

to the reports, he has been diagnosed with depressive disorder and cluster B personality disorder.

Current psychopharmacological treatment: diazepam, olanzapine, duloxetine 60 mg, quetiapine.

Toxic habits: history of chronic ethanol consumption. Smoker. He denies other toxic habits.

**Current Episode:** The patient presents a worsening of his mood of 15 days of evolution, coinciding with a voluntary decrease of his psychopharmacological treatment that the patient has carried out on his own. He walks with the aid of a crutch. Hypomimic facies. Slowed language, circumstantial, with speech focused on current discomfort.

On assessment, he reports initial improvement after reducing his medication, but in recent days he has experienced a decrease in initiative accompanied by feelings of emptiness, sadness and loneliness. He refers to memory complaints for which he is awaiting evaluation by Neurology. The patient explains that at other times in his life he has presented self-harming ideas that he has been controlling. At this time he expresses desire for improvement and adequate future plans, and accepts plans to attend a memory workshop. He also reports visual hallucinations with no affective repercussions and preserved judgment of reality.

**Therapeutic Plan:** Treatment adjustment: Duloxetine 60 mg, 2cp/day. The patient is recommended to lead an active lifestyle and attend a day center or memory workshop.

**Conclusions:** In numerous patients with mild cognitive impairment, we have observed that memory complaints are closely related to depressive symptoms and to the patient's functioning in daily life.

In one study memory complaints were a negative predictor of quality of life in these patients.

Therefore, in addition to considering the importance of treating depressive symptoms, it is also important to address quality of life in patients with mild cognitive impairment.

**Disclosure of Interest:** None Declared

## EPV0672

### Psychosis in Parkinson's disease: a clinical biomarker of disease stage and prognosis

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**Introduction:** Parkinson's disease (PD) is a neurodegenerative disorder characterized by motor and nonmotor symptoms, the latter contributing significantly to morbidity, mortality, nursing home placement and quality of life.

**Objectives:** We present a literature review about the impact of psychosis on PD's prognosis.

**Methods:** A literature review is performed on PUBMED, using the next keywords: "Parkinson's disease", "psychosis" and "prognosis". We focused on data from systematic reviews, clinical trials and meta-analysis published in English on last 10 years.

**Results:** Psychosis is a common feature of Parkinson's disease, occurring in up to 30% of PD patients treated chronically with antiparkinsonian drugs. Visual hallucinations are the most

common psychotic symptom observed, delusions being considerably less common and affecting only 5% of treated patients.

Positive symptoms in PD vary across its course: early in the disease, passage hallucinations, illusions and presence hallucinations occur; later, complete visual hallucinations, initially with good insight, then without insight.

Psychosis spectrum symptoms in early PD predict a decline in cognitive function at 2 years, especially visual hallucinations. There is an association between visual hallucinations and the subsequent emergence of dementia.

**Conclusions:** Current evidence highlights the role of PD psychosis as a clinical biomarker of disease stage, distribution and future progression. Early recognition and treatment of psychotic symptoms improves disease's outcomes.

**Disclosure of Interest:** None Declared

## EPV0673

### Profile of substance use disorders in elderly psychiatric inpatients

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**Introduction:** Substance abuse is a common problem associated with significant morbidity and mortality, but is often underdiagnosed and unrecognized in geriatric patient populations.

**Objectives:** to determine the prevalence of substance use disorders geriatric inpatient population.

**Methods:** Data from 2010 to 2020 were retrospectively reviewed from a clinical database. 148 admissions of patients older than 60 years were identified. Descriptive statistics were used to group patients with and without a diagnosis of substance use, which included intoxication, withdrawal, abuse, dependence, and substance-induced disorders.

**Results:** There were 148 hospital admissions for patients over 60 years of age, with a mean age of  $72.38 \pm 5.64$  years and a mean length of stay of  $13.91 \pm 14.15$  days. Of all admissions, 44% (n=64) were associated with at least one substance use diagnosis. In this group of 64 patients, the most frequently used substance was tobacco with associated disorders (65% N=42). The prevalence of other substance use diagnoses was as follows: sedative-hypnotic abuse/dependence 32% (N=21), cannabis abuse 10% (N=6), alcohol-related disorder 12.5% (N=8). Compared with patients without a substance abuse diagnosis, these patients were significantly younger, had shorter lengths of stay, were less likely to be readmitted, and were more likely to be single men

**Conclusions:** Given the inherent difficulties in diagnosing substance use disorders and the retrospective nature of this study, the true prevalence of substance use disorders in elderly psychiatric inpatients is likely higher than found. Cross-sectional or cohort studies are more appropriate to shed light on this condition.

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