

Methods: Seventeen elderly people (including four males) who attended a session for recruiting participants for a class using the board game "Go" in Tokyo were paired and talked on the phone once a week about Go issues and other interests during the 3-month class period, starting January 2022. At the end of the class in April 2022, a self-administered questionnaire (5 items, 4-point scale) and semi-structured interview were conducted. The Ethics Committee of the Tokyo Metropolitan Institute of Gerontology approved the study, and the participants' written consent was obtained.

Results: The participants' mean age was 80.1 ± 5.5 years, and the mean score of the Montreal Cognitive Assessment, which screens for mild cognitive impairment, was 21.3 ± 3.1 , with 16 subjects (94.1%) scoring below the cut-off value of 25. The percentages of "agree" or "somewhat agree" responses indicated that the telephone interaction was "enjoyable" (94.1%), "had a positive effect" (88.2%), and they "would like to talk on the phone sometimes in the future" (76.5%). In the interviews, the positive responses were "(Because I was looking forward to the phone call so eagerly) I couldn't wait for the phone call," "I enjoyed playing Go," "It was easy to talk about Go because it was a common topic," "We talked about things other than Go," and "I want to go out with my pair partner," while others were "I was careful about what talk about" and "It was difficult to maintain psychological distance from my pair partner."

Conclusion: The results suggest that telephone communication may be effective for preventing social isolation among the elderly with cognitive impairment. We believe that promoting telephone interaction during normal times between residents in the community with common interests will build supportive relationships and lead to a Dementia-friendly society.

P28: Early adverse events and loneliness among older people with depression

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Object: Loneliness is experienced by many older people and associated with depressive symptoms. Childhood adverse events have been found to be a predictor of loneliness in young adults. We would like to investigate whether childhood traumatic events are associated with loneliness in older people with depression. We also explored what kinds of traumatic events are more related to loneliness and whether family support will modify the association of interest.

Methods: Older adults (≥ 60 years) with history of major depressive disorder were enrolled from outpatient clinics. Participants cannot be diagnosed as dementia. They received a series of questionnaires, including cumulative illness rating scales, Hamilton depressive and anxiety rating scales (HDRS and HARS), Geriatric depression scale(GDS), Childhood Trauma Questionnaire(CTQ), Chinese version of the family adaptation, partnership, growth, affection and resolve(APGAR), and Mini-mental status examination.

Results: Fifty-four participants were enrolled. The average age was 68.8 years and female predominance (83.7%) with mean educational year of 10.4. Univariate analysis was performed first using LS score as dependent variable, and only those variables with p value less than 0.2 were put into multiple linear regression. In the multiple regression model, age, gender, education, GDS, HDAS were entered as covariates and CTQ was treated as independent variable. The results showed that CTQ score was positively associated with LS ($\beta=0.565$, $p<0.001$). The family support, presented as APGAR score, was not modified the results. In the explore analysis, physical neglect, emotional abuse, emotional neglect also showed positively associated with loneliness in the participants; however, physical abuse and sexual abuse did not have the same findings.

Conclusion: Childhood adverse events may be positively associated with loneliness in older people with depressive disorder after adjusting for confounders. We should pay more attention on the childhood traumatic events in these patients. In addition, physical neglect, emotional abuse, emotional neglect rather than physical abuse and sexual abuse seemed to have more impact on the loneliness in these participants. However, some limitations, such as small sample size, recall bias of childhood events, difficulty of recall physical and sexual abuse, and other latent confounders, should be considered before making a final conclusion.

P31: Prescribing patterns for older age bipolar disorder patients discharged from two public mental hospitals in Taiwan, 2006-2019

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Objective: Older age bipolar disorder (OABD) is commonly defined as bipolar disorder in individuals aged 60 or more. General principles of pharmacotherapy in guidelines for treating OABD are greatly like those for younger adults. We aimed to investigate prescription changes among OABD patients discharged from two public mental hospitals in Taiwan from 2006 to 2019.

Methods: OABD patients discharged from the two study hospitals, from 1 January 2006 to 31 December 2019 (n = 1072), entered the analysis. Prescribed drugs at discharge, including mood stabilizers (i.e., lithium, valproate, carbamazepine, and lamotrigine), antipsychotics (i.e., second- and first-generation antipsychotics; SGAs & FGAs), and antidepressants, were investigated. Complex polypharmacy was defined as the use of 3 or more agents among the prescribed drugs. Temporal trends of each prescribing pattern were analyzed using the Cochran-Armitage Trend test.

Results: The most commonly prescribed drugs were SGAs (72.0%), followed by valproate (48.4%) and antidepressants (21.7%). The prescription rates of SGAs, antidepressants, antidepressants without mood stabilizers, and complex polypharmacy

significantly increased over time, whereas the prescription rates of mood stabilizers, lithium, FGAs, and antidepressants plus mood stabilizers significantly decreased. **Conclusion:** Prescribing patterns changed remarkably for OABD patients over a 14- year period. The decreased use of lithium and increased use of antidepressants did not reflect bipolar treatment guidelines. Future research should examine whether such prescribing patterns are associated with adverse clinical outcomes.

Keywords: older age bipolar disorder, lithium, second-generation antipsychotics, antidepressants, complex polypharmacy

P35: Relationship between Psychological Capital, Well-Being & Mental Health of Middle- aged & Older University Staff

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