

Image 3:

Table 5. Logistic regression analysis of factors affecting suicide risk

Factor	B	S.E	Exp(B)	p	95% CI
Age(75-84)	-0.436	0.216	0.647	0.043	0.424-0.987
Age(≥85)	-0.702	0.327	0.496	0.032	0.261-0.941
Cognitive function impaired	0.922	0.275	2.514	0.001	1.468-4.307
Depressed	1.519	0.219	4.566	0.000	2.971-7.019
Anxiety	1.416	0.233	4.119	0.000	2.610-6.499
Sleep disturbance	0.803	0.223	2.232	0.000	1.442-3.456
Chi-square (df) of model, p	251.35 (6), 0.000				

B: Regression coefficient, S.E.: Standard error, Exp(B): Odds ratio, CI: Confidential Interval

Conclusions: Among community dwelling elderly, depression was the most contributing suicide risk factor. Prevention and treatment of depressive symptoms should be more active in the cognitively impaired group.

Disclosure of Interest: None Declared

EPP0474**Capgras Syndrome as a Manifestation of a Neurodegenerative Disease – What do we know?**

M. Matias*, L. Lopes, I. Grenha, M. Marques and M. Alves

Unidade Local de Saude Alto Minho, Viana do Castelo

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.780

Introduction: The Capgras syndrome (CS), firstly described in 1899, is a delusional conviction that a person emotionally close has been replaced by an imposter or duplicate. It has been associated to primary psychiatric disturbances as well as neuropsychiatric syndromes. Its etiology and management have been debated throughout the years. We describe a case of a 75 years old male who was admitted to our psychiatric ward due to aggressiveness towards his spouse, believing she was an imposter.

Objectives: In light of this case, we aim to discuss its etiology and review the association between the Capgras syndrome and neurodegenerative diseases.

Methods: Classically, CS was associated to psychotic illnesses such as schizophrenia, schizoaffective disorder and substance abuse. However, recent studies shed light on other possible etiologies, such as neurodegenerative and nonneurodegenerative diseases. In older ages, it has been associated to Alzheimer's and, most commonly, Lewy body dementia subtype. Research also shows that other misidentification syndromes are frequently present in association with CS. Patients are more likely to be aggressive towards caregivers under these circumstances. Studies suggest there is a higher prevalence of right hemisphere lesions in CS, namely frontal and temporal lobes, that impair facial processing. Various brain circuits are being proposed as possible etiopathogenesis.

In this case, parkinsonian signs were observed in our patient, such as resting tremor, imbalance gait and rigidity. Those had not been described before his hospitalization. His family stated memory loss and difficulty in executive functions were present for at least a year. This patient had no previous psychiatric history. Brain CT scan showed cortical atrophy.

Results: A neurodegenerative cause was assumed, and the patient was started on a cholinesterase inhibitor and on a second-generation antipsychotic. Improvement was observed.

Conclusions: This case is an example of the heterogenous etiology of the CS. It is important to consider different diagnosis, especially in older ages. More studies are needed to improve the knowledge on CS etiopathogenesis as well as the brains circuits involved. Psychopharmacology tackling these syndromes is also a growing.

Disclosure of Interest: None Declared

EPP0475**Negative symptoms and associated factors in older people with schizophrenia**

M. Karoui^{1*}, I. Kammoun², R. Kammoun¹, H. Nefzi¹ and F. Ellouze²

¹Tunis, Faculté de médecine de Tunis, Tunisia and ²Faculté de médecine de Tunis, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.781

Introduction: The evolution of schizophrenia with age remains poorly studied. The prevalence of negative symptoms in elderly people with schizophrenia is even less described in the literature.

Objectives: to evaluate the prevalence of remission of negative symptoms in the elderly and to study the sociodemographic and clinical variables associated with this remission.

Methods: The sample consisted of 83 subjects aged 55 years and over, followed at the psychiatry department "G" of the Razi hospital in Tunis and suffering from schizophrenia according to the DSM5 criteria. Global remission was defined as a score below 4 on the seven negative symptom items of the PANSS. A questionnaire was administered to each patient to collect epidemiological and anamnestic data.

Results: 59% of the sample showed remission of global negative symptoms. 84% and 60% were in remission on the emotional and cognitive subscales, respectively. The existence of remission was correlated with lower PANSS global score, more preserved cognitive functioning, later age of onset, more family and social support, and the absence of a concomitant somatic illness.

Conclusions: This study showed that measures to optimize treatment of positive symptoms and cognitive functioning may have an impact on negative symptoms. Similarly, quality of social network in later life impacts the level of negative symptoms.

Disclosure of Interest: None Declared

EPP0476**Pseudodementia or depression? An unresolved issue. Cognitive alterations in a population of geriatric patients**

M. Violi*, B. Buccianelli, M. Simoncini, L. Massoni, F. Pardini, L. Massa, S. Palermo, A. Arone, M. G. Carbone, D. Marazziti and L. Dell'Osso

DEPARTEMENT OF CLINICAL AND EXPERIMENTAL MEDICINE, UNIVERSITY OF PISA, PISA, Italy

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.782