognitive and depressive symptoms.

Methods: The study included 57 older patients attending the Psychiatric Clinic of Pisa, with a diagnosis of a major mood episode according to DSM-5 criteria. The psychometric scales included: Hamilton Depression Rating Scale (HAM-D), Beck Inventory Scale (BDI), Geriatric Depression Scale (GDS), to measure the severity of depression; Short Psychiatric Evaluation Schedule (SPES), to assess organic mental deficits; Cornell Scale for Depression in Dementia (CSDD), to assess depression in people with dementia; *Adult Autism Subthreshold (AdAS) Spectrum*, to evaluate the eventual presence of specific features of the autistic spectrum disorder (ASD). Moreover, patients were also assessed for cognitive screening with Montreal Cognitive Assessment (MoCA), Frontal Assessment Battery (FAB), Mini-Mental State Examination (MMSE).

Results: The HAM-D total score was 10.18 ± 6.33 , that of BDI 12.79 ± 9.89 , that of GDS 12.69 ± 8.25 and that of CSDD 8.35 ± 6.25 . The showed a MoCA value was 21.30 ± 4.86 , that of FAB 14.12 ± 3.92 , and that of MMSE 25.06 ± 4.20 . The MoCA total score positively correlated with those of the FAB and of the MMSE, while the FAB score with the MMSE score. A positive correlation was found between SPES and the HAM-D, BDI, CSDD and GDS total scores. The AdAS score positively correlated with that of MMSE. By correlating scores of depressive dimensions with those of cognitive functions, a positive correlation was noted between FAB total score and those of the HAM-D, BDI, CSDD and SPES.

Conclusions: These findings suggest a possible link between the presence of ASD and depressive symptoms from the one side and cognitive performance and executive functions from the another side.

Disclosure of Interest: None Declared

Oncology and Psychiatry

EPP0477

Exploring fertility information needs and preferences in young women diagnosed with breast cancer: a qualitative study

M. S. Teixeira¹, A. Bártoło^{2*} and S. Monteiro^{3,4}

¹Department of Education and Psychology, University of Aveiro, Aveiro; ²CINTESIS@RISE, Piaget Institute - ISEIT/Viseu, Viseu; ³CINTESIS@RISE, Department of Education and Psychology, University of Aveiro, Aveiro and ⁴Department of Social Sciences and Management, Universidade Aberta, Lisbon, Portugal

*Corresponding author.

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Introduction: Research has suggested an increased incidence of breast cancer in young women who have not yet completed family-

building projects. However, the use of adjuvant therapies with cytotoxic drugs may affect fertility permanently or transiently. Furthermore, women undergoing prolonged adjuvant hormonal therapy have an increased risk of infertility due to the natural aging of the reproductive system during this period. Thus, young breast cancer survivors present fertility and childbearing concerns and related information needs.

Objectives: The present study aimed to know the experiences of breast cancer survivors regarding the information received about reproductive health during cancer diagnosis and treatment and to identify unmet needs and preferences about how and when to receive this information.

Methods: A exploratory qualitative study was conducted using a convenience sample consisting of young women diagnosed with breast cancer aged 18 to 45 years. Semi-structured interviews were carried out individually and online with 24 female Portuguese breast cancer survivors ($M=37.21$; $DP=4.44$) between June and August 2022.

Results: From the preliminary thematic analysis of the data, three main themes were identified: 1) information received at the time of diagnosis; 2) unmet information needs, and 3) main preferences. Findings showed that most participants received information related to the impact of treatments on fertility, namely about the gonadotoxic effect of chemotherapy. This information was mostly provided by the nurses, but gaps were still identified. The interviews highlighted that, for most participants, it would be important to receive reproductive health information at an early stage of diagnosis, before treatment begins. Breast cancer survivors addressed the need to build a “uniform information model”, as well as booklets that systematize the reproductive impacts of cancer diseases, taking into account the specificities of each type of cancer and associated therapies.

Conclusions: Despite clear indications that fertility is an important issue in the context of breast cancer, the preliminary results of this study suggested that fertility counseling after diagnosis is still limited. There is a need to develop structured interventions that address the reproductive needs and concerns of these patients throughout the course of the disease.

Disclosure of Interest: None Declared

EPP0478

Mixed depression and suicidality in oncology outpatients

E. Bernardi^{1*}, A. Catinari¹, O. M. Ferrara¹, G. Bartolucci¹, M. Ciliberto¹, G. Carriero¹, L. Di Benedetto¹, E. M. Marzo¹, G. Donofrio¹, S. Ruggiero¹, G. Sani^{1,2} and A. Simonetti^{1,3}

¹Neuroscience, Section of Psychiatry, Fondazione Policlinico Universitario Agostino Gemelli IRCCS; ²Neuroscience, Section of Psychiatry, Università Cattolica del Sacro Cuore, Rome, Italy and ³Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston, TX, United States

*Corresponding author.

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Introduction: Mixed depression (MxD), is a nosologic entity characterized by the presence of excitatory symptoms during a depressive episode. MxD embeds high levels of chronicity, functional impairment and suicidality. The assessment of MxD in a