Results: A 76-year-old woman who had no prior history of mental health issues until March 2023 when she was initially admitted to a geriatric hospitalization unit for manifesting manic symptoms. She was readmitted in July 2023 due to worsening depressive symptoms that included a declining mood, passive thoughts of death, deterioration in self-care, weight loss, insomnia, constipation, and dry mouth despite recent changes in her medications. She was on treatment with escitalopram (which was gradually discontinued and replaced with mirtazapine), quetiapine, lormetazepam, and lorazepam. Imaging tests showed chronic ischemic lesions in her brain and a small meningioma, the rest of the test were normal.

The initial diagnostic hypothesis was a bipolar depressive episode, and her treatment was adjusted accordingly. She was started on lithium, and her quetiapine dosage was increased, along with the anxiolytic lorazepam. Due to the persistence of depressive symptoms, including low mood, anhedonia, apathy, and negative thoughts, she was also prescribed antidepressant medication (venlafaxine and mirtazapine). Her condition gradually improved, with better eating and sleep patterns, increased participation in activities, and reduced somatic complaints and anxiety.

As she continued to experience somnolence and decreased morning energy, her antipsychotic medication was switched from quetiapine to lurasidone. The dose of lithium was decreased due to tremors in her extremities, although they remained within the therapeutic range. Despite these adjustments, her mood significantly improved, and she showed no signs of worsening or psychotic symptoms, leading to her discharge.

Conclusions: Summarizing different studies, LOBD who develop mania for the first time at an advanced age (≥ 50 years) constitute 5-10% of all BD. It is important to perform a thorough differential diagnosis, as an organic substrate and diverse etiologies may be present. Current guidelines recommend that first-line treatment of OABD should be similar to that of BD in young patients, with careful use of psychotropic drugs.

Disclosure of Interest: None Declared

Objectives: To assess the effect of cognition on the interpretation bias of mentalization

Methods: This will be a cross-sectional case-controlled study on Chinese older adults with major depressive disorder recruited from outpatient departments of the public mental health service in Hong Kong. The same inclusion and exclusion criteria, with the exception of the history of major depressive disorder, will be used to recruit the control group. Assessments included sociodemographics, cognitive assessments and depressive symptoms. The primary experimental task was Gaze Perception Task using E- prime Professional 2.0. The stimuli of task are photographs of six Chinese models (3 men and 3 women) facing straight to camera with 13 different gaze directions (0°, 5°, 10°, 15°, 20°, 25° and 30° to the left and to the right, respectively). Participants shall be instructed to respond with a "yes" or a "no" to the question (for self-referential gaze): 'Do you feel as if the person in the picture is looking at you?'.

Results: 41 patients and 41 healthy controls have been recruited. The group comparison in SRGP revealed that there was only significant difference in the unambiguous-SRGP (U=561.000, Z=-2.62, N=82, p=0.009). Patients had higher unambiguous self-referential gaze accuracy (Mean=0.16) than controls (Mean= 0.075). With a cut-off score of 22, patients with better HK-MoCA scores had better unambiguous SRGP scores than those with lower HK-MoCA scores (p=0.024). This difference was not observed in healthy controls. HK-MoCA could predict ambiguous SRGP rate $F_{(1,80)}=14.85$, p<.001, R square=15.7%. and redict unambiguous SRGP rate $F_{(1,80)}=14.85$, p<.001, R square=15.7%.

Conclusions: LLD subjects had a significant interpretation bias in the unambitious averted gaze (20°, 25° and 30°) interpretation compared with healthy controls. LLD subjects tend to have more self-referential perception of the clear averted gaze. This misinterpretation of the eye gaze is probably due to the interpretation bias in processing external information, which is commonly reported as mentalization impairment in depression (Weightman et al., 2014).

Disclosure of Interest: None Declared

EPV0667

The modulation effect of cognition on the interpretation bias of mentalization in late-life depression (LLD): A study of eye gaze interpretation – a potential screening tool for high-risk group of LLD

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Introduction: Impairment in mentalization, interpreting and perceiving social relevant information has been found to play a part in the development and maintenance of depression. Major depressive disorders showed significant impairment in social cognition and such impairment appears to be positively associated with the severity of depression. Self-referential gaze perception, as a measurement of mentalization, was predominantly measured in patients with psychosis but rarely examined in late-life depression (LLD).

EPV0668

Benzodiazepines and risk of dementia – Is there a reason for alarm?

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Introduction: The population ageing is a reality associated with an increase in prevalence of Dementia. The use of benzodiazepines is often postulated as a risk factor in these syndromes.

Contrary to recommendations for its short-time use, long-term and chronic use are common, with an estimated 8,7% of elderly people in the US taking benzodiazepines.

Objectives: To clarify the most recent evidence on the use of benzodiazepines and the risk of developing dementia.