

EPV0954**A reflection on the use of Antidepressants to manage agitation in dementia.**

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Introduction: Agitated behaviors is a common neuropsychiatric symptom (NPS) in dementia, defined as inappropriate verbal, vocal, or motor activity that is not thought to be caused by an unmet need. It is frequently reported as a major problem, that impairs the quality of life for the elderly themselves and for caregivers. There has been increasing interest in the use of sedative antidepressants to treat NPS due to concerns over the safety and efficacy of antipsychotics in this setting.

Objectives: We aim to review clinical evidence of alternatives to antipsychotics to manage agitation in dementia.

Methods: We conduct a non-systematic review of recent evidence on dementia and agitation, using PubMed/Medline database.

Results: Although non-pharmacological interventions are the first-line treatment for agitation, it is a legitimate target for therapeutic intervention and according to previous guidelines, antipsychotic are among the most used drugs, albeit restricted because of side-effects. A substitution strategy to avoid antipsychotic prescription was highly considered, however there is limited evidence to support the use of antidepressants as a safe and effective alternative for agitation in dementia. Studies compare Mirtazapine, Selective serotonin reuptake inhibitors (SSRIs) and Trazodone and a reduced benefit in mortality is observed. However, citalopram was more effective were more likely outpatients for moderately agitation and Mirtazapine reveals being potentially harmful, in different studies.

Conclusions: Moving forward, a greater understanding of NPS neurobiology, will help to clarify the efficacy of Antidepressants for the treatment of agitation in dementia. Benefits an also the patient and caregiver preference should be kept in mind.

Disclosure: No significant relationships.

Keywords: agitation; Antidepressants; Dementia

EPV0953**Neurosyphilis as a cause for neuropsychiatric symptoms: a case report.**

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Introduction: Syphilis is a sexually transmitted infection which in its late phase can cause all kinds of neuropsychiatric symptoms. A case report of a 79-year-old male with a manic episode probably due to lues is presented.

Objectives: A case of a patient with neurosyphilis is presented followed by a theoretical review on the topic.

Methods: A case is presented with a bibliographic review.

Results: A 79-year-old male was hospitalized with symptoms of disorientation, inattention, and difficulty for abstract thought. His speech was verbose, incoherent with megalomaniac ideas. He presented affective symptoms such as hyperthymia, emotional lability and intermittent crying. He also had nomination problems and recent memory mistakes. He also suffered from insomnia. He presented as his medical history HIV infection under control and syphilis treated in December 2020 with a negative RPR test in June 2021. During his hospitalization he was treated with increasing doses of olanzapine and valproic acid. Irritability improved with this treatment.

Conclusions: Neurosyphilis may be presented as any kind of neuropsychiatric disorder. Laboratory tests are required as there is no conclusive imaging test. Penicillin and symptomatic management are the proper treatment. Neuropsychiatric disorders in elderly population must consider infectious diseases and previous pathologies as differential diagnosis.

Disclosure: No significant relationships.

Keywords: Syphilis; mania; neurosyphilis; old people psychiatry

EPV0954**Language disorders or mild cognitive disorder. About a case**

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Introduction: Patients with mild cognitive impairment may present deficits in naming, speech production, oral comprehension and written comprehension. In the differential diagnosis, cerebrovascular disease that can lead to cognitive impairment must also be differentiated from endogenous depressive disorder or language impairment.

Objectives: The aim is to highlight the importance of differential diagnosis in cognitive disorders in relation to a case.

Methods: A 68-year-old female patient attended a psychiatric consultation derived from neurology when presenting a language disorder. The husband who accompanies her and the patient indicate that she has problems finding words and substitutes other expressions for them or sometimes does not answer or does so with something different from the topic that is being asked. She refers that she presents repetitive language with memory problems, alteration in the evocation of memories. The patient reports mood swings and irritability and crying with a low tolerance for frustration since she cannot express herself. Cranial MRI: cortical and central involutinal changes. Periventricular leukoaraiosis and ischemic gliosis-like lesions in the white matter of both hemispheres. Psychopathological exploration: Conscious, oriented. She smiles at the questions but doesn't answer them. Repetitive language. Alteration in the articulation of language. Depressed mood reactive to current situation. Some irritability Alteration in recent memory and evocation.

Results: She was diagnosed with organic mental disorder compatible with mild cognitive impairment. Treatment with rehabilitation of the language disorder of vascular etiology is established.

Conclusions: Imaging and neuropsychological tests should always be performed in a patient with language, memory, and mood disorders to study its etiology.

Disclosure: No significant relationships.

Keywords: language impairment; memory disorder; cognitive disorder; Depression

EPV0956

Tunisian sociodemographic profile of elderly patients hospitalized in psychiatry

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Introduction: Elderly people have always presented physiological changes and suffered from many diseases. There are few studies focused on this growing particular population, especially with mental pathologies. Thus, psychiatric hospitalization of the elderly population is more frequent nowadays.

Objectives: The aim of this study is to establish the socio-demographic characteristics of elderly patients hospitalized in psychiatry.

Methods: Retrospective and descriptive study over a period of 20 years and 6 months on patients aged over 65 years old hospitalized in the psychiatry "B" department of the Hedi Chaker University hospital in Sfax, Tunisia, for a psychiatric disorder, selected according to the DSM 5 diagnosis criteria.

Results: The number of records identified was 62, out of 4019 patients (15.4%). The mean age of patients was 71.1 years old and the sex ratio (Male / Female) = 0.67. Patients were originally from Sfax in 58.1% and from rural areas in 58.1% of cases. Most of patients (78.4%) were living at least with one member of their family. They were married in 53.2% of cases. The average number of children was 5.21. The majority of patients were illiterate (61.3%) and never had a professional activity in 45.2% of cases. Social coverage concerned 96.8% of our sample.

Conclusions: Elderly patients hospitalized in our department were mainly illiterate, females and living with their family. Despite everything, family involvement in care is still necessary for this category of patients.

Disclosure: No significant relationships.

Keywords: elderly patients; sociodemographic profile; psychiatry; hospitalization

EPV0957

Clock Drawing Test – low accuracy in early hours

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Introduction: Early diagnostics of neurodegenerative disease and their comorbidities is linked to better treatment outcome and improved quality of life. The first patient assessment should lay strong foundations for the direction of the upcoming diagnostic procedure. Clock Drawing Test (CDT) is often used as an early screening instrument in geriatric patients presenting with cognitive disorders.

Objectives: The goal of the present study was to evaluate diagnostic accuracy of the CDT in a geriatric cohort with mild cognitive difficulties.

Methods: Out of a pool of in- and outpatient data presenting with subjective cognitive difficulties three diagnostic groups were formed – mild cognitive impairment, depressive disorder and healthy controls. CDT was scored using a quantitative scoring system with each aspect of the clock evaluated separately. CDT data was analysed for its discriminative value in early diagnostics of AD and DD.

Results: Logistic regression produced a significant model with a low percentage of explained variance in both DD and AD groups. Same CDT items were significant predictors for DD and AD pathology. ROC curve inspection allowed only a poor discrimination capability for the significant predictors.

Conclusions: Despite being a popular screening test, CDT is a poor choice for individuals presenting with a mild cognitive impairment. Using CDT alone might result in initial stages of neurodegeneration going undetected, thus depriving patients of early treatment options. Same error types were significant predictors in DD and AD. This indicates that CDT can detect a general impairment; however, an in-depth neuropsychological assessment is needed for differential diagnostics.

Disclosure: No significant relationships.

Keywords: clock drawing test; Cognitive disorders; early diagnostics

EPV0959

Determinants of insulin treatment satisfaction among type 2 diabetic older adults

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Introduction: Glycemic control for elderly diabetics is a challenge. Treatment satisfaction reflects this control.

Objectives: To determine the factors associated with insulin treatment satisfaction among type 2 diabetic elderly.

Methods: A cross-sectional study on 86 type 2 diabetic insulin dependent elderly recruited from the outpatient endocrinology consultation during June and July 2021. We applied the Diabetes Treatment Satisfaction Questionnaire (DTSQ) and geriatric assessment scores.

Results: Three quarters of the patients were satisfied with the insulin therapy. Satisfied patients had significantly less history of hospitalization and more regular follow-up. Diabetic neuropathy medications were significantly less taken by satisfied patients. The number of daily insulin injections was significantly higher in the unsatisfied patients. Diabetic foot was significantly more frequent in unsatisfied patients. Satisfied patients were significantly less depressed, more independent in both basic and instrumental activities of daily living, without memory impairment, in better nutritional status and not falling. Higher DTSQ scores were associated with regular follow up (β 7.92, 95% CI 1.83 to 34.3). Lower DTSQ scores were associated with the history of hospitalization (β 0.12, 95% CI 0.02 to 0.58), the taking of medications for diabetic neuropathy (β 0.07, 95% CI 0.09 to 0.51), the high number of insulin injections (β 0.43, 95% CI 0.19 to 0.97) and the presence of diabetic foot (β 0.17, 95% CI 0.01 to 0.38).