

Objectives: the aim of this work is analyzing etiology, demographic characteristics, clinical features and treatment inpatients with AMD and visual hallucinations

Methods: a literature search using electronic manuscripts available in PubMed database published during the last ten years with further description and discussion of a single-patient clinical case.

Results: in different studies in patients diagnosed with AMD, the reported prevalence ranges between 15 up to 39 percent. Patients with more significant vision loss may be more likely to experience visual hallucinations. In large case series, mean age is 70 to 85 years. Hallucinations can last few minutes or several hours. On average, people experience these hallucinations on and off for about 3 years. Those who experience hallucinations tend to see multiple types of images, particularly people and faces. The diagnosis of CBS is made when visual hallucinations occur in patients with vision loss in the absence of psychosis, delirium, or other causes.

There is no specific treatment for CBS: optimal ocular care, education and different techniques to manage hallucinations (changing your lighting conditions and environment, blinking frequently or moving your eyes side-to-side rapidly while keeping your head still...). Antidepressants, anticonvulsants, anxiolytics and low-dose of antipsychotics have been used for CBS with positive effects in previous reports, but the efficacy of these drugs in the treatment is somewhat questionable and should be reserved for those who exhibit high levels of distress and have not responded to conventional intervention.

Case report: 80-years old woman who presented with a 4 month history of hallucinations and legally blind from AMD. A workup for other pathological causes of visual hallucinations was negative.

Conclusions: CBS is an under-recognized and under-reported disorder that involves visual hallucinations in visually impaired individuals. It requires a multidisciplinary approach from neurologists, psychiatrists, general practitioners and ophthalmologists. New studies are needed in order to understand its clinical presentation and to improve its management.

Disclosure of Interest: None Declared

EPV0670

Transcranial Pulse Stimulation (TPS®) as a method for treating the central nervous system of patients with Alzheimer's disease

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Introduction: Dementia - one of the most common diseases in old age - is often only diagnosed at a late stage. Therefore patients with dementia have often a 1.4 to 3.6 times greater risk of treatment as an inpatient. Consequently it is highly relevant within the caring system to identify and treat the onset of dementia at the earliest possible opportunity.

Objectives: Part of a new treatment center, a psychiatric clinic in the Hanover area (Warendorff) has concentrated on treating patients with a mild or moderate form of Alzheimer's disease as early as possible on an outpatient basis. The method of transcranial

pulse stimulation (TPS®) is used. Acoustic pulses generated outside the body are introduced specifically into the brain regions requiring treatment. The aim being the release of growth factors and an improvement in cerebral blood flow, as a means to maintaining and promoting cognitive performance for as long as possible. The poster contribution shows reports from clinicians, patients and relatives, using TPS®. The development of cognitive performance in the course of treatment is also considered.

Methods: The data collection for the quantitative study design will take place at the clinic in the period from 06/2021 to 10/2022 (N planned = 60). Cognitive performance is recorded using the Montreal Cognitive Assessment (MoCA test) and the experience reports via interview.

Results: Results of repeated measurement and analysis of the variance in terms of cognitive performance (MoCA test, baseline and follow-up measures) are presented. Field reports are considered and the suitability of TPS® as a method for treating the symptoms of dementia in Alzheimer's disease is discussed in the form of a best-practice example.

Conclusions: Field reports are considered and the suitability of TPS® as a method for treating the symptoms of dementia in Alzheimer's disease is discussed in the form of a best-practice example.

Disclosure of Interest: None Declared

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Memory complaints and quality of life in a patient with mild cognitive impairment

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Introduction: Subjective memory complaints remain a relevant aspect to be considered in patients with mild cognitive impairment. Likewise, their association with depressive symptoms, quality of life and cognitive performance is also an objective to be studied in such patients.

Objectives: Our clinical case represents just one opportunity to study how memory complaints are related to depressive states and how they affect the quality of life of patients with mild cognitive impairment.

Methods: We conducted a bibliographical review by searching for articles in PubMed.

Results: PERSONAL HISTORY: Male, 73 years old, separated, residing alone in Valladolid. He has home help, a person comes to help him with the household chores. Little social and family circle.

History in Mental Health: He has a history of an admission in 2013 to this Short Hospitalization Unit for ethanol detoxification. Since then, he has been followed up in the Mental Health Unit. According