

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.

Disclosure of Interest: None Declared

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.

Objectives: To examine the efficacy of low dose Amantadine and Escitalopram combination treatment in atypical parkinsonian disorder

Methods: A retrospective chart review of Atypical Parkinsonian disorder patients who received the combination of low dose Amantadine and Escitalopram and had follow up assessment available for a minimum of four months were studied. The primary outcome measure was change in Progressive Supranuclear Palsy rating scale, Unified Multiple System Atrophy rating scale score and Clinical Global Improvement Scale Change score in follow up visits.

Results: A total of 8 patients with a mean age of 68.5 years, 6 with a diagnosis of Progressive Supranuclear Palsy (PSP) and 2 with a diagnosis of Multiple System Atrophy (MSA) met the selection criteria for the study. Patients were treated with the dose of Amantadine 50mg twice daily and Escitalopram 5mg once daily. The symptom domain to respond first was autonomic symptoms followed by gait, mentation, limb and bulbar symptoms. Amantadine has unique dopaminergic and NMDA antagonist properties. Serotonin has a role in modulation of the autonomic functions and nigrostriatal circuitry. Thus, combining Escitalopram with Amantadine can help ameliorate the array of symptoms in atypical parkinsonian disorders.

Conclusions: The PSP and MSA patients responded to the combination of low dose Amantadine and Escitalopram as evidenced by objective rating scales and subjective clinician assessment. Further prospective trials for longer duration are needed to establish the effect size and stability of response.

KEYWORDS: steele richardson olszewski disease, shy dragger syndrome, antidepressants

Disclosure of Interest: None Declared

EPP0213

Sexual well-being in old age: A systematic review of the literature

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Introduction: We conducted a systematic review of the qualitative literature on the sexuality and sexual health of older adults.

Objectives: The aim is to address which topics have been researched and the quality of research within this field.

Methods: All stages of this review were carried out peer-to-peer in order to guarantee minimized bias. The Cochrane Database, PsycEBSCO, MEDLINE, PsycRedalyc, Scielo, Web of Science and Google Scholar were searched and 32 studies met inclusion criteria. The majority had not been reviewed in earlier review articles. A total of 95,478 references were screened and 27 studies were included in this review. The studies involved 3044 participants across seven countries, most being women (approximately 83%).

Results: We identified a wide variety of factors that can determine SWB of older adults, such as perceived health, sexual health, demonstrations of love; non-sexual joint activities; overall well-

being and quality of life; partner support; positive self-image; being independent and active; the strength of spiritual beliefs, and patriarchal roles upheld by upbringings conveying that women's role is to provide men with sexual pleasure.

Conclusions: Methodological issues related to sampling procedures, such as purposive sampling through the older samples and limited generalisability due to the homogeneity of participants. Additionally, there was a widespread lack of non-heterosexual control groups. However, most studies used appropriate measures and acknowledged inherent limitations. There is a lack of research with the older population, those with significant health needs, those outside the Western countries, and those with additional characteristics associated with discrimination.

Disclosure of Interest: None Declared

EPP0214

A qualitative study on perceived sexual intimacy and mental health in later life during the COVID-19 pandemic

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Introduction: The COVID-19 pandemic may affect sexual intimacy and have implications for overall sexual well-being.

Objectives: This study comprised two main objectives: 1) To explore the influence of COVID-19 pandemic on older couples' sexual intimacy; and 2) To assess how older couples' sexual intimacy during the COVID-19 pandemic influences mental health.

Methods: The sample of this qualitative study consisted of 391 older participants (between 65 and 87 years of age).

Results: For the first objective, semi-structured interview data yielded five main themes: (1) Less sexual satisfaction (68%); (2) Less sexual desire (67%); (3) Stronger affective relationships (34%); (4) Fear of contracting physical illness (29%); and (5) Less attractiveness (23%). Three main themes concerning mental health were reported by participants: (1) Less anxiety and distress (78%); (2) Greater attention to negative emotional states (55%); and (3) Less emotional outbursts (41%).

Conclusions: The pandemic affected older adults' sexual intimacy, mostly negatively. Less sexual satisfaction and desire were felt by these older couples. Conversely, stronger affective relationships were reported. In spite of these mostly negative influences, existing sexual intimacy was mostly linked to less perceived anxiety and distress, greater attention to negative emotional states, and less emotional outbursts. Sexual intimacy during COVID-19 has received little attention; however, these results highlight its positive contribution to mental health and therefore a relevant approach to this topic should be taken, especially in later life.

Disclosure of Interest: None Declared