

EPV0658

THE PREVENTION OF THE BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS IN DEMENTIA. HOW TO INVEST THE RESOURCES?

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Introduction: The psychopathological observation of the behavioral and psychological symptoms in dementia (bpsi) and a study of the environment in which they arise, especially during a framework of mild cognitive impairment, must make us reflect on the consumption of resources for families and health or social services. The bpsi contribute 30% to the overall costs of dementia. In particular bpsi accelerate the institutionalization, temporary and definitive, of suffering elderly.

Objectives: On the basis of some experiences, it is possible to use the health budget tool as part of the project budget, in the field of bpsi, moving from the practice of consumed cost to generated cost, that is the investment of resources that produces social value. The goal is to describe some concrete examples of this application, highlighting strengths and weakness.

Methods: The psychosocial interventions recommended to prevent the risk of onset of bpsi from a public health perspective are analyzed, in Italy and in other countries, in the light of the evolution of welfare theories and practices in community psychiatry.

Results: The methodology of the health budget, in public health system, calls family members and users to a commitment of co-responsibility and administrators of financial resources in terms of accountability. The psychogeriatric elderly with mild cognitive impairment and bpsi, can also be a resource and not just a cost, if we consider the possible performance (dividend of longevity) and not the consumption of economic resources.

Conclusions: A reconceptualization of the bpsi is necessary, which integrates the bio-medical dimension with psychosocial approach within the new welfare systems that must be rethought in function of the increase of the elderly population and respect to demographic trends. The onset of mild cognitive impairment and the reversibility of this pre-clinical occurrence should stimulate early recourse to appropriate psychosocial interventions to counter the social marginalization of many citizens.

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EPV0660

Physical activity and depression later in life: a cross sectional study in Greece

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Introduction: Depression is a very prevalent mental disorder among older people. Exercise and physical activity may have beneficial effects on depressive symptoms that are comparable to those of antidepressant treatments.

Objectives: The purpose of the present study was to estimate the role that physical activity plays in wellbeing of older people, as well as its association with depression.

Methods: A cross-sectional study was conducted among 101 people over the age of 60, who are active members of the Open Day Care Centers (K.A.P.I) of the municipality of Serres, North Greece. An anonymous questionnaire was created to record the basic demographic data of the studied population. The Greek version of the Geriatric Depression Scale (GDS-15) was used to assess depressive symptoms in the elderly, and the (IPAQ) short edition - 7 items, was applied to evaluate the physical activity of the participants. Statistical analysis was performed with a SPSS 21.

Results: According to our results, as the age of the participants increases, so does the severity of the depression according to GDS-15. In addition, depressive symptoms were associated with marital status, widows in comparison to divorced, with participants living in urban areas and with illiterates and high school graduates. Furthermore, older adults with monthly income of 1000 to 2000 Euros presented to suffer more from depression than those who had a monthly income of up to 2000 Euros ($p < 0.05$). On the other hand, physical activity based on IPAQ was strongly associated with age, married compared to not, high level of education, living in rural areas and depression ($p < 0.05$).

Conclusions: The results of the present study may contribute to further interventions in Primary Health Care for the prevention and detection of depression among older people. Furthermore, physical exercise may be an alternative or adjunct to traditional forms of treatment in mild to moderate forms of depression later in life.

Disclosure of Interest: None Declared

EPV0661

Depression and Decay - A Case of Major Depressive Disorder with Psychotic Features in an Elderly Patient with Cancer

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Introduction: Major Depressive Disorder is a common psychiatric diagnosis among elderly patients with cancer. More than 10% of cancer patients suffer from Depression, which negatively impacts their quality of life. Mood symptoms are treated pharmacologically with antidepressant medications, while psychotic symptoms are treated with antipsychotic medications. Electroconvulsive Therapy may be initiated early for psychotic depression.

Objectives: The objective of this case is to present a patient with Major Depressive Disorder, who developed psychotic symptoms after a diagnosis of malignancy, and to suggest early initiation of Electroconvulsive Therapy for treatment.

Methods: Case Report: Ms G is a 68-year-old female who presented with low mood, worries, poor sleep, anhedonia and suicidal ideation. She complained of abdominal bloatedness and was reviewed by Gynaecology, who discovered a large ovarian mass, likely malignant in nature. Within days of the diagnosis, the patient

developed nihilistic delusions, believing that her body was decaying and filled with poison. She was distressed and worried that the poison would spread to others around her. Risperidone was initiated and uptitrated, with limited improvement. As early surgical removal of the ovarian tumour was advised, it was essential that the patient's mental state be quickly stabilised. She was hence initiated on Electroconvulsive Therapy (ECT). The patient underwent a total of 11 sessions of ECT. She was initially started on daily sessions, and the frequency gradually tapered.

Results: The patient's mental state improved. She was then continued on oral medications, and discharged home well to proceed with her Gynaecological surgery.

Conclusions: This is a case of Major Depressive Disorder with psychotic symptoms that emerged after a diagnosis of malignancy. This case illustrates the importance of routine screening for psychotic symptoms, including nihilistic delusions, in elderly patients with Major Depressive Disorder who are newly diagnosed with cancer. It may be beneficial to consider early Electroconvulsive Therapy when treating such patients.

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EPV0662

LIVING IN A DOLL HOUSE: A CASE REPORT AND LITERATURE REVIEW OF REDUPLICATIVE PARAMNESIA

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Introduction: Reduplicative paramnesia (RP) is a very rare content-specific delusional misidentification syndrome (DMS). RP entails the delusion that a place, an object, or an event has been duplicated or exists in two different places at the same time. RP is thought to result from an organic rather than psychiatric cause distinguishing it from other DMS. It has been suggested that damage to the right frontal and temporal lobe plays a crucial role, although other areas involved in visuospatial processing have also been reported.

Objectives: The aim of this study is to review the literature and report a clinical case of RP.

Methods: We describe a case of an 81 year old woman admitted in a Neurology ward, with a 2 week clinical presentation of temporospatial disorientation, behavioural changes, persecutory delusions and reduplicative paramnesia phenomena concerning her house. She had previous history of a stroke 3 years prior to admission and, about one year before, the patient also started to present cognitive decline in the context of Parkinson's dementia. One month before admission, treatment with Rotigotine was started and later suspended when the aforementioned clinical manifestations started. Upon admission it was diagnosed an urinary tract infection and treatment with antibiotics was started. Two days afterwards, the patient recovered orientation and her usual behaviour, but persecutory delusions and RP persisted. She then started treatment with low dose Olanzapine. Following 2 weeks of treatment the psychotic symptoms fully remitted, including RP.

Results: We underline CT-scan and EEG relevant findings upon admission. In the CT-scan sequellar lesions in left frontoparietal

junction, right posterior frontal cortex, left inferior occipital cortex, bilateral cerebellar hemispheres, left caudate nucleae and thalamus were identified. The EEG showed a preserved posterior alpha rhythm associated with slow discontinuous right temporal and mainly left parieto-temporo-occipital activity, indicating dysfunction in these locations.

Conclusions: In line with literature our patient had lesions in the right frontal and temporal lobe. She also presented lesions in other areas involved with visuospatial processing. Particularly the involvement of the left hemisphere reported in our case seems to be an exception. Other factors potentially played a role triggering this episode, namely the cognitive compromise due to dementia interposed with infectious disease, and the rotigotine treatment as well. Another aspect worth mentioning in our case was the remission of symptoms with the use of Olanzapine, even though only a few cases in literature have fully remitted with treatment with antipsychotics.

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EPV0663

Capgras delusion and auditory hallucinations in old age: a case of paraphrenia?

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Introduction: The term paraphrenia, as classically described by Kraepelin, characterizes a disorder that fits into the complex group of late onset psychoses and resembles schizophrenia, but with better preservation of affect and volition and less deterioration of personality. Over the last few decades, the concept has suffered several setbacks and is not currently recognised by the main manuals of mental disorders. However, there are several authors who argue that the diagnosis of paraphrenia has not lost its usefulness. In 1999, Munro and colleagues proposed a set of criteria to identify this entity and delimit it from the diagnoses of schizophrenia and delusional disorder.

Objectives: Based on a clinical case, we intend to discuss the applicability of the criteria proposed by Munro and the usefulness of the concept of paraphrenia nowadays.

Methods: Case report.

Results: A 71-year-old woman was taken to the emergency department for presenting a first psychotic episode characterized by auditory hallucinations, persecutory delusional ideation and Capgras delirium. The delirium was well structured and very dynamic, interfering in the patient's social and family spheres. Affects were preserved and adequate and no volitional alterations, thought forms or cognitive deficits were found. Organic pathology was also excluded. Thus, it was possible to make the diagnosis of paraphrenia in light of Munro's criteria.

Conclusions: The description of this case illustrates the definition and identification of paraphrenia, highlighting the usefulness of the proposed criteria and the importance of giving greater recognition to this entity in order to stimulate future research.

Disclosure of Interest: None Declared