

static exercise. Other psychosocial factors that commonly included in the combined exercise programs are group interaction, mindfulness and music.

Conclusions: Combined exercise programs are as effective as simple programs in alleviated the symptoms of depression in elderly. Their advantages over simple programs are that they can promote other health benefits; they are less time consuming and more pleasurable to participants. Therefore, they are good exercise choice for elderly.

Keywords: Depression; combined exercise; exercise modality; Elderly

EPP0844

Dementia and suicide: What relationship to establish and what risks to consider?

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doi: 10.1192/j.eurpsy.2021.1130

Introduction: Given the marked population aging in the world, the incidence of dementia has significantly increased, becoming a growing health care problem. Suicide is a considerable health issue throughout the life span, being prevalent in older adults, and in many countries the highest suicide rates are found in the elderly. Thus far, the relationship between dementia and suicide remains poorly understood and inconsistent.

Objectives: The aim of this study is to do a non-systematic review of the current literature regarding the association between suicide risk and dementia.

Methods: We conducted a research using the Medline database, through the Pubmed search engine, using the following key-words: “dementia”, “suicide” and “risk factors”.

Results: Overall, the risk of suicide in people with dementia appears to be the same as that of age-matched general population. However, studies point to the existence of a number of factors that can increase this risk, such as: early age of dementia diagnosis, recent diagnosis, disease awareness and depression, hopelessness, male gender, failure to respond to anti-dementia medication, history of inpatient psychiatric hospitalizations, concurrent medical comorbidities.

Conclusions: Studies have reported mixed results as to whether dementia itself is an independent risk factor for suicide. Despite these findings, understanding the risk factors for suicide among people with dementia is crucial and suicide prevention efforts should be carried out in this population.

Keywords: dementia; Suicide; Risk factors

EPP0846

Effects of cognitive rehabilitation training in elderly with mild cognitive impairment a randomized controlled trial

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doi: 10.1192/j.eurpsy.2021.1131

Introduction: Mild cognitive impairment (MCI) becomes increasingly common. It has been demonstrated high risk of progression to dementia. There are no approved medications for treatment of MCI while cognitive intervention might improve cognitive deficits. However, there have been insufficient evidence supporting the effect of the cognitive intervention.

Objectives: To evaluate the effects of a cognitive rehabilitation training in patients with Mild cognitive impairment

Methods: A randomized controlled single-blind trial was conducted. Participants aged ≥ 60 years diagnosed with MCI were recruited and randomly assigned to intervention group (n=32) or waiting list control group (n=32). The intervention was 3-day weekly sessions of multi-component cognitive rehabilitation training for 3 months. Outcomes were assessed by the Cambridge Neuropsychological Test Automated Battery (CANTAB) to measure the effects of intervention at baseline, 3-month and 6-month follow up within the intervention group and compare between intervention group and control group.

Results: The intervention showed significant improvements on the visual episodic memory ($p < 0.05$) and on the executive function ($p < 0.05$) at 3-month follow up. There was a trend towards improvement of cognition between the intervention group and control group, but this effect was not significant. At 6-month follow up, the OTS significantly changed from 3-month follow up, which reflect the maintaining effects of the cognitive training.

Conclusions: The cognitive rehabilitation training has demonstrated improvement of the visual episodic memory and the executive function for the elderly with MCI.

Keywords: cognitive rehabilitation; CANTAB; mild cognitive impairment; cognitive training

EPP0847

Management of behavioral and psychological symptoms of dementia

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doi: 10.1192/j.eurpsy.2021.1132

Introduction: Behavioral and psychological symptoms of dementia (BPSD) are a heterogeneous group of clinical manifestations related to dementia, including apathy, depression, anxiety, delusions, hallucinations, disinhibition, sleep-wake cycle disturbances, aggression and agitation. BPSD have a negative impact on cognitive decline and increase complications.

Objectives: Review treatment management of BPSD including non-pharmacological and pharmacological options, but mainly interventional approaches, such as electroconvulsive therapy (ECT).

Methods: We conducted a search in PubMed and ClinicalKey with the terms: “Behavioral and psychological symptoms of dementia”; “Electroconvulsive therapy”.

Results: The vast majority of patients with dementia will develop one or more BPSD. The etiopathogenesis of BPSD is complex and multifactorial, with multiple direct and indirect factors, namely biological, psychological and social aspects and related to changes in cholinergic, dopaminergic, noradrenergic and serotonergic

circuits. Current guidelines recommend non-pharmacological interventions as the first-line approach for BPSD. Pharmacotherapy is often applied, but it carries out the risk of serious side-effects and pharmacologic interactions. There is now growing evidence that interventional approaches, such as ECT, could be safe and efficient when previous treatment options have been exhausted or ineffective, with few contraindications and transient/limited adverse effects.

Conclusions: BPSD represent a heterogeneous group of non-cognitive symptoms and behavior that affects most of dementia patients. Combination of non-pharmacological and pharmacological interventions is the recommended therapeutic for BPSD. However, there is usually limited clinical improvement and issues related to tolerability and effectiveness. Currently, ECT is considered a safe and effective option.

Keywords: dementia; BPSD; ECT; management

EPP0848

The effects of the covid 19 pandemic on the elderly with depression

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doi: 10.1192/j.eurpsy.2021.1133

Introduction: Depression, as a psychiatric entity, has a number of emotional components. These are mainly known among patients over the age of 65: sadness, physical and mental exhaustion, irritability, feeling of emptiness and loneliness.

Objectives: The main objective of this study is to detect if the effects of the Covid 19 pandemic over 65 years of age such as fear, excessive anxiety, lack of motivation, uncertainty and environmental changes, isolation (resulting in sleep disorders, appetite and attention) caused the exacerbation of depression.

Methods: This study included a total number of 126 patients, each over 65, hospitalized at the Psychiatric Hospital "Elisabeta Doamna" in Galati in the context of the COVID-19 pandemic. They were diagnosed with depression, according to ICD-10 and the Hamilton scale.

Results: All data obtained were centralized and used to detect whether, in Galați, the lockdown impacted the number of admissions of people over 65, diagnosed with depression, with an average age of 68,62. There is an increased incidence of female patients (75%), thus reporting an odds ratio of 3:1. The incidence of cases reported during the months of presentation is as follows: January (24%), February (28.8%), March (14.4%), April (3.2%), May (5.6%), June (23.2%).

Conclusions: Environmental factors, unique in this situation, isolation, social distancing and changes in the daily routine, each associated with this global epidemiological crisis determined a decrease of the number of depressive elderly admissions between March 15th and May 15th.

Keywords: Elderly; Depression; pandemic

EPP0849

Antipsychotics use in dementia: How safe are they?

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doi: 10.1192/j.eurpsy.2021.1134

Introduction: Antipsychotics are frequently used for managing psychiatric and behavioral symptoms of dementia. However, it's an off-label resource which remains controversial due to significant safety concerns in the elderly population, namely increasing cardiovascular adverse effects.

Objectives: To access antipsychotic safety and potential risks when used in dementia.

Methods: A non-systematic review was carefully conducted on PubMed using the following keywords: "dementia", "antipsychotics" and "safety." We selected clinical trials, meta-analysis, randomized controlled trials published in the last 10 years.

Results: A total of 43 articles was obtained, of which 22 were excluded because they didn't meet our inclusion criteria. Regarding atypical antipsychotics, one study found an incidence of severe events in 23,7% of patients and a OR=2.5 for cerebrovascular side effects. Quetiapine was suspended midway given it had a higher incidence of adverse effects compared to others. There weren't any significant statistic differences concerning serious events between classes of antipsychotics ($p < 0,01$). No study was found comparing typical and atypical antipsychotics safety in dementia.

Conclusions: Overall, we can conclude that antipsychotics pose a risk of serious adverse effects when used in elderly patients, namely cerebrovascular events. Among atypical antipsychotics, quetiapine, used frequently for controlling neuropsychiatric symptoms in these patients appears a higher risk for severe adverse events compared with other drugs. Their use should be restricted after there aren't any other options available. New protocols could be developed to control these symptoms, for example, environmental measures before resorting to antipsychotics.

Keywords: dementia; safety; Antipsychotics

EPP0850

Use of methylphenidate in alzheimer's dementia: Effect on apathy.

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doi: 10.1192/j.eurpsy.2021.1135

Introduction: Alzheimer's Disease (AD) is associated with neuropsychiatric symptoms such as agitation depression and apathy. It has been proposed that the pathophysiology of apathy, that is defined as quantitative reduction in goal-directed activity compared with previous functioning, in AD is associated with degeneration of prefrontal cortex and dysfunction of dopamine and norepinephrine neurons in the brain. Methylphenidate (MPH) is a dopamine and norepinephrine reuptake inhibitor and its action increase the availability of these neurotransmitters in the extracellular space of striatum and