

Introduction: This study focuses on ambivalence among intergenerational relationships in old age.

Objectives: This study aims to analyze the perspectives of intergenerational relationships between older adults and adult children. For this purpose, a qualitative research was carried out, which analyzes these relations at a cross-national level.

Methods: Four hundred and twenty four older participants aged 65-97 years, were interviewed. Participants were of three different nationalities and lived in the community. All the interviews went through the process of verbatim transcription and subsequent content analysis.

Results: Two dimensions of generational ambivalence were revealed from the study; support and the conflict dimensions. Findings of content analysis produced six themes, which represent intergenerational relations between older adults and adult children: older adults-adult children interaction quality; family integration; care and support; definition of limits; distance and alienation; and communication difficulties.

Conclusions: This study highlighted the diversity of experiences in old age, in relation to intergenerational relationships and underlined the conflicting expectations from older adults in relation to their adult children.

Disclosure: No significant relationships.

Keywords: older adults; ambivalence; Adult children; intergenerational relationships

EPV0422

Socio-demographic and clinical features of patients with dementia attended in the psychiatry department

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Introduction: Dementia's prevalence increases due to population aging, it has become a major public health concern.

Objectives: To estimate the incidence of dementia and to describe the socio-demographic and clinical profile of patients attended in the psychiatry department of Gabes (Southern of Tunisia).

Methods: It was a retrospective descriptive study including all the patients who attended for the first time in the psychiatry department of Gabes, from the 1st January, 2010 to December 31, 2018, and who were diagnosed with dementia according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Socio-demographic and clinical data were assessed. The Mini Mental State Examination (MMSE) was used as a neuropsychological examination.

Results: We included 98 patients. The mean annual hospital incidence of dementia was 2.38%. The mean age was 76.5 ± 9.8 years. Patients were married (68%), illiterate (68%) and jobless (42.9%). A family history of dementia was noted in 39.8% of patients. The common cardiovascular comorbidity was high blood pressure (41.8%). Among our patients, 30 (30.6%) were smokers. The mean age of onset of dementia was 73 ± 11 years. The mean duration of untreated dementia was 3 years [3 months to 11 years]. First symptoms were mainly memory disorders (57.3 %) and behavioral disorders (17.3%) The mean MMSE score was $14 \pm$

4.8. Alzheimer's disease was the most frequent etiology of dementia (80 cases, 82.7%).

Conclusions: Our study shows a high incidence of dementia and made it possible to draw up a socio-demographic and clinical profile of dementia patients.

Disclosure: No significant relationships.

EPV0423

Indiana jones and ganser syndrome

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Introduction: Ganser syndrome is a rare medical disorder situated between hysterical etiopathogenesis and psychosis, factitious disorders and organic lesions which results in a difficult diagnosis. It is listed in DSM VI as a dissociative disorder whose main symptom is approximate answers, other accompanying symptoms appearing in Ganser: clouding of consciousness, somatic conversion symptoms and hallucinations. Psychopathologically explains a mental state of escape from a situation difficult to being tolerated. Organically appears in pathologies involving the frontal lobes

Objectives: We present a case of a XX year old man who suddenly develops a depressive disorder with no apparent cause. Initially he was a professionally developed man. Famous archaeologist. University professor. Guitarist in a musical group. He deteriorated through the years, appearing dementia data with auditive hallucinations and resistant headache. He begins to have difficulty speaking correctly, with paraphasias and short answers, continually repeating "I don't know", Short-term amnesia and bed-chair life

Methods: It was impossible to perform both the Mini-Mental State Examination test and the fototest because the patient refused claiming to be very nervous. The CT and MRI showed a slight temporary atrophy and vascular age changes. Subsequently, PET was performed without notable findings. Antidepressant and anxiolytic treatment was introduced without success as well as treatment for dementia and antipsychotic treatment.

Results: The headache was improved. The rest of the symptoms did not disappear

Conclusions: Ganser syndrome is a psychiatric condition that is difficult to diagnose and treat.

Disclosure: No significant relationships.

Keywords: ganser; hysteria; old age

EPV0425

Vascular psychosis in the elderly. case report and literature review for different antipsychotic treatment strategies

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Introduction: The most common cause of vascular psychosis is cerebrovascular disease. Typically a late-onset in the elderly is accompanied with multiple strokes (disruption of blood flow to the brain). Dementia is a clinical syndrome characterised by cognitive, neuropsychiatric, and functional symptoms. About neuropsychiatric symptoms there are multiple warnings concerning the use of antipsychotics in people with dementia due to an increased risk of death and stroke.

Objectives: Presentation of a case of vascular psychosis with a literature review of antipsychotic drugs used in these cases.

Methods: We carried out a literature review in Pubmed electing those articles focused on antipsychotic treatment options.

Results: A 81-year-old man was taken by his son seeking medical assistance due delusions of reference and auditory hallucinations. He believed that his family wanted to kill him. He had the sensation about how multiple voices were telling him about to scape from people who wanted to kill him. After a completely study and CT, chronic microvascular infarctions were found. After onset of non effective treatment with haloperidol 1.5 mg during 1 week, we switched into risperidone 1.5mg. Effective treatment was found and now patient is under control of symptoms.

Conclusions: Different antipsychotic treatments are described in the literature. Risperidone, quetiapine and olanzapine were found as most used antipsychotic for psychosis in vascular dementia. Comparison of side effect profile of antipsychotic and effectiveness must be the target for an adequate treatment.

Disclosure: No significant relationships.

Keywords: Treatment; vascular; psychosis; Elderly

EPV0426

Charles bonnet syndrome: A case report

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Introduction: Faced with recent onset psychotic symptoms in patients over 60 years of age without a psychiatric history, it is important to carry out an adequate differential diagnosis.

Objectives: The objective is to carry out a review of Charles Bonnet syndrome through the presentation of a case

Methods: 75-year-old patient who suddenly began to present auditory hallucinations. The patient had no relevant psychiatric history or medical history. She reported that suddenly, two months ago, she had begun to listen to his neighbor through the walls of his home. She heard him talk about her, threatening and insulting her. Later, as a result of these hallucinations, she began to believe that in the bathroom he was spying on her through a camera, forcing her to shower in the dark. Weeks later, she thought that he was also chasing her down the street through a chip that had implanted

her. She was distressed and highly anxious. She had started not sleeping out of fear of this neighbor.

Results: In addition to the psychiatric evaluation, an MRI was requested to rule out incipient cognitive deterioration, as well as a hearing examination. It was found that he had severe hearing loss in the left ear. Given these findings, he was diagnosed with Charles Bonnet syndrome.

Conclusions: Charles Bonnet syndrome is normally associated with blindness, however, it is also described in deafness. It occurs with hallucinations of the lost sensory organ. It is a clinical picture that does not respond well to treatments.

Disclosure: No significant relationships.

Keywords: hallucination; psychosis; Charles Bonnet

EPV0429

A model of non-pharmacological intervention (Agorà model) on behavioural disorders in patients with Alzheimer's disease

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Introduction: Cognitive deficits, behavioral disorders, neuropsychiatric symptoms (BNS) are characteristics in Alzheimer's disease (AD). Moreover, elderly patients often take multiple medications for their several chronic health conditions. Shared decision making is essential to deprescribing unnecessary or harmful medications in older adults. For these reasons, it may be useful to develop multiple strategies intervention not pharmacologically based and to raise the living standards of the patients, the healthcare professionals and the relatives directly or indirectly involved.

Objectives: To show application of the Agorà model in AD to improve the performance levels, to decrease the aggressive behaviours and wandering episodes.

Methods: Twelve inpatients (79-95 ys) affected by AD, were included in our observational study, recruited in Social Cooperative "Il filo di Arianna". We have applied in our patients the Agorà model (from the Gentlecare model). Were administered following scales: in inpatients: NPI; CDR, MMSE; in caregivers: CBI; at baseline (T0), after three (T1), six (T2) twelve months (T3). For statistical evaluation we used the EZAnalyze Version 3.0 software, on Excel.

Results: At T0 all patients showed high levels of behavioral and aggression disorders. After T3 with Agorà Model, there has been a significant reduction of previous levels. In addition, an improvement in CBI data was observed in caregivers.

Conclusions: The application of the Agorà model has triggered better performance levels in AD. Moreover, it determined a decrease of behavioural disorders, promoted higher levels of participation in the everyday care activities, improved family wellbeing and participation to the assistance activities, reduced health care professionals turnover and burnout levels.

Disclosure: No significant relationships.

Keywords: Behavioural disorders; old age psychiatry; Burnout caregivers