EPV0663

Is content of delusions in psychotic depression related to the risk of dementia?

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Introduction: Some studies have shown that late-life depression is related to faster cognitive decline and may increase the risk of dementia.
Identifying risk and protective factors for dementia is essential to develop preventive interventions. Some literature has suggested that mood disorders (namely depression) are potential modifiable risk factors for dementia.
Thus, it is important to know clinical presentation of depression that is associated to dementia, as a manifestation of subclinical dementia or as a risk factor for neurocognitive disorders.
Objectives: We aim to identify clinical characteristics related to dementia of inpatients admitted for first time due to depressive episode after 55 years old.
Methods: Retrospective cohort study of inpatients admitted between January 1st 2010 and March 31st 2022 in a psychiatry inpatient unit of a tertiary hospital. Descriptive analysis of the results was performed using the SPSS software, version 26.0.
Results: Our sample included 57 inpatients, 15,8% (n=9) with the diagnosis of dementia 5,2 (SD 5,6) years after admission. All of these patients presented a depressive episode with psychotic symptoms, namely delusion activity. In those with hallucinatory activity, no one developed dementia.
Interestingly, 33,3% of patients with dementia (n=3) presented with delusion of ruin, 55,6% (n=5) with delusion of prejudice/persecutory delusion and 66,7% (n=6) manifested delusion of ruin and/or prejudice.
We also found that 42,9% (n=3) of patients with dementia manifested Cotard delusion while this type of delusion was observed in 13,6% of patients without dementia (p=0,095).
Conclusions: Our study has several limitations because is based on results of only one hospital, with a small sample size.
However, since depressive symptoms are potentially modifiable risk factors for dementia, future studies are essential to understand the mechanisms that link depression to cognitive decline as well as clinical characteristics that may constitute predictors of dementia.

Disclosure of Interest: None Declared

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The importance of non-pharmacological approach versus pharmacological treatment of behavioral and psychological symptoms (bpsd) in patients with Alzheimer's dementia (AD) in a geriatric institution

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Introduction: BPSDs in patients with AD are present up to 90% and can cause serious complications in their overall health. A non-pharmacological approach and cognitive enhancers should be a priority in treatment in order to reduce the use of antipsychotics. In the pharmacological treatment of bpsd, additional therapy is inevitable in many cases
Objectives: the need for adequat educatation of the medical staff in a geriatric center for the nonfarmacological approach in patients with bpsd in AD. Polypharmacy is common in farmacological treatment.
Methods: A cross-sectional study of 180 patients hospitalized at geriatric unit in period of January till May 2023 was conducted. 61(33.9%) were patients with AD, 44 or 72.1% were females and 17 or 27.9% were males, with mean age 78.6±5.6 years. 50 patients (82.0%) had potentiated BPSD in the first days of hospitalization and needed additional therapy
Results: : 19 od 61pts (31.1%) were on dual therapy, full doses of donepezil and memantine. 17 (89.5%) needed additional therapy for BPSD; 13 (68.4%) a short-term antipsychotic and 4 (21.1%) patients antidepressant therapy. 22 patients (36.1%) were admitted with donepezil only. 18 (81,8%) needed additional therapy. The remaining 20 (32,8%) were solely on memantine. 15 (75.0%) needed additional therapy
Conclusions: Vast majority of patients AD (82.0%) manifested BPSD and needed additional therapy. Number of scientific papers it is found that cognitive stimulation in persons with moderate dementia has a benefit more than any pharmacological treatment. Education of caregivers of people with AD is inevitable.Opening of day care centers that will enable continuous support as well as individual access which would help delay institutionalization of people with BPSD at ADthe need

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Late Onset Bipolar Disorder (LOBD): a case report

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Introduction: Bipolar disorder (BD) in the elderly patient may present as the evolution of illness initiated earlier in life or as a new-onset entity. Therefore, two groups of patients are distinguished: "late onset" (LOBD) when the first mania occurs in old age and "early onset" in elderly patients with long-standing history. BD in elderly patients (≥60 years) constitutes 25% of all BD cases. Specific aspects of older age bipolar disorder (OABD) are somatic and psychiatric comorbidity, impaired cognition and age-related psychosocial functioning. The management of BD in the elderly is complex given the high sensitivity of these patients to pharmacological side effects, particularly of psychotropic drugs.
Objectives: The case of a patient with LOBD is presented, followed by a theoretical review of the subject.
Methods: A case is presented with a bibliographic review.

Results: A 76-year-old woman who had no prior history of mental health issues until March 2023 when she was initially admitted to a geriatric hospitalization unit for manifesting manic symptoms. She was readmitted in July 2023 due to worsening depressive symptoms that included a declining mood, passive thoughts of death, deterioration in self-care, weight loss, insomnia, constipation, and dry mouth despite recent changes in her medications. She was on treatment with escitalopram (which was gradually discontinued and replaced with mirtazapine), quetiapine, lormetazepam, and lorazepam. Imaging tests showed chronic ischemic lesions in her brain and a small meningioma, the rest of the test were normal.
The initial diagnostic hypothesis was a bipolar depressive episode, and her treatment was adjusted accordingly. She was started on lithium, and her quetiapine dosage was increased, along with the anxiolytic lorazepam. Due to the persistence of depressive symptoms, including low mood, anhedonia, apathy, and negative thoughts, she was also prescribed antidepressant medication (venlafaxine and mirtazapine). Her condition gradually improved, with better eating and sleep patterns, increased participation in activities, and reduced somatic complaints and anxiety.
As she continued to experience somnolence and decreased morning energy, her antipsychotic medication was switched from quetiapine to lurasidone. The dose of lithium was decreased due to tremors in her extremities, although they remained within the therapeutic range. Despite these adjustments, her mood significantly improved, and she showed no signs of worsening or psychotic symptoms, leading to her discharge.
Conclusions: Summarizing different studies, LOBD who develop mania for the first time at an advanced age (≥ 50 years) constitute 5-10% of all BD. It is important to perform a thorough differential diagnosis, as an organic substrate and diverse etiologies may be present. Current guidelines recommend that first-line treatment of OABD should be similar to that of BD in young patients, with careful use of psychotropic drugs.

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EPV0667

The modulation effect of cognition on the interpretation bias of mentalization in late-life depression (LLD): A study of eye gaze interpretation – a potential screening tool for high-risk group of LLD

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Introduction: Impairment in mentalization, interpreting and perceiving social relevant information has been found to play a part in the development and maintenance of depression. Major depressive disorders showed significant impairment in social cognition and such impairment appears to be positively associated with the severity of depression. Self-referential gaze perception, as a measurement of mentalization, was predominantly measured in patients with psychosis but rarely examined in late-life depression (LLD).
Objectives: To assess the effect of cognition on the interpretation bias of mentalization
Methods: This will be a cross-sectional case-controlled study on Chinese older adults with major depressive disorder recruited from outpatient departments of the public mental health service in Hong Kong. The same inclusion and exclusion criteria, with the exception of the history of major depressive disorder, will be used to recruit the control group. Assessments included sociodemographics, cognitive assessments and depressive symptoms. The primary experimental task was Gaze Perception Task using E- prime Professional 2.0. The stimuli of task are photographs of six Chinese models (3 men and 3 women) facing straight to camera with 13 different gaze directions (0°, 5°, 10°, 15°, 20°, 25° and 30° to the left and to the right, respectively). Participants shall be instructed to respond with a "yes" or a "no" to the question (for self-referential gaze): 'Do you feel as if the person in the picture is looking at you?'.
Results: 41 patients and 41 healthy controls have been recruited. The group comparison in SRGP revealed that there was only significant difference in the unambiguous-SRGP ($U=561.000$, $Z=-2.62$, $N=82$, $p=0.009$). Patients had higher unambiguous self-referential gaze accuracy (Mean=0.16) than controls (Mean= 0.075). With a cut-off score of 22, patients with better HK-MoCA scores had better unambiguous SRGP scores than those with lower HK-MoCA scores ($p=0.024$). This difference was not observed in healthy controls. HK-MoCA could predict ambiguous SRGP rate $F(1,80)=14.85$, $p<.001$, R square=15.7%. and redict unambiguous SRGP rate $F(1,80)=14.85$, $p<.001$, R square=15.7%.
Conclusions: LLD subjects had a significant interpretation bias in the unambitious averted gaze (20°, 25° and 30°) interpretation compared with healthy controls. LLD subjects tend to have more self-referential perception of the clear averted gaze. This misinterpretation of the eye gaze is probably due to the interpretation bias in processing external information, which is commonly reported as mentalization impairment in depression (Weightman et al., 2014).

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EPV0668

Benzodiazepines and risk of dementia – Is there a reason for alarm?

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Introduction: The population ageing is a reality associated with an increase in prevalence of Dementia. The use of benzodiazepines is often postulated as a risk factor in these syndromes.
Contrary to recommendations for its short-time use, long-term and chronic use are common, with an estimated 8,7% of elderly people in the US taking benzodiazepines.
Objectives: To clarify the most recent evidence on the use of benzodiazepines and the risk of developing dementia.