

lockdown. During this period, their fear levels could modify their psychiatric admission rates. We suggest that the decrease of psychiatric admissions in the elderly was due to fear of contagion in hospitals.

Disclosure of Interest: None Declared

EPP0208

Transcranial magnetic stimulation in late-aged people with depressive disorders

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Introduction: One of the most common mental disorders in the elderly is depression.

Because of the high frequency of side effects of pharmacotherapy and the comorbid medical illnesses, there are not many ways to treat it.

Non-drug therapies, such as repetitive transcranial magnetic stimulation (rTMS), could help overcome the limitations of standard drug therapy for this type of mental disorders.

Objectives: Development of approaches to improving improve the provision of psychiatric care to elderly patients using rTMS.

Methods: 30 patients over the age of 60 with anxiety-depressive spectrum disorders meeting criteria F30-39, F06.3, F06.4 (ICD-10) and a control group with similar criteria that were not treated with rTMS, were recruited from the psychiatric department at a university hospital (Moscow Scientific Research Institute of Psychiatry). Clinical, psychopathological, anamnestic, psychometric (Montgomery-Asberg scale (MADRS), Hamilton scale (HARS), Mini-mental state examination scale (MMSE) instrumental (electroencephalography) research methods were used. Patients of the experimental group underwent 15 sessions of low-frequency rTMS on the right dorsolateral prefrontal cortex (RDLPC). Conditions for the application of 1200 pulses were as follows: frequency - 1 Hz; intensity - 120% of the threshold of motor response (RMT) of the subject; pulse number - 1200; pulse sequence - 300; sequence duration - 300 seconds; sequence interval - 60 seconds; and stimulation time - 23 minutes. Subsequently, the patients were re-examined using the above-mentioned scales to assess their mental state in dynamics.

Results: Analysis of the collected data shows an increase in the number of respondents and the frequency of achieving remission in the experimental group compared to the control group. No severe side effects of rTMS were observed.

Conclusions: rTMS may be a safe method of adjuvant therapy in groups of elderly patients with anxiety-depressive spectrum disorders. Further studies will be needed to clarify the results.

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EPP0209

Empathy training models and the effects on psychological concerns in paid and unpaid caregivers of older people: A systematic review

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Introduction: Empathy training directed at empathic abilities and/or aspects of providing care can be effective at increasing levels of this ability. Moreover, training in different care contexts can minimize the negative impacts of providing care.

Objectives: To identify empathy training models and the effects on psychological concerns in paid and unpaid caregivers of older people.

Methods: A systematic review was conducted. Searches for relevant articles were performed in the Embase, LILACS, PsycInfo, Pubmed, Scopus and Web of Science databases using the following search strategy: "Empathy AND (Education OR Training OR Intervention) AND Caregiver". No restrictions were imposed regarding language or year of publication.

Results: Empathy training for caregivers of older people were performed in six studies, three of which identified a significant increase in empathy levels and consequent reduction in psychological concerns. Empathy training focused on aspects of empathy and/or the caregiver had significant effects on the outcome variables. Moreover, training conducted online, by telephone and/or in person can generate satisfactory results. The other three studies that conducted training with a focus on aspects of dementia and/or old age did not present any effect on the outcome variables.

Conclusions: Empathy training for caregivers of older people can increase levels of this ability, especially in the cognitive domain, as well as diminish psychological concerns caused by the negative impact of providing care.

Disclosure of Interest: None Declared

EPP0210

Mortality in older adults with severe mental illness: the role of metabolic syndrome and its components

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Introduction: Studies in adult psychiatric patients consistently call attention to premature mortality and its association with metabolic syndrome. However, the utility of the metabolic syndrome construct is controversial in older adults in the general population, since literature shows that some components, such as obesity, can

be protective against mortality. In older adults with mental illness, only one study explored the relation between metabolic syndrome and mortality and found no association.

Objectives: To examine whether metabolic syndrome or any of its components predicted mortality in a cohort of older adults with psychiatric disorders, and to determine if this association differs across diagnostic groups.

Methods: We used a multicentric prospective design to follow, over 5 years, a cohort that included 634 in- and outpatients with schizophrenia, bipolar or major depressive disorder (MDD). Metabolic syndrome was assessed at baseline following NCEP-ATPIII criteria. Cause of death was categorized as cardiovascular disorder (CVD) mortality, non-CVD disease-related mortality, suicide and accident.

Results: We found no significant association between metabolic syndrome or any of its components with all-cause, CVD and non-CVD mortality. However, an association with increased all-cause and disease-related mortality was found in the subpopulation of older adults with MDD, even after adjustment for age, sex and smoking status ($p=0.032$ and $p=0.036$, respectively). A significant interaction was found between metabolic syndrome and psychiatric diagnoses indicating that in participants with MDD, metabolic syndrome had a significantly greater effect on all-cause mortality ($p=0.025$) and on disease-related mortality ($p=0.008$) than in participants with either bipolar disorder or schizophrenia.

Conclusions: In older adults with psychiatric illness, our findings do not support an association between metabolic syndrome and increased mortality, in contrast with the literature findings on their younger counterparts. We discuss several possible explanations, including a survival bias, a lack of sensitivity of the used cut-offs and a ceiling effect of metabolic syndrome on mortality in this very high-risk population. The lack of a ceiling effect in the depressive subgroup, because of a less marked premature mortality, could explain the positive association, in contrast with bipolar disorder or schizophrenia subgroups.

Disclosure of Interest: None Declared

EPP0211

Latent profiles for mental health in older people from Concepción, Chile.

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Introduction: Aging is a demographic global trend and a challenge for public mental health; however, gaps persist for a comprehensive definition of mental health, risk, protective factors, and processes involved, which represent a greater problem in middle-income countries, where evidence is scarce.

Objectives: To identify combined mental health profiles in older adults, based on self-report of anxiety symptoms, depressive symptoms, and perception of well-being, and to identify risk and protective variables for each of the groups, based on a sample of older

adults attending primary health care (PHC) centers in the Province of Concepción, Chile.

Methods: A convenience sample of 573 adults of both sexes, over 65 years, autonomous, attending PHC centers in the Province of Concepción, Chile, answered a set of instruments assessing anxiety symptoms (SCL-90), depressive symptoms (PHQ-9) and perception of well-being (Pemberton Happiness Index) and eventually associated variables that included sociodemographic and living arrangements, social participation, threatening life events (LTE), loneliness (ULS-3), and social support (MSPSS). Latent profile mixture analysis was used to identify groups of adults with similar mental health, and pertinence in each group was explained using random forests. The relationship between predictors and latent profiles were analyzed with multinomial regression.

Results: A solution of 4 groups with distinctive mental health profiles was determined: Group 1 (28%) with high depressive symptoms, high anxiety, and low well-being; Group 2 (32%) with moderate depressive symptoms, high anxiety and moderate well-being; Group 3 (24%) with moderate depressive symptoms, low anxiety and moderate well-being and; Group 4 (15%) characterized by individuals with low anxious or depressive symptoms, high well-being, and absence of mental disorder.

Using random forests, this model predicts 63% variance between groups. A large number of variables were found to significantly predict membership in one of the 4 groups. Specifically: gender, satisfaction with living arrangement, economic crisis, own disease, and death or illness of friend, perception of general health, intimate, relational and collective loneliness, social support from family and significant others, and social support from friends.

Conclusions: The 4-group classification is a parsimonious solution where group 1 characterize people with poor mental health; groups 2 and 3 languishing with high and low anxiety respectively; and group 4 healthy and flourishing. Overall, these groups highlight the role of close interpersonal relationships or primary ties, both in terms of intimacy versus loneliness/isolation and in satisfaction with living arrangements for the elderly. The importance of these psychosocial predictors on combined mental health in the elderly further the need to understand their role and mechanisms to design promotion and prevention strategies.

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EPP0212

Low dose Amantadine and Escitalopram combination in Atypical Parkinsonian disorders- A Retrospective chart review

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Introduction: The response to conventional antiparkinsonian medications is elusive in atypical parkinsonian disorders. Improvement in parkinsonian symptoms in atypical parkinsonian disorders has been reported with anecdotal use of Amantadine. The role of serotonergic control over the nigrostriatal pathway led to the use of Escitalopram.