impairment subjects compared with cognitive normal subjects, which may be due to the early and middle stages of neurodegeneration process.

P19: Screening for depression among older adults: a cross-sectional study in primary care in Brazil

Authors: Carolina Godoy; Tassiane C. S. de Paula; Amanda E. G. Henrique; Matheus G. Barbosa; Cleusa Ferri

Objectives: To estimate the proportion of older adults in primary care screening positive for depression and identify associated factors.

Methods: A cross-sectional study was conducted involving 1,639 older adults (aged ≥ 60 years) from fourteen primary care units in a city of São José dos Campos in the state of Sao Paulo, Brazil, between December 2023 and April 2024. Depression was assessed using the Patient Health Questionnaire (PHQ-2), with a score ≥ 3 being considered to indicate the presence of depression. Logistic regression analyses were carried out to evaluate associations between sociodemographic characteristics (sex, age, marital status and employment) and health related variables (any chronic disease, alcohol consumption, and tobacco use) with a positive PHQ-2 score.

Results: The mean age of the 1,639 participants was 68.6 (SD ± 6.2; range: 60– 95). The prevalence of a positive PHQ-2 score was 20.5%. Women, those with chronic diseases, and current smokers were more likely to have a positive score, (OR: 1.72; 95% CI: 1.33 –2.23, p < 0.000), (OR: 3.13; 95% CI: 1.50–6.56, p: 0.002), and (OR: 1.55; 95% CI: 1.10– 2.18, p: 0.011), respectively. Those who had a job or a partner were less likely to have a positive score, (OR: 0.60; 95% CI: 0.37–0.97, p: 0.036) and (OR: 0.71; 95% CI: 0.55– 0.92, p < 0.010), respectively. There were no significant associations between age and alcohol consumption and screening positive for depression.

Conclusions: Mental health services in primary care typically serve as the initial interface between the community and healthcare services. A substantial proportion of older adults screened positive for depression, which was particularly associated with being female, not having a partner, being unemployed, chronic diseases, and tobacco use. Despite the cross-sectional nature of this study, the results suggest that these factors may play a significant role in the development of depression in this population, and underscores the importance of considering these factors when designing interventions and prevention strategies aimed at the mental health of olderadults.

P20: Evaluating xanomeline and trospium as a treatment for psychosis associated with Alzheimer's disease: design of the phase 3, ADEPT-1, relapse prevention study

Authors: Carolyn Watson[1], Jeffrey Cummings[2], George Grossberg[3], Minsu Kang[1], Ronald Marcus[1]

1. Bristol Myers Squibb, Princeton, NJ
2. Department of Brain Health, University of Nevada Las Vegas School of Integrated Health Sciences, Las Vegas, NV
3. Department of Psychiatry & Behavioral Neuroscience, Saint Louis University School of Medicine, Saint Louis, MO

Background: There are no approved treatments for Alzheimer's disease psychosis (ADP). Xanomeline, a brain-penetrant M1/M4 preferring muscarinic receptor agonist, showed antipsychotic efficacy in placebo-controlled trials in subjects with AD [Bodick NC et al. 1997; DOI: 10.1001/archneur.1997.00550160091022]. Despite promising efficacy, further development of xanomeline was limited by cholinergic adverse events. The investigational antipsychotic xanomeline and trospium combines xanomeline with trospium, an FDA-approved muscarinic receptor antagonist that does not measurably cross the blood-brain barrier. Trospium acts to mitigate

https://doi.org/10.1017/S1041610224002035

the peripheral procholinergic side effects of xanomeline, providing a strategy for using xanomeline to stimulate brain muscarinic receptors with a decreased side effect burden. Unlike available antipsychotics, xanomeline and trospium have no direct dopamine D2-blocking activity, and as such, its safety and tolerability profile is different.

Methods: The phase 3 ADEPT-1 trial is a double-blind, flexible-dose, placebo-controlled randomized withdrawal study to evaluate the safety and efficacy of xanomeline and trospium in decreasing the risk of relapse in subjects with ADP. Subjects aged 55-90 years with moderate to severe psychosis associated with mild to severe AD (Mini-Mental State Exam score range 8-22) will be enrolled into the study. Subjects will receive single-blind xanomeline and trospium for 12 weeks. Each subject will be flexibly titrated to the maximum dose of xanomeline and trospium 200 mg xanomeline/20 mg trospium/day. At the end of the single-blind treatment, eligible responders will be randomized to either continue xanomeline and trospium or be switched to matched placebo for a 26-week double-blind treatment period. A responder is defined as a subject with a ≥40% decrease (improvement) on the Neuropsychiatric Inventory- Clinician: Hallucinations + Delusions (NPI-C: H+D) score compared with baseline (day 1) and a Clinician Global Impression–Change (CGI-C) score of 1 or 2 (very much improved or improved).

Results: The primary endpoint of the study, time from randomization to relapse during the double-blind, randomized withdrawal treatment, will be evaluated by survival analysis using Kaplan-Meier Methods. The study started in August 2022 and will randomize approximately 200 subjects.

Conclusions: The trial design of the ADEPT-1 study is an efficient way to assess the potential for xanomeline and trospium to provide clinically meaningful benefit in preventing the return of ADP in patients who have responded to xanomeline and trospium.

P21: Buddhist temples are promising social resource in secular community-based integrated care (2): Peer support, spiritual care, and grief care for caregivers at the Buddhist temples caregiver cafés

Authors: Chiaki Ura, Tsuyoshi Okamura, Akinori Takase, Yukan Ogawa, Ryosho Shoji

Objectives: In an era marked by a 100-year life expectancy, nearly everyone may eventually become a caregiver to a family member or someone close, yet caregiver support remains insufficient in Japan. Outside the government's comprehensive community-based integrated care system, Buddhist temples are notable for supporting caregivers of individuals with dementia at home. To evaluate the rationale, feasibility, strengths, and fairness of using temples as a community resource within a community-based integrated care system, it is crucial to critically analyze views from secular healthcare professionals familiar with these activities. This study aims to explore the characteristics and potential of caregiver cafés hosted in Buddhist temples from the perspective of staff members involved in secular community- based integrated care system.

Methods: Initially, a preliminary questionnaire survey was administered to 13 priests at Jodo Shu temples that host caregiver cafés to ascertain the current status of these cafés and explore potential collaboration routes with public organizations for future research. Subsequently, semi-structured interviews were conducted with 15 staff members from public organizations involved in community-based integrated care, such as community-based integrated support centers, social welfare councils, and NPOs, who participate in caregiver cafés at Buddhist temples.

Results: All temples were found to cooperate with public institutions involved in community- integrated care. Thematic analysis led to the identification of 20 subcategories from 150 discourses. These subcategories, which had similar content, were further consolidated into a single category and ultimately grouped into four major

https://doi.org/10.1017/S1041610224002035