

**Objectives:** To explore the symptom characteristics of older people with MBI and to classify them based on their symptoms.

**Methods:** Using a multi-stage sampling Methods, the MBI-Checklist was employed to investigate symptom characteristics in 255 older people with MBI from 32 nursing homes in Fujian Province. Latent Class Analysis (LCA) was then employed to categorize these individuals based on their symptom profiles.

**Results:** The neuropsychiatric symptoms clusters in older people with MBI often present as a combination of lack of motivation and emotional dysregulation, lack of motivation and impulse control disorders, or emotional dysregulation and impulse control disorders; presentation of a single symptom cluster is relatively less common, accounting for 45.49%. Older people with MBI can be divided into 2 latent classes ( $P < 0.05$ ) based on symptom characteristics. According to the conditional probability of each class, they were named the “high-level group” [211 (82.69%)] and the “low-level group” [44 (17.31%)].

**Discussion:** As individuals with MBI are at high risk for developing dementia, early intervention can effectively delay or reduce the occurrence of dementia. Future interventions should be personalized based on the specific symptom characteristics of this population.

### **FC19: PET imaging of late-life psychosis and mood disorder**

**Author:** Masaru Mimura

**Summary:** In his 1910 textbook, 8th Edition, *Mental Illness in Old Age*, E. Kraepelin stated, “The realm of late-life psychiatric disorders is perhaps the most unclear in the entirety of psychiatry.” More than a century later, it remains challenging to fully understand late-life psychiatric disorders, including late-life depression, late-life bipolar disorder, and late-life delusional states such as late paraphrenia. However, recent years have seen significant advancements. Neuropathological examinations of these late-life psychiatric disorders are gradually uncovering the underlying diseases. In addition, progress in neurofunctional imaging studies using positron emission tomography (PET) is shedding light on their neurological foundations. Traditionally, mood disorders and delusional conditions in the elderly were considered distinct from dementia. Yet, over time, more cases are being observed to progress into some form of dementia or neurodegenerative diseases. These cases are suspected to have diverse neuropathological entities based on the type of abnormal proteins accumulating in the brain, such as amyloidopathy, synucleinopathy, or tauopathy. Among these, we have specifically revealed that tauopathy is a background factor in some cases of late-life mood disorders and late-life delusional states, using Florzotau tau PET imaging. We have also found that psychiatric symptoms like delusions are related to the degree of accumulation of tau proteins. The involvement of tau pathology in symptom formation in late-life psychosis suggests that disease-modifying drugs targeting tau, which may emerge in the near future, could be effective in treating these individuals.

### **FC20: Apathy: the fourth musketeer in the normal pressure hydrocephalus in older adults**

**Author:** Federico Carlos Augusto Quaglia, MD

**Objectives:** Highlight the presentation of behavioral symptoms in addition to the classic clinical trial in idiopathic normal pressure hydrocephalus in the elderly. Identify apathy as the most prevalent behavioral symptom in normal pressure hydrocephalus (NPH) in the elderly.

**Methods:** A bibliographic review of apathy as a behavioral symptom of NPH is carried out. Likewise, in addition to highlighting apathy as a possible diagnostic marker, the evidence of it as a prognostic marker of therapeutic response is discussed. For this, a review of publications in English and Spanish from the last 10 years was carried out in databases including Cochrane Library, EMBASE, MEDLINE/PubMed, SCOPUS. The MESH terms apathy, Hakims-Adams, idiopathic normal pressure hydrocephalus, chronic hydrocephalus, neuropsychiatric symptoms were used for the search.

**Results:** Sixteen articles were selected that verified the heterogeneity of the diagnostic criteria for apathy for its detection in patients with NPH. Likewise, it is identified that apathy is the most prevalent behavioral alteration with a prevalence of 60% of patients in this condition. Regarding its predictive value as a prognostic marker for shunt surgical treatment, the evidence is not conclusive either to confirm or to rule out the usefulness of apathy.

**Conclusions:** Apathy should be considered as another diagnostic key in NPH. Thus, the classic description of this condition as a motor-cognitive-urinary syndrome must be reconceptualized as a motor-cognitive-behavioral-urinary syndrome.

## **FC21: Clinical and therapeutic challenges in Geriatric Depression and Sleep Apnea Hypopnea Syndrome**

**Author:** Federico Carlos Augusto Quaglia, MD

**Objectives:** Health professionals in our setting rarely ask adequately about sleep disorders beyond insomnia in depressive patients. This presentation aims to review the possible clinical situations between geriatric depression (GD) and sleep apnea and hypopnea syndrome (SAHS) and highlight the clinical impact of their adequate detection and treatment.

**Methods:** Presentation of a sample of 25 older adult patients from the Geriatric Neuropsychiatry Clinic and the Psychogeriatric Section of the Department of Psychiatry of the CEMIC (Buenos Aires, Argentina) with diagnoses of GD and SAHS.

**Results:** Presentation of different groups of patients with possible relationships in which these two entities interact: a) GD as a risk factor for developing SAHS; b) SAHS as a risk factor for developing GD; c) GD and SAHS as comorbidities; d) GD and SAHS as risk factors for morbidity and mortality for multiple diseases; e) SAHS as a cause of pseudo-resistance to antidepressant treatment in GD; e) GD as a cause of pseudo-resistance to SAHS treatment; f) the treatment of GD as a cause of pseudo-resistance to SAHS treatment; g) the treatment of SAHS as “a cause of” and/or “aggravate” of GD.

**Conclusions:** Mental health professionals must actively investigate in their older patients the possible relationships between GD and SAHS in order to ensure the diagnosis and appropriate treatments adapted to such clinical situations.