

**Objectives:** In this multicenter study, we sought to examine potential clinical differences between older adults with schizophrenia who are living in a long-term care facility and their community-dwelling counterparts.

**Methods:** We used data from the French Cohort of individuals with Schizophrenia Aged 55-years or more (CSA) study, a large multicenter sample of older adults with schizophrenia (N = 353).

We used data from the French Cohort of individuals with Schizophrenia Aged 55-years or more (CSA) study, a large multicenter sample of older adults with schizophrenia (N = 353).

**Results:** Results from the multivariable binary logistic regression analysis including all variables that had a significant association in univariate analyses (i.e.,  $p < 0.05$ ) revealed that older age (Adjusted odds ratio (AOR) [95%CI]=1.08 [1.03–1.13]), depression (AOR [95%CI]=1.97 [1.06–3.64]), lower MMSE (AOR [95%CI]=0.94 [0.88–0.99]) and GAF scores (AOR [95%CI]=0.97 [0.95–0.99]), living in an area comprising more than 1000 inhabitants per km<sup>2</sup> (AOR [95%CI]=2.81 [1.37–5.80]), having consulted a general practitioner in the past year (AOR [95%CI]=0.28 [0.0.14–0.56]), and a greater lifetime number of hospitalizations in a psychiatric department (AOR [95%CI]=2.30 [1.18–4.50]) were significantly and independently associated with long-term care utilization among older adults with schizophrenia. In the multivariable logistic regression model, the variance inflation factor (VIF) and tolerance values of each predictor variable were respectively lower than 2.5 and higher than 0.2, supporting that multicollinearity was not a concern in our analysis.

**Conclusions:** In a multicenter sample of 353 older adults with schizophrenia, we found that long-term care utilization was significantly and independently associated with depression, lower cognitive and global functioning, greater lifetime number of hospitalizations in a psychiatric department, not having consulted a general practitioner in the past year, urbanicity and older age. Patients living in a long-term care facility appear to belong to a distinct group, marked by a more severe course of illness with higher level of depression and more severe cognitive deficits.

Despite its limitations, this study contributes to gain more specific knowledge about this specific understudied population. Our study highlights the need of early assessment and management of depression and cognitive deficits in this population and the importance of monitoring closely this vulnerable population.

**Disclosure of Interest:** None Declared

## EPV0667

**Charles- Bonnet Syndrome: a case review. The objective of this poster is to contribute a case to the existing series, and thus get closer to the knowledge of this clinical entity.**

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**Introduction:** Charles-Bonnet syndrome was described in 1760 by the Swiss philosopher Charles-Bonnet, who reported that his grandfather's visual hallucinations were due to eye disease rather than mental illness.

It is characterized by the presence of visual hallucinations, which are usually complex and structured, in elderly patients with preserved cognitive status, significant deterioration in visual acuity and no evidence of associated psychiatric or neurological disease.

**Objectives:** The objective of this poster is to contribute a case to the existing series, and thus get closer to the knowledge of this clinical entity.

**Methods:** To review the case, a search was made in Pubmed with the terms hallucinations and Charles Bonnet's Syndrome.

**Results:** This is a 76-year-old man, in follow-up by the ophthalmology service in the context of bilateral cataract, which causes severe visual disturbance. He went to our hospital, accompanied by his wife, reporting that for some months he has had complex visual hallucinations of various animals, colors in space, as well as children playing around him. All this generates a lot of anxiety, although the patient makes adequate criticism of them.

The neurological examination performed was normal. The CT scan and laboratory tests were also within normal limits. Cognitive impairment was explored using the MMSE scale, which did not show any alteration. In addition, after a psychiatric evaluation, the patient does not meet the criteria for any disorder included in the DSM V. After reviewing the literature and taking into account the clinical picture described, the case is framed within a Charles-Bonnet syndrome.

Regarding the therapeutic plan carried out, it was decided to start treatment with Gabapentin up to a maximum dose of 900 mg/day, with a considerable improvement in the hallucinatory symptoms. In addition, given the repercussion at the affective level, especially with a predominance of anxious symptoms, it was decided to start sertraline at a dose of 50 mg/day, with an adequate therapeutic response.

**Conclusions:** Charles-Bonnet syndrome refers to hallucinosis, generally of a visual nature, that appear in patients with a sensory deficit associated with the type of sensory-perceptive alteration. It is important to take it into account in the differential diagnosis of the elderly patient with hallucinosis. There is no established treatment, although neuroleptics, benzodiazepines, antidepressants and anti-epileptics are used.

**Disclosure of Interest:** None Declared

## EPV0669

**Visual hallucinations and age-related macular degeneration: case presentation and a brief literature review**

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**Introduction:** age-related macular degeneration (AMD) is an ocular disease involving central vision. It is one of the main reasons of vision loss in people over 50. Seeing non-existing faces or shapes are described in AMD. Symptoms of visual hallucinations that occur as a result of vision loss is known as Charles Bonnet syndrome (CBS). These patients have intact cognition, do not have hallucinations in any other sensory modalities, and retain insight into the unreal nature of their hallucinations.