

treatment course ranged from 5 to 20, charge was dosed at 6-10 times the seizure threshold determined at first treatment. All patients had a significant clinical response to ECT as reflected by clinical data, ECT procedure notes, and rating scales when available. All patients completed post ECT CGI-I. Response rate was 60% (n = 3). We also assessed QIDS scores for patients with comorbid depression. Out of these patients, 40% (n = 2) were unable to complete baseline QIDS secondary to symptoms severity. Mean baseline QIDS for the remaining patients was 9.67 (SD 1.53). Post-treatment QIDS was 3.67 (SD 5.51). Paired-samples t-test comparing these scores at baseline and post-ECT demonstrated a significance P value of 0.14. None of the patients experienced worsening of cognitive function.

Conclusions:

UB RUL ECT is a safe and effective treatment for Catatonia. Our data demonstrate clinical improvement in patients with Catatonia with UB RUL ECT. In addition, this method may lower the burden of cognitive effects that can significantly benefit the older adult population. The literature is limited regarding the use of Ultra-brief (<0.37 milisecond) Right Unilateral (RU) ECT in Catatonia. Additional studies will benefit from the inclusion of objective metrics such as Bush Francis Catatonia Scale, Scale for the Assessment of Psychotic Symptoms (SAPS), and the systematic evaluation of cognitive status and function.

References:

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433 - A possible link between Bipolar Disease and Frontotemporal Dementia

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Background: Both neurological and psychiatric symptoms are observed among mental disorders and represent a challenge for the differential diagnosis, specially in old adults presenting behavioral changes. Investigations have documented manic/hypomanic symptoms from behavioral variant frontotemporal dementia (bvFTD), suggesting a relationship of bipolar disease (BD) with bvFTD.

Research objective: This work aims to determine the relationship between patients with bipolar disease and behavioral variant frontotemporal dementia.

Method: A non-systematic review of the literature is presented. Bibliographic selection was carried out through keyword research in MEDLINE and Google Scholar.

Results: An early stage of bvFTD often displays a mix of behavioral disturbances and personality changes. Also, BP is associated with a higher risk of dementia in older adults and with cognitive impairment, where a subset of patients presents a neuroprogressive pattern during the disease course. It was shown a specific type of post-BD dementia with clinical features of bvFTD and cases of patients with marked manic symptoms for the first time in their life had subsequent diagnosis of FTD. Mutations in the progranulin gene (GRN) were the most frequent causes of autosomal dominant FTD and have also been reported in sporadic FTD. Genetic polymorphisms

in this gene are also associated with schizophrenia and BD. An hypothetical model of shared mechanisms between bvFTD and BD was proposed, including specific mendelian mutations associated with genetic predisposition (e.g. brain-derived neurotrophic factor-BDNF gene) and environmental factors with an effect on cellular homeostasis (e.g. increased cell deaths, decreased synthesis of synaptic proteins) and an influence over behavioural and cognitive symptoms. Nevertheless, comparison of the executive functions, social cognition profiles and structural neuroimaging of bvFTD and elderly patients with BD showed difference in patterns.

Discussion: Although BD is principally considered a neurodevelopment disorder, while FTD is a neurodegenerative disorder, follow-up studies of cognitive deficits, imaging, and genetics in BD patients could elucidate the possible correlation between these major diseases and may have implications for pathogenesis, as well as for treatment.

435 - Innovation and entrepreneurship in gerontology and psychogerontology. The INVENTHEI project.

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INVENTHEI (INnoVation and ENTrepreneurship in Higher Education Institutions) is an European project aimed to enhance the regional innovation ecosystems and promote innovation-driven research. In Spain, the University of Santiago de Compostela participates through the Master's Degree in Psychogerontology (Faculty of Psychology) and the Master's Degree in Gerontology (Faculty of Nursing). Learning and mentoring programme related with the ageing process is presented, focused on the social innovation and transfer capacities of our students, faculty and staff members. A challenged based multidisciplinary learning method is followed, including three training sessions (Session 1: Person-centred innovation; Session 2: Team-centred innovation; Session 3: Results-centred innovation) and online mentoring. Using this methodology, transfer of the learning is promoted in an agile and practical way through the resolution of challenges proposed by external partners in the sector of gerontology and healthcare. The social innovation-training programme is complemented with a workshop about innovation driven research in aging and presentation of business cases, involving the organizational ecosystem of the sector.

436 - Scaling up a community-based intervention for people affected by dementia: what is the value?

Nathan Stephens

The Meeting Centres Support Programme [MCSP] provides community-based social, emotional and practical support for people affected by dementia to adjust to the changes dementia brings. Since development in the Netherlands the MCSP has been successfully adapted and implemented in the UK led by the Association for Dementia Studies, University of Worcester. In January (2020), Worcestershire County Council announced £540,000 to scale up the provision of MCSPs across the county: Worcestershire Meeting Centres Community Support Programme [WMCCSP].

The novel county-wide approach will build real capacity, increasing the amount of people accessing post-diagnostic support, integrating services, reducing inequalities, and improving health and wellbeing; fundamental to the COVID-19 recovery plan (Department of Health and Social Care, 2020). This raises questions about the type of 'value' interventions such as the WCCMCSP should seek to achieve, including how it is captured and measured (Redding, 2016). This becomes more relevant when recognising only a