

for the subsequent development of dementia (Kim et al., 2022). Further studies are recommended in this regard.

**Disclosure of Interest:** None Declared

## EPV0678

### Neuropsychiatric symptoms in frontotemporal dementia: a case report

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doi: 10.1192/j.eurpsy.2024.1329

**Introduction:** We present the case of a 70-year-old man who, after presenting atypical depressive symptoms, was diagnosed with incipient frontotemporal dementia.

**Objectives:** Through the presentation of the case, a brief review is made of the affective prodromes of frontotemporal dementia

**Methods:** The patient, who had no personal history of interest, suddenly began to present depressive symptoms consisting of marked irritability, dysphoric mood, anxious semiology with a subjective feeling of anguish, maintenance insomnia and a feeling of lack of self-control, with a tendency towards verbal heteroaggressiveness. The patient reported all these symptoms with great suffering. After one year of treatment with venlafaxine 300g DMD and quetiapine 400g DMD, with one admission to the short-stay inpatient unit for self-harm threats, the patient had not experienced any improvement. In addition, during this year, the patient's family began to observe small memory lapses that affected his daily functioning, making the patient progressively more dependent.

**Results:** In view of this clinical picture, it was decided to request an MRI and a brain PET scan, where deficits in the frontal and temporal regions were observed, and a diagnosis of incipient frontotemporal dementia was made.

**Conclusions:** Frontotemporal dementia is the third most common dementia in people over 65 years of age. About half of the patients debut with psychiatric symptoms, one of them being depressive symptoms. Treatment is focused on the use of psychotropic drugs with the aim of symptom management. Olanzapine or aripiprazole are effective for psychotic symptoms or acute agitation. For more subacute conditions, SSRIs or trazodone are recommended. The iACOs are not recommended, because they are ineffective and worsen neuropsychiatric symptoms.

**Disclosure of Interest:** None Declared

## EPV0679

### Major depressive episode in the elderly. Use of maintenance ECT: a case report.

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doi: 10.1192/j.eurpsy.2024.1330

**Introduction:** We present the case of an elderly patient with a severe depressive episode who, in order to maintain psychopathological stabilisation, receives ECT on an outpatient basis.

**Objectives:** The objective is to briefly review the use of ECT as a maintenance treatment for severe depression in the elderly.

**Methods:** Patient aged 76 years, multipathological, with a history of hypertension, DM and LBP. Femoral head fracture, myelodysplastic syndrome, severe osteoporosis with vertebral crushing, requiring rescue treatment with tramadol, and renal failure.

She came for consultation, reporting depressive symptoms of months' duration, together with delusions of ruin and nihilism. Despite antidepressant and stabilising treatment with duloxetine at daily doses of 120mg, extended-release quetiapine 600mg, lorazepam 2.5mg and mirtazapine 45mg, the patient began to show negative behaviour towards accepting food, clinophilic behaviour and abandonment, which led to her being admitted to the short-term hospitalisation unit.

**Results:** Due to the severity of the depressive symptomatology, it was decided to start ECT, administering a total of 12 sessions, which were effective, and outpatient follow-up was resumed. However, after a week, the patient again began to show marked apathy and abulia, as well as complete anorexia lasting more than 24 hours, which led to a new admission. It was then that it was decided to maintain the ECT treatment, on an outpatient basis, as maintenance treatment, together with pharmacological treatment.

**Conclusions:** ECT is indicated in severe depression, with or without psychotic symptoms, with malnutrition and organic pathology. According to studies, it has a beneficial response of more than 60%. However, the rate of receiving depressive symptomatology in a severe episode is high, despite ECT, so studies and clinical practice recommend maintenance ECT. It is usual to start with weekly sessions, and progressively space them out to maintain the minimum that guarantees stability.

**Disclosure of Interest:** None Declared

## EPV0680

### Schizoaffective Disorder and Parkinson's Disease: a case report

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doi: 10.1192/j.eurpsy.2024.1331

**Introduction:** We present the case of a patient with schizoaffective disorder and Parkinson's disease (PD), requiring treatment adjustment, with the use of high doses of quetiapine for the treatment of psychotic symptomatology.

**Objectives:** The aim is to briefly review the treatment of dopaminergic psychosis in the elderly.

**Methods:** Patient aged 86 years, institutionalised, presenting severe episodes of behavioural alteration, high anxiety and delusions of harm, together with auditory and visual