

EPV0666

Elderly depression in front-line health services: A descriptive and evaluative cross-sectional study

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Introduction: Depression is a common pathology in the elderly, often unrecognized and mostly affiliated to the consequences of aging, especially in front-line services. It induces somatic and functional impact and even a suicidal risk.

When unrecognized or neglected, depression can reduce life expectancy and increases the use of healthcare and the institutionalization.

Objectives: -Determine the point-prevalence of depression in the elderly in a front-line health service in Tunis.

- Identify risk factors of depression in the elderly.

Methods: A descriptive and evaluative cross-sectional study on a sample of patients aged 65 or more, in a Tunisian front-line service of general health care regardless of the medical reason.

Sociodemographic and clinical forms along with the PHQ-9 scale (Patient health questionnaire-9)

- validated in Tunisian dialect- were used.

Results: Thirty patients have participated in our study (21 men and 9 women). The average age was 73.23 years. Chronic pathologies were found in 96.66% of cases.

The found risk factors are: female sex in 70% of cases, loneliness and isolation in 10% of cases, widowhood in 50% of cases, grieving in 6.6% of cases and somatic comorbidity in 96.66% of cases.

The overall prevalence of depressive symptoms was 53.33%. This is correlated with advanced age and female sex (57.14% in women vs 33.33% in men).

The depressive symptomatology found, was mild in 18.5% of cases, average in 62.5% of cases and moderately severe in 18.5% of cases.

Conclusions: Depression is a frequent pathology in the elderly with multiple risk factors. The aging of the Tunisian population on one hand and the change of the social model (family nucleus) on the other, encourage the early detection of depression in the elderly and the training of the health professionals in order to limit its prevalence.

Disclosure of Interest: None Declared

EPV0665

Differences in sleep difficulties between hospitalized patients with moderate dementia and people with preserved cognitive functions living in nursing homes

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Introduction: Approximately 40% of people with dementia have some sleep disorder, and in as many as 20% this disorder is of clinically relevant severity. The risk of sleep disorders is especially high in people who have been hospitalized for a long time due to dementia. However, sleep disorders are also common in people hospitalized for a long time for the treatment of other mental disorders, so it is unclear to what extent the described risk for sleep disorders is related to dementia and to what extent to living in an institution. In order to answer that question, a control group of persons without dementia who are permanently housed in institutions is necessary. Given that the risk of sleep disorders is related to age and that people with dementia are older on average, a proper control population should be comparable in terms of age. The optimal control population therefore consists of persons without diagnosed dementia, i.e. preserved cognitive functions, permanently residing in homes for the elderly.

Objectives: The aim of this research was to examine whether there are differences in sleep difficulties between hospitalized patients with moderate dementia and people with preserved cognitive functions living in homes for the elderly.

Methods: Cross-sectional research at the Clinic for Psychiatry "Sveti Ivan", Zagreb and five homes for the elderly in Zagreb. Sleep problems were measured using the Pittsburgh Sleep Quality Index. The hypothesis was tested using linear regression analysis with adjustment for age, sex, education and body mass index. The subjects were 60 patients diagnosed with moderate dementia, aged 60-90 years, who were treated for at least one month in a psychiatric hospital in the dementia department, and the control group was 60 people living in homes for the elderly.

Results: The two groups were well matched in terms of age and sex, but there were large differences in the level of education and body mass index. After adjustment for the mentioned covariates, the total PSQI score was not statistically significantly different between the two groups ($p = 0.839$). The only statistically significant difference was that patients with dementia slept longer on average during the night ($p = 0.003$).

Conclusions: Moderate dementia in hospitalized patients does not seem to be an independent risk factor for sleep difficulties.

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Long-term care utilization within older adults with schizophrenia: Associated factors in a multicenter study

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Introduction: Data are scarce regarding the clinical factors associated with utilization of long-term care facilities among older adults with schizophrenia.

Objectives: In this multicenter study, we sought to examine potential clinical differences between older adults with schizophrenia who are living in a long-term care facility and their community-dwelling counterparts.

Methods: We used data from the French Cohort of individuals with Schizophrenia Aged 55-years or more (CSA) study, a large multicenter sample of older adults with schizophrenia (N = 353).

We used data from the French Cohort of individuals with Schizophrenia Aged 55-years or more (CSA) study, a large multicenter sample of older adults with schizophrenia (N = 353).

Results: Results from the multivariable binary logistic regression analysis including all variables that had a significant association in univariate analyses (i.e., $p < 0.05$) revealed that older age (Adjusted odds ratio (AOR) [95%CI]=1.08 [1.03–1.13]), depression (AOR [95%CI]=1.97 [1.06–3.64]), lower MMSE (AOR [95%CI]=0.94 [0.88–0.99]) and GAF scores (AOR [95%CI]=0.97 [0.95–0.99]), living in an area comprising more than 1000 inhabitants per km² (AOR [95%CI]=2.81 [1.37–5.80]), having consulted a general practitioner in the past year (AOR [95%CI]=0.28 [0.0.14–0.56]), and a greater lifetime number of hospitalizations in a psychiatric department (AOR [95%CI]=2.30 [1.18–4.50]) were significantly and independently associated with long-term care utilization among older adults with schizophrenia. In the multivariable logistic regression model, the variance inflation factor (VIF) and tolerance values of each predictor variable were respectively lower than 2.5 and higher than 0.2, supporting that multicollinearity was not a concern in our analysis.

Conclusions: In a multicenter sample of 353 older adults with schizophrenia, we found that long-term care utilization was significantly and independently associated with depression, lower cognitive and global functioning, greater lifetime number of hospitalizations in a psychiatric department, not having consulted a general practitioner in the past year, urbanicity and older age. Patients living in a long-term care facility appear to belong to a distinct group, marked by a more severe course of illness with higher level of depression and more severe cognitive deficits.

Despite its limitations, this study contributes to gain more specific knowledge about this specific understudied population. Our study highlights the need of early assessment and management of depression and cognitive deficits in this population and the importance of monitoring closely this vulnerable population.

Disclosure of Interest: None Declared

EPV0667

Charles- Bonnet Syndrome: a case review. The objective of this poster is to contribute a case to the existing series, and thus get closer to the knowledge of this clinical entity.

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Introduction: Charles-Bonnet syndrome was described in 1760 by the Swiss philosopher Charles-Bonnet, who reported that his grandfather's visual hallucinations were due to eye disease rather than mental illness.

It is characterized by the presence of visual hallucinations, which are usually complex and structured, in elderly patients with preserved cognitive status, significant deterioration in visual acuity and no evidence of associated psychiatric or neurological disease.

Objectives: The objective of this poster is to contribute a case to the existing series, and thus get closer to the knowledge of this clinical entity.

Methods: To review the case, a search was made in Pubmed with the terms hallucinations and Charles Bonnet's Syndrome.

Results: This is a 76-year-old man, in follow-up by the ophthalmology service in the context of bilateral cataract, which causes severe visual disturbance. He went to our hospital, accompanied by his wife, reporting that for some months he has had complex visual hallucinations of various animals, colors in space, as well as children playing around him. All this generates a lot of anxiety, although the patient makes adequate criticism of them.

The neurological examination performed was normal. The CT scan and laboratory tests were also within normal limits. Cognitive impairment was explored using the MMSE scale, which did not show any alteration. In addition, after a psychiatric evaluation, the patient does not meet the criteria for any disorder included in the DSM V. After reviewing the literature and taking into account the clinical picture described, the case is framed within a Charles-Bonnet syndrome.

Regarding the therapeutic plan carried out, it was decided to start treatment with Gabapentin up to a maximum dose of 900 mg/day, with a considerable improvement in the hallucinatory symptoms. In addition, given the repercussion at the affective level, especially with a predominance of anxious symptoms, it was decided to start sertraline at a dose of 50 mg/day, with an adequate therapeutic response.

Conclusions: Charles-Bonnet syndrome refers to hallucinosis, generally of a visual nature, that appear in patients with a sensory deficit associated with the type of sensory-perceptive alteration. It is important to take it into account in the differential diagnosis of the elderly patient with hallucinosis. There is no established treatment, although neuroleptics, benzodiazepines, antidepressants and anti-epileptics are used.

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EPV0669

Visual hallucinations and age-related macular degeneration: case presentation and a brief literature review

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Introduction: age-related macular degeneration (AMD) is an ocular disease involving central vision. It is one of the main reasons of vision loss in people over 50. Seeing non-existing faces or shapes are described in AMD. Symptoms of visual hallucinations that occur as a result of vision loss is known as Charles Bonnet syndrome (CBS). These patients have intact cognition, do not have hallucinations in any other sensory modalities, and retain insight into the unreal nature of their hallucinations.