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doi: 10.1192/j.eurpsy.2022.1664

**Introduction:** Frontotemporal dementia (FTD) is common in presenile population. The overlapping symptoms with other psychiatric disorders can lead to wrong/late diagnosis which cause delays/difficulties regarding case-management. Especially, long-standing and/or late-onset depression can descriptively envelop bvFTD (behavioral-variant) and leads to unnecessary treatments and increased distress. It's important to implement a descriptive diagnostic algorithm which will help clinicians to distinguish the phenomenology of these disorders.

**Objectives:** This presentation aims to call attention of the clinicians/researchers to an elaborated effort concerning differential diagnosis of two common disorders with overlapping features through a case-study of a 59-year-old male patient.

**Methods:** One case from an inpatient unit of a psychiatric clinic in Lower Saxony, Germany will be reported.

**Results:** Case: The patient was referred to our acute-psychiatric ward from the day-clinic-unit because of treatment-resistant, severe and long-lasting depressive symptoms. He was depressed, desperate, hopeless, listless and had suicidal thoughts. During the first days of treatment, symptoms like apathy, bad hygiene, weird eating-behavior, urinary incontinence, lack of empathy, language disorders and other behavioral symptoms were evident. Brain-MRI yielded frontotemporal lobar atrophy. Trail-Making-Test and Frontal-Assessment-Battery showed pronounced impairment of executive functions. Mini mental state examination and DemTect yielded light to moderate memory dysfunction. Diagnostic Criteria for Probable bvFTD (International-Consensus-Criteria) were fulfilled.

**Conclusions:** The diagnosis of bvFTD enabled a rapid assignment of a legal representative and relieved the long-lasting discomfort of the patient and his family that was caused by multiple unsuccessful treatment trials against depression. The differential diagnostic frame between bvFTD and depression will be discussed in view of the current literature.

**Disclosure:** No significant relationships.

**Keywords:** differential diagnosis; Depression; frontotemporal dementia

## EPV0928

### Estimate of the prevalence of depression among older people in Africa: a systematic review and meta-analysis

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doi: 10.1192/j.eurpsy.2022.1665

**Introduction:** Among non-communicable diseases, depression is a leading cause of morbidity in elderly people with varying magnitude across countries. No systematic review and meta-analysis has yet examined the pooled prevalence of depression among elderly in Africa.

**Objectives:** The current systematic review and meta-analysis aimed to estimate the pooled prevalence of depression among elderly people in Africa.

**Methods:** We have searched CINAHL, PubMed, SCOPUS and Psych-iNFO databases to identify observational studies which reported the prevalence of depression among the elderly. We used a random-effects model due to reported heterogeneity among the studies. The publication bias was examined by using Egger's test, visual inspection of the symmetry in funnel plots and adjusted using Trim and Fill analysis. We used Cochran's Q and the I<sup>2</sup>-tests to measure heterogeneity across the studies.

**Results:** A total of 23 studies conducted in Africa were included in the current systematic review and meta-analysis, representing a total of 14,350 elderly population. The pooled prevalence of depression among elderly people in Africa was estimated to be 26.3% (95% CI: 22.2, 30.4%). The estimated pooled prevalence of depression among the elderly in Africa was much higher (43.1%) in studies that used a screening tool to measure depression when compared to studies that used a diagnostic tool (24.2%). Also, the prevalence of depression among female elderly participant (43.10%) was higher than that of male elderly participant (30.90%).

**Conclusions:** One in five elderly population in Africa were depressed. Timely and targeted screening of depression among the elderly and evidence-based interventions were highly recommended.

**Disclosure:** No significant relationships.

**Keywords:** Elderly; Africa; Prevalence; Depression

## EPV0929

### Autism spectrum disorder in older adults: The case study of a 65-year-old man

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doi: 10.1192/j.eurpsy.2022.1666

**Introduction:** Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized with ritualized behavior, difficulties in communication/ social interaction, restricted interests, and sensitivity to external stimuli. The ASD has gained attention in recent years, however it's still difficult in geropsychiatric setting to identify high-functioning ASD, especially when patients' coping mechanisms are successful. Not to determine high-functioning ASD structure in older age can lead to wrong diagnosis and inappropriate treatment trials.

**Objectives:** The aim of this presentation is to emphasize the importance of the evaluation of ASD-structure in old-age-psychiatry through the case study of a 65-years-old man.

**Methods:** One case report from the inpatient unit of a psychiatric clinic in Lower Saxony, Germany will be presented.

**Results:** Case: The patient was referred to our acute-psychiatric ward due to delusional thoughts, depressive symptoms and lorazepam dependency. Delusional disorder was diagnosed in the outpatient-setting since he had interpreted some external stimuli in an eccentric way. During the therapeutic process, some features

of high-functioning ASD such as social difficulties, dislike of change and repetitive/restrictive habits were prominent. Developmental history of the patient and the Autism-Spectrum-Quotient-50 also supported the clinical diagnosis of the ASD. Delusional disorder was excluded, and the therapy organized according to the structure characteristics of the high-functioning ASD which yielded to significant amelioration of depressive symptoms and increased perceived life quality of the patient.

**Conclusions:** Although coping mechanisms of the patients can be successful, identifying high-functioning ASD-structure even in an old-age can be quite helpful in diagnostic/therapeutic processes. An elaborate discussion of the subject through contemporary literature will be presented.

**Disclosure:** No significant relationships.

**Keywords:** differential diagnosis; old age psychiatry; Autism Spectrum Disorder

### EPV0930

#### Evidences of neurodegenerative processes in patients with late-onset schizophrenia and cognitive impairment

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doi: 10.1192/j.eurpsy.2022.1667

**Introduction:** The large proportion of patients with late-onset schizophrenia (LoS) has cognitive impairment. We hypothesized that this group of patients could have more risk factors associated with neurodegeneration.

**Objectives:** The aimed to compare various clinical and risk factors in LoS patients with low and relatively preserved cognitive status.

**Methods:** 28 LoS patients (ICD-11) with duration of disease less than 10 years from a cohort of patients with late onset psychosis underwent clinical assessment (PANSS, HDRS-17), cognitive examination (MMSE, MoCA, FAB, verbal and symbolic memory, trail making test (part A, B)), structured interviewing on risk factors and CT. Hierarchical cluster analysis of cognitive test results was applied. Nonparametric statistic was used to compare control group (24 subjects with signs of psychosis or depression, age 58,1±10,8, 50% females) and patient`s groups.

**Results:** Patients were divided on two clusters: Cluster 1 with lower cognitive functions (n=20, age 62,2, 94% of females) and Cluster 2 with preserved cognitive functions (n=8, age 56,8, 100% of females). Patients of Cluster 1 were older, had more negative symptoms, higher atrophy scores, higher rate of leukoaraiosis on CT and more history of mild brain injury than patients of Cluster 2 and controls. There was no group differences in age of manifestation, other PANSS scores, rates of social phobia and number of habitual anxiety reactions between clinical groups.

**Conclusions:** LoS patients with cognitive deficiency had more factors associated with neurodegeneration, in particular history of mild brain injury.

**Disclosure:** No significant relationships.

**Keywords:** old age; late-onset schizophrenia; neuridegeneration; risk factors

### EPV0932

#### Sexuality and the Quality of Life in Older People: A Correlational Study

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doi: 10.1192/j.eurpsy.2022.1668

**Introduction:** Sexuality, which is an essential part of human life, is an instinct with the potential to cause or be caused by health problems. Although qualitative and quantitative characteristics of sexual life evolves over time, it may continue until the age of eighties.

**Objectives:** This descriptive-correlational study aimed to analyze the relationship between general health status, quality of life and sexual life among senior people.

**Methods:** Study was conducted with the participation of 323 (169 female and 154 male) older people at the age of 65+. The participants were clients of the inpatient and outpatient services in a general hospital in Istanbul. General Health Questionnaire, Arizona Sexual Experiences Scale and Quality of Life Scale in Older People were used to collect data via online survey.

**Results:** The quality of life was better and sexual problems were lower for the participants who had a partner, higher education level, lower age, a regular job, sufficient income, no chronic disease, who defined their relationship as sufficient, frequently engaged in sexual activity and who considered themselves as attractive.

**Conclusions:** Sexuality in older people changes over time and continues to hold its importance. Researchers should consider the importance of the quality of life on sexual satisfaction in older people.

**Disclosure:** No significant relationships.

**Keywords:** Quality of Life; Older people; health status; sexuality

### EPV0933

#### An observational study of the correlation of efi severity with depression

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doi: 10.1192/j.eurpsy.2022.1669

**Introduction:** Patients with high frailty indices experience poor mental health due to multiple co morbidity and social isolation.

**Objectives:** This was a retrospective observational analysis that studied the correlation of Electronic frailty indices and GAD scores with Depression scores in a rural population.

**Methods:** An annual frailty assessment is offered to elderly patients and we screen routinely for anxiety and depression using the PHQ-9 score and GAD score. This was an observational study