

**Methods:** Double-blind, randomized, placebo-controlled clinical trial involving elderly patients with VD at the psychogeriatrics and vascular dementia outpatient clinic at Hospital das Clínicas de Ribeirão Preto. The intervention evaluated was the use of CBD 300mg/day compared to placebo. The instruments used are: Neuropsychiatric Inventory, Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression Scale, Side Effects Scale, Mini-Mental State Examination, Brief Cognitive Screening Battery, Katz Index of Independence in Activities of Daily Living, Lawton Instrumental Activities of Daily Living Scale, Informant Questionnaire on Cognitive Decline in the Elderly, Zarit Burden Inventory. The included participants were assessed at the beginning of the study (baseline assessment), in the first, second and fourth weeks after the start of the clinical trial.

**Results:** 30 participants were included. The mixed ANOVA with repeated measures showed that there is an effect of the interaction time and group ( $F(2.12; 59.43) = 4.02$ ;  $p < 0.05$ ;  $\eta^2 = 0.13$ ) on the total score of the brief scale psychiatric assessment and neuropsychiatric inventory ( $F(1.58; 44.31) = 3.61$ ;  $p = 0.05$ ;  $\eta^2 = 0.11$ ). The mixed ANOVA of repeated measures showed no effect of the interaction of time and group for the mini-mental state examination, brief cognitive screening battery. Adverse effects were mild and transient, and similar to the placebo group.

**Conclusions:** In this study, cannabidiol reduced psychological and behavioral symptoms in patients with vascular dementia. Future studies with larger samples are needed to confirm the findings. ( $F(1.58; 44.31) = 3.61$ ;  $p = 0.05$ ;  $\eta^2 = 0.11$ ). The mixed ANOVA of repeated measures showed no effect of the interaction of time and group for the mini-mental state examination, brief cognitive screening battery. Adverse effects were mild and transient, and similar to the placebo group.

## **P26: Safety of Mirtazapine use in older people: A systematic review\**

**Authors:** Rebeca Mendes de Paula Pessoa, MD, MSc<sup>1,2</sup>, Guilherme José Barreto Alcantara, BSc<sup>1</sup>, Rafael Pires de Carvalho, BSc<sup>1</sup>, Marcos Hortes Nisihara Chagas, MD, PhD<sup>2</sup>, Madson Alan Maximiano-Barreto, PhD<sup>2</sup>.

1. University of São Paulo, Bauru, SP, Brazil.
2. Research Group on Mental Health, Cognition and Aging, University of São Paulo, Ribeirão Preto, SP, Brazil.

**Objectives:** This systematic review aims to analyze the safety of mirtazapine in patients aged 60 years or older, as well as its side effects in this population.

**Methods:** A systematic literature search was performed based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Searches were conducted in the Embase, LILACS, PsycINFO, PubMed, Scopus, and Web of Science for articles published in any language using the terms Mirtazapine AND (pharmacovigilance OR 'side effect\*' OR 'adverse reaction\*' OR 'adverse event\*' OR safety). This review was registered in PROSPERO: CRD42023492249.

**Results:** Seventy-two papers met the inclusion criteria. A total of 12,983,837 patients aged 60 or over included the studies selected for this systematic review. Most of the reported indications (54.1%) were for depression. The most reported adverse events were drowsiness (5–30%), dry mouth (1–37.5%), constipation (3.9–23.2%), urinary infection (8.8–24%), fractures (0.3–18.6%) and risk of death (0.28–1.7%). From the included randomized controlled trials, comparing mirtazapine with placebo, mirtazapine resulted in higher rates of dry mouth. Compared with amitriptyline, mirtazapine had lower risk of dry mouth and drowsiness, and a higher risk of constipation. Compared with fluoxetine, mirtazapine had higher rates of drowsiness and dry mouth.

**Conclusions:** This work provides full characterization of mirtazapine safety in older people, which may help healthcare providers better anticipate, prevent and manage adverse events in this population.

### **P27: Suicide in Chilean elderly and deconfinement policies.**

**Authors:** Dr. Roberto Sunkel<sup>1,2</sup>, Giovanka Figueroa<sup>1</sup>, Noelia Zapata<sup>1</sup>, Dr. Valentina Sabaj<sup>1</sup>, Dr. María Rippes<sup>1</sup>, Anakena Ibaceta<sup>1</sup>, Dr. Fernando Barra<sup>1</sup>

1. Psychogeriatrics Service at National Institute of Geriatrics, Santiago de Chile
2. Department of Psychiatry, East Campus, University of Chile.

**Objectives:** Describe the relationship between suicide rates and deconfinement government policies in Chilean elderly.

**Methods:** Information on elderly deaths by suicide during de 2021–2023 period was taken from the Health Statistical Information Department of Chile (open access). Suicide rates were calculated, and monthly basis trends built. Government quarantine- deconfinement measures were reviewed for describing the relationship between policies and suicide rates.

**Results:** In the three-year period analyzed, suicide rates increased from 9.1 per 100,000 inhabitants to 11.4% during 2022 and decreased during 2023 to 10 per 100,000 inhabitants. Monthly suicide rates by each year are shown in Figure 1.

**Conclusions:** Between 2021–2023, the highest suicide rates occurred in 2022. When analyzing the trend on a monthly basis, it can be seen that there might be a relation with government quarantine-deconfinement measures. The most restrictive ones (March–June) seemed associated with the lowest rates. On the contrary, lower social restrictions (July and November) increased the deaths by suicide in the elderly.

### **P28: Exploring Attitudes towards Sexuality and Their Impact on Sexual Satisfaction among Older Adults in a Psychogeriatric Clinic in Mexico City**

**Authors:** Rodrigo Gómez Martínez, Dr. Juan Francisco Vázquez Flores, Dr. Guillermo Velázquez López, Dr. Ismael Aguilar Salas

**Summary:** Sexuality, often one of the least understood aspects of human behavior, encounters numerous prejudices, particularly in Latin American countries characterized by a repressive and machismo-infused education influenced by religious values, such as Catholicism. This cultural backdrop places women at a distinct disadvantage. According to the World Health Organization (WHO), sexuality encompasses various dimensions including sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Attitudes toward sexuality are shaped by past experiences, including affective, cognitive, and behavioral aspects. Societal norms for sexual activity, in the context of older adults have changed significantly. Research emphasizes the crucial role of sexual satisfaction in older adults' overall health. The interaction of sexuality, communication, and relationship conflicts directly affects partnership satisfaction and well-being. Lack of sexual satisfaction is linked to emotional distress and physical issues, highlighting the need for medical attention and overcoming reluctance to seek help. These findings emphasize the complexity of older adults' sexuality and the importance of a comprehensive approach considering social, cultural, and gender factors.