refractory. Electroconvulsive therapy (ECT) may be effective for (severe) agitation and aggression and is well tolerated. Nevertheless, its application seems limited in the Netherlands. We explored the application of and attitudes of physicians towards ECT for (severe) NPS in older people with dementia in the Netherlands.

Methods: A survey study among geriatricians, elderly care physicians and old-age psychiatrists in the Netherlands in July 2020. An online invitation was included in the digital newsletter of the professional society or directly sent to the professional network of one of the authors (in case of old-age psychiatrists). The questionnaire included 20 closed- and open ended questions on demographic characteristics, experiences with (consideration of) referral for/application of ECT and attitudes towards ECT.

Results: Sixty-one respondents completed the survey, eight had ever considered ECT. Two of these eight referred patient(s) for depressive behavior, sometimes combined with agitation. Lack of experience, ECT not being included in guidelines for this indication, unfamiliarity with possible (side) effects and risks, ethical and practical issues were the main reasons of the respondents for not considering ECT. Most respondents were open to referring patients with dementia for ECT to treat (severe) NPS, specifically in case of refractory symptoms.

Conclusion: Respondents are not negative about ECT, yet rarely consider it due to lack of awareness and knowledge and the ethical and practical issues related to its application. Although the response to our survey was low and the number of respondents is limited, we do feel that ECT may be an alternative for palliative sedation, which is used incidentally in cases of refractory NPS in the Netherlands. Further exploring the support base and possibilities for application of ECT-treatment for refractory NPS might therefore be worthwhile.

P166: Elderly diabetic and non-diabetic patients in Portuguese RNCCI Convalescence Units: Are they different?

Authors: Rosa Mendes[1], Sónia Martins[2], Ana Rita Ferreira[2], Lia Fernandes[2,3]

[1]Internal Medicine Service, Centro Hospitalar Universitário de São João, Porto, Portugal

[2]CINTESIS@RISE, Department of Clinical Neurosciences and Mental Health, Faculty of Medicine, University of Porto, Porto, Portugal

[3]Psychiatry Service, Centro Hospitalar Universitário de São João, Porto, Portugal

Objective: Diabetes Mellitus (DM) is one of the most prevalent chronic diseases, whose incidence has been increasing especially in the elderly, , being estimated that over one-quarter of people over the age of 65 years have diabetes.

Diabetes implications, whether due to acute or chronic complications, namely cognitive and functional impairments, can be devastating and usually determine the need for more supervision, implying a caregiver. For a better clinical characterization of DM, this study aimed to compare older adults, with and without DM, hospitalized in the Convalescence Units (CUs) of the Portuguese National Network of Integrated Continued Care (RNCCI).

Methods: This cross-sectional study included older adults (≥65 years old) admitted into three CUs in northern Portugal. The inability to communicate was considered an exclusion criterion. A comprehensive assessment protocol was used, which comprised the Mini Mental State Examination (cognitive function), the Katz Index, and

https://doi.org/10.1017/S1041610223004246 Published online by Cambridge University Press

the Lawton Index (basic and instrumental activities of daily living). A comparative analysis between patients' groups (with and without DM) was performed using the Mann-Whitney and Chi-Square tests.

Results: The final sample included 202 older adults (99 diabetics and 101 non- diabetics), with a mean age of 77 (±7) years, mostly (69.8%) women. Comparing the patients with and without DM, the first group had more dyslipidemia (97% vs. 62.1%, p<0.001) and osteoporosis (97% vs. 67%; p<0.001), as well as more comorbidities (6 vs. 5; p<0.001) and daily medication (9 vs. 7; p<0.001). Moreover, DM patients had more cognitive impairment (52.5% vs. 34.0%; p=0.008) and greater dependence on instrumental activities of daily living (57.6% vs. 37.6%; p=0.009). A tendency was found regarding the presence of a caregiver for those with diabetes (75.8% vs. 63.1%; p=0.051).

Conclusion: Patients with diabetes had more associated diseases and prescribed medicines, presented more cognitive impairment, greater dependence on instrumental activities of daily living, and were more likely to have a caregiver. This study will contribute to a better knowledge about the clinical and psychosocial characterization of older adults with DM in a specific context, allowing the development of future care plans and the adoption of better strategies for this group's specificities.

P170: Safety and Tolerability of Brexpiprazole for the Treatment of Agitation in Alzheimer's Dementia: Pooled Results From Three Phase III Trials

Authors: Anja Farovik, Maia Miguelez, Daniel Lee, Mary Slomkowski, Nanco Hefting, Dalei Chen, Klaus Larsen, Eva Kohegyi, Mary Hobart, Alpesh Shah, Alvin Estilo, Moeen Panni, Pedro Such, George T. Grossberg

Objective: Agitation in Alzheimer's dementia (AAD) is prevalent, distressing, and burdensome. Medications for agitation are commonly prescribed off-label, although use is hindered by safety and tolerability concerns. This pooled analysis evaluates the safety and tolerability of brexpiprazole in patients with AAD.

Methods: Data were pooled from three Phase 3, 12-week, placebo-controlled trials (NCT01862640, NCT01922258, NCT03548584) (overall, and by brexpiprazole dose). The primary objective of each trial was to assess the efficacy of brexpiprazole on agitation. Safety was a secondary objective.

Results: 658 patients were randomized to brexpiprazole (0.5–3 mg/day, depending on the trial; n=655 treated), and 389 patients were randomized to placebo (n=388 treated). Mean baseline age was 73.5–74.2 years, and mean time since diagnosis of Alzheimer's disease was 28.2–35.6 months. The pooled incidence of treatment-emergent adverse events (TEAEs) was 51.1% with brexpiprazole, with no notable differences between doses, and 45.9% with placebo. The incidence of serious TEAEs was 6.4% (brexpiprazole) versus 4.1% (placebo), and the incidence of TEAEs leading to discontinuation was 6.3% versus 3.4%, respectively. TEAEs that occurred in ≥2% of patients receiving brexpiprazole and more than in placebo-treated patients were insomnia (3.7% versus 2.8%), somnolence (3.4% versus 1.8%), nasopharyngitis (2.7% versus 2.6%), and urinary tract infection (2.6% versus 1.5%). Other TEAEs of interest included falls (1.7% versus 2.6%) and sedation (0.3% versus 0.0%). TEAE categories of interest included extrapyramidal symptom (EPS)-related TEAEs (5.3% versus 3.1%), cardiovascular TEAEs (3.7% versus 2.3%), and cerebrovascular TEAEs (0.5% versus 0.3%). The mean change from baseline to last visit in Mini–Mental State Examination score was 0.21 (brexpiprazole) and 0.14 (placebo). Six patients receiving brexpiprazole (0.9%) and one patient receiving placebo (0.3%) died; none of the deaths was considered related to brexpiprazole.

https://doi.org/10.1017/S1041610223004246 Published online by Cambridge University Press