find them in patients with Alzheimer disease. Since there is no specific curative treatment for this disease, concomitant psychopharmacological treatment is recommended if manic symptoms appear.

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EPV0673

Differential diagnosis between frontotemporal dementia and bipolar disorder, review and case report

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Introduction: Dementia can present with psychiatric symptoms even before the cognitive impairment, which makes difficult to establish an adequate diagnosis. There have described symptoms of this type in vascular dementia, frontotemporal dementia, Alzheimer disease and Lewy bodies dementia. Frontotemporal dementia has a prevalence of 9-20% and it`s the third in frequency among degenerative dementia. It appears before the age of 65 years old and is more common in men. Two variants have been described, linguistic and behavioral. The behavioral one has usually an initial psychiatric presentation, with behavioral disorders, disinhibition and personality changes. Therefore it`s important to make an adequate differential diagnosis with late onset bipolar disorder.
Objectives: To review about frontotemporal dementia and its differential diagnosis with late onset bipolar disorder.
Methods: We carry out a literature review about frontotemporal dementia and its differential diagnosis with late onset bipolar disorder, accompanied by a clinical description of one patient with behavioral disturbance and language disorder.
Results: A 59-year-old female was admitted to the short-term hospitalization unit from the emergency department due to behavior disorder. She had no relevant personal or familiar psychiatric history up to two years before when she received diagnosis of bipolar disorder. She presented behavioral disorganization, psychomotor restlessness, verbal aggressiveness, verbiage, insomnia and decreased intake. Psychopathological examination became difficult due to her language disorder since she presented an incoherent speech with paraphasias and loss of the common thread. Neurological study guided diagnosis to frontotemporal dementia even though they left the psychopharmacological treatment to our discretion. Olanzapine 5 mg twice a day was initiated, and behavioral improvement was observed. However, the patient maintained a significant functional impairment.
Conclusions: Psychiatric presentation is frequent in dementia, even before cognitive failures which makes essential an exhaustive differential diagnosis. It`s important to consider the diagnosis of frontotemporal dementia in those patients who debut with behavioral disturbance in the 50s. Psychopharmacological treatment is only symptomatic so functional recovery should not be expected.

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EPV0674

Navigating Neurocognitive Territory: Late-Onset Bipolar Disorder Insights

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Introduction: Affective disorders are associated with cognitive deterioration, manifested by an increased risk of developing dementia. Late-onset bipolar disorder (BD) establishes a dynamic interaction between dementia and BD, considering its particular manifestations in old age.
Objectives: Provide a comprehensive overview of the clinical and epidemiological attributes specific to late-onset BD, elucidating its interplay with dementia.
Methods: We conducted a literature search on PubMed in August 2023, using the following terms: late-onset bipolar disorder AND dementia. Only systematic reviews and meta-analysis were included with no year or language restrictions. Three articles were eligible for this review: two systematic reviews and one meta-analysis.
Results: Late-onset BD can be defined as a secondary condition and may result from an expression of lower vulnerability to BD, when compared to early-onset BD. On the other hand, late-onset BD may be conceptualized as a subtype of pseudodementia, or even considered a risk factor for dementia. In fact, this particular association with dementia supports the existence of a specific class of BD, i.e. BD type VI. Such diagnostic overlap might be explained by common factors that have been associated with both BD and dementia, such as cardiovascular risk factors, systemic inflammation, stress and levels of baseline cognitive reserve. Despite the commonalities, other aspects, such as family history and prior history of a mood disorder, may help to make the differential diagnosis between late-onset BD and dementia.
Conclusions: There is a diagnostic challenge between dementia and the neurocognitive decline associated with BD, particularly in the case of a late-onset BD. Although the available evidence is limited, current evidence demonstrates that BD can indeed be seen as a risk factor for dementia. Therefore, cognitive impairment in individuals with BD should not be overlooked.

Disclosure of Interest: None Declared

EPV0675

Factors associated with psychotropics adverse effects in elderly psychiatric inpatients

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Introduction: Adverse effects (AEs) of psychotropic drugs are more frequent and potentially more dangerous in elderly subjects

(ES), probably due to a greater frequency of somatic comorbidities, as well as polymedication.
Objectives: The aims of this study were to determine the prevalence of AEs of psychotropic treatment among ES hospitalized in psychiatry, and to identify the associated sociodemographic and clinical factors.
Methods: We conducted a retrospective and descriptive study. It concerned male patients aged at least 60 years, hospitalized in the psychiatry B department at CHU Hedi Chaker (Sfax, Tunisia) between 2018 and 2022. We collected demographic and clinical data from their medical records using a pre-established form.
Results: We included 30 patients. The average age was 64 years. Addictive behaviors were reported in 60%, and somatic histories were noted in 53.3% of patients. The three most frequent psychiatric diagnoses were schizophrenia (43.3%), bipolar disorder (33.3%) and depressive disorder (13.3%). Among our patients, 10% experienced adverse psychotropic drug reactions: orthostatic hypotension 6.7%; neurological AEs 3.3%. Univariate analysis showed no significant relationship between sociodemographic variables and psychotropic drug AEs. Patients with bipolar disorder were more likely to develop AEs of psychotropic treatment (p=0.04).
Conclusions: Our results suggest that special attention should be paid to avoiding psychotropic medication AEs in psychiatric inpatients ES. Indeed, extra precautions need to be taken in this population due to their reduced ability to report their symptoms.

Disclosure of Interest: None Declared

EPV0676

Meta-analysis of generalization reliability of the Montreal Cognitive Assessment (MoCA) questionnaire in cognitive impairment

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Introduction: Dementia is a syndrome of high prevalence and health impact. The Montreal Cognitive Assessment (MoCA) questionnaire is a screening tool whose use has increased in recent years, especially in cases of mild cognitive impairment. Some studies suggest that its ability to detect cognitive impairment, especially in early or mild stages, seems to be greater than gold-standard instruments (Ciesielska et al., 2016).
Objectives: We have performed a meta-analysis of reliability generalization to see if different adaptations and use in different contexts show consistent results.
Methods: We performed a literature search in PyscINFO and Medline with the terms "Cognitive impairment" AND "internal consistency" AND "Cronbach", using the following inclusion criteria:

1. Be a study in which the MoCA scale was applied to a population sample.
2. Studies published in the last 10 years.
3. Studies that provide the reliability coefficient or sufficient data to calculate them.
4. Be written in English or Spanish.

We have limited our study to the last 10 years and the English language has given us a total of 19 results in Medline and 132 results in PsycINFO. Subsequently, we completed this search by snowball sampling.
A random effects model was assumed for the statistical calculations and the transformation of our values using the Hakstian and Whalen (1976) proposal. Statistical analysis was performed with the MAJOR package of the Janovi program, based on the R environment.
Results: We obtained a mean reliability for the transformed test scores of 0.42 (95% CI: 0.38 - 0.45), as well as high heterogeneity measured by Cochran's Q statistic and the I^2 index, which is attributed after analysis of moderating variables to the geographical adaptation of the questionnaire and the type of patient on whom it is applied. Our Funnel Plot graph indicates that we do not appear to have committed a publication bias.
Conclusions: Our meta-analysis shows high heterogeneity, mainly explained by the population of origin, both geographically (continent) and clinically (presence of primary cognitive impairment or not), with special incidence in those with impairment secondary to other pathologies, mainly neurological. However, we should consider the high probability that we have not included important variables in our analysis that could increase the explanatory power of our model.

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EPV0677

Gender differences in the association of dementia and depression

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Introduction: The evolution of depression and dementia has been shown to differ in some studies. For example, a history of recent depression has been found to be associated with an increased risk of Alzheimer's disease in women (Kim et al., 2021).
Objectives: We will use data collected from several dementia studies to analyze whether the presence of depression at diagnosis is more frequent in women.
Methods: We conducted a systematic search for articles analyzing the presence of depression in patients with a diagnosis of dementia. We analyzed by Student's t test the presence of depression according to sex, considering the alternative hypothesis that there is more depression in female than male patients.
Results: The mean age of the sample was 71 years. We obtained a statistically significant Student's t test (p=0.02).
Conclusions: The approach and approach to depression in the elderly as a risk factor could be different according to sex. For example, some studies have proposed the use of hormone replacement therapy (HRT) after menopause as a possible protective factor