

Introduction: Patients with hoarding disorder (HD) show difficulty discarding items due to the perceived need to save the items and to distress about discarding them, which causes domestic squalor (DS), especially in young people. In older people, dementia also causes DS. In this case series, we report five cases of older people with DS and compare DS due to HD with DS due to dementia.

Case presentation: Case 1 was an 82-year-old female who showed hoarding symptoms in her 60s. She was diagnosed with late-onset HD. Case 2 was a 73-year-old female who showed hoarding symptoms in her 10s. She was diagnosed with early-onset HD. Cases 1 and 2 showed difficulty discarding. Case 1 went to the dump site to collect items that had been discarded by her family. Case 2 strongly refused to throw away items that were considered unnecessary by her family. However, cases 1 and 2 could continue to live at home with nonpharmacological treatment, such as limiting shopping items and getting items from friends and discarding items with their family step by step. Case 3 was a 56-year-old male who showed hoarding symptoms in his 50s. Case 4 was a 72-year-old female who showed hoarding symptoms in her 60s. Cases 3 and 4 were diagnosed with behavioral variant frontotemporal dementia. Case 5 was a 67-year-old female who showed hoarding symptoms in her 60s. She was diagnosed with dementia with Lewy bodies. Case 3-5 did not feel distressed that their family discard their items in their absence. However, despite adjustments to their living environment, they could not continue to live at home and were admitted to a nursing home.

Conclusion: In this case series, although cases with DS due to HD showed difficulty discarding items, they could continue to live at home. However, in cases with DS due to dementia, although their house was easily cleaned, they could not continue to live at home due to impairment of their daily activities. Therefore, it is important not to miss HD in older people, and DS due to dementia may be a sign they have difficulty living at home.

P48: Underreporting of suicide in old age: accident or self-harm? Angela's scase

Author: Diego De Leo, MD, PhD, DSc, Griffith University, Australia, Primorska University, Slovenia, President, Italian Psychogeriatric Association

Abstract: Deaths from suicide often incur a misclassification. Suicide is in fact subject to stigma and shame; in some countries it is even criminalized. Furthermore, there are situations in which the intentionality of the suicidal behavior is really equivocal or there was a desire to disguise the death by suicide, for example for insurance reasons. In many cases, it can be difficult to ascertain if death was due to a deliberate act (such as not taking life-saving medication or overdosing on them; an accident or a voluntary fall, etc.). Suicide deaths involving older adults are particularly prone to under-reporting. The advanced age of the deceased may imply less investigative interest than a death in childhood or from medical complications. In addition, there are cases in which it is really difficult to classify the type of death. The following story may underline such a difficulty.

Angela was 81 years old. A childless widow, sufficiently independent, was a guest in a nursing home for about a year; she was there - she said - mainly to fight her loneliness. However, in the nursing home she felt even lonelier than at home.

Her house was sold shortly before entering her residence. She felt very frightened by the pandemic, which she followed for long hours on television: she had begun to say aloud that she didn't want to be intubated, and that there was no more oxygen for anyone anyway. Everybody would have died soon. She was given sedatives to calm

her down, but in one occasion a nurse saw her holding the pills in her mouth and then spitting them down the toilet. Her roommate got sick and was taken away. Angela kept asking about her, receiving no answer. She was noticed having difficulties falling asleep and although she showed no signs of infection or disease, she was heard saying that her days were over. One day, she told the nurse that she had finally figured out what to do. A few days later, she was found dead during lunchtime, apparently suffocating on a piece of turkey.

P49: The effect of old age on the experience of those who received an unexpected and violent death notification: A qualitative study

Authors: Diego De Leo^{1,2,3} and Josephine Zammarrelli³

¹ Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane, QLD 4122, Australia ² Slovene Centre for Suicide Research, Primorska University, 6000 Koper, Slovenia

³ De Leo Fund, 35137 Padua, Italy

Background: How an individual is informed of the traumatic loss of a loved one can influence the grieving process and quality of life for survivors. Objective: this qualitative survey aimed to explore how age influences the experience and feelings of those who have received communication of this type of death from a professional figure.

Method: 30 people recruited through the use of social networks and word of mouth participated in the study. The participants were divided into three groups according to the age variable (1 group: 10 participants up to 35 years old; 2 group: 10 participants aged between 45 and 55 years; 3 group: 10 participants aged 60 and over) who have received notification of the death of a loved one from police officers or health care professionals. The data was collected through an ad hoc questionnaire, completed online. The thematic analysis technique used Atlas.ti software 8.

Results: the following four key themes were identified: (a) how the communication took place; (b) reactions; (c) support; and (d) coping strategies.

Conclusions: it is possible that advanced age confers greater resilience and coping strategies through life experiences to mitigate the stressful impact of communicating an unexpected and violent death.

P50: Looking for the best: Video vs written informed consent in coronary angiography procedures

Authors: Ines Testoni¹, Francesca Lampis¹, Erika Iacona¹, Roberto Valle², Gabriele Boscolo², Diego De Leo^{3,4}

¹ Dept Psychology, University of Padua, Italy

² Cardiology Unit, Chioggia Hospital, Italy

³ Australian Institute for Suicide Research and Prevention, Griffith University Australia

⁴ Dept Psychology, Primorska University, Slovenia

Background: Informed consent practices in healthcare are a fundamental element of patient-centred care; however, the traditional written description of the medical procedure for obtaining informed consent seems to have several limitations. Aim: This research aimed to evaluate the effects of an alternative method of obtaining