Results: A 76-year-old woman who had no prior history of mental health issues until March 2023 when she was initially admitted to a geriatric hospitalization unit for manifesting manic symptoms. She was readmitted in July 2023 due to worsening depressive symptoms that included a declining mood, passive thoughts of death, deterioration in self-care, weight loss, insomnia, constipation, and dry mouth despite recent changes in her medications. She was on treatment with escitalopram (which was gradually discontinued and replaced with mirtazapine), quetiapine, lormetazepam, and lorazepam. Imaging tests showed chronic ischemic lesions in her brain and a small meningioma, the rest of the test were normal.
The initial diagnostic hypothesis was a bipolar depressive episode, and her treatment was adjusted accordingly. She was started on lithium, and her quetiapine dosage was increased, along with the anxiolytic lorazepam. Due to the persistence of depressive symptoms, including low mood, anhedonia, apathy, and negative thoughts, she was also prescribed antidepressant medication (venlafaxine and mirtazapine). Her condition gradually improved, with better eating and sleep patterns, increased participation in activities, and reduced somatic complaints and anxiety.
As she continued to experience somnolence and decreased morning energy, her antipsychotic medication was switched from quetiapine to lurasidone. The dose of lithium was decreased due to tremors in her extremities, although they remained within the therapeutic range. Despite these adjustments, her mood significantly improved, and she showed no signs of worsening or psychotic symptoms, leading to her discharge.
Conclusions: Summarizing different studies, LOBD who develop mania for the first time at an advanced age (≥ 50 years) constitute 5-10% of all BD. It is important to perform a thorough differential diagnosis, as an organic substrate and diverse etiologies may be present. Current guidelines recommend that first-line treatment of OABD should be similar to that of BD in young patients, with careful use of psychotropic drugs.

Disclosure of Interest: None Declared

EPV0667

The modulation effect of cognition on the interpretation bias of mentalization in late-life depression (LLD): A study of eye gaze interpretation – a potential screening tool for high-risk group of LLD

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Introduction: Impairment in mentalization, interpreting and perceiving social relevant information has been found to play a part in the development and maintenance of depression. Major depressive disorders showed significant impairment in social cognition and such impairment appears to be positively associated with the severity of depression. Self-referential gaze perception, as a measurement of mentalization, was predominantly measured in patients with psychosis but rarely examined in late-life depression (LLD).
Objectives: To assess the effect of cognition on the interpretation bias of mentalization
Methods: This will be a cross-sectional case-controlled study on Chinese older adults with major depressive disorder recruited from outpatient departments of the public mental health service in Hong Kong. The same inclusion and exclusion criteria, with the exception of the history of major depressive disorder, will be used to recruit the control group. Assessments included sociodemographics, cognitive assessments and depressive symptoms. The primary experimental task was Gaze Perception Task using E- prime Professional 2.0. The stimuli of task are photographs of six Chinese models (3 men and 3 women) facing straight to camera with 13 different gaze directions (0°, 5°, 10°, 15°, 20°, 25° and 30° to the left and to the right, respectively). Participants shall be instructed to respond with a "yes" or a "no" to the question (for self-referential gaze): 'Do you feel as if the person in the picture is looking at you?'.
Results: 41 patients and 41 healthy controls have been recruited. The group comparison in SRGP revealed that there was only significant difference in the unambiguous-SRGP ($U=561.000$, $Z=-2.62$, $N=82$, $p=0.009$). Patients had higher unambiguous self-referential gaze accuracy (Mean=0.16) than controls (Mean= 0.075). With a cut-off score of 22, patients with better HK-MoCA scores had better unambiguous SRGP scores than those with lower HK-MoCA scores ($p=0.024$). This difference was not observed in healthy controls. HK-MoCA could predict ambiguous SRGP rate $F(1,80)=14.85$, $p<.001$, R square=15.7%. and redict unambiguous SRGP rate $F(1,80)=14.85$, $p<.001$, R square=15.7%.
Conclusions: LLD subjects had a significant interpretation bias in the unambitious averted gaze (20°, 25° and 30°) interpretation compared with healthy controls. LLD subjects tend to have more self-referential perception of the clear averted gaze. This misinterpretation of the eye gaze is probably due to the interpretation bias in processing external information, which is commonly reported as mentalization impairment in depression (Weightman et al., 2014).

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EPV0668

Benzodiazepines and risk of dementia – Is there a reason for alarm?

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Introduction: The population ageing is a reality associated with an increase in prevalence of Dementia. The use of benzodiazepines is often postulated as a risk factor in these syndromes.
Contrary to recommendations for its short-time use, long-term and chronic use are common, with an estimated 8,7% of elderly people in the US taking benzodiazepines.
Objectives: To clarify the most recent evidence on the use of benzodiazepines and the risk of developing dementia.

Methods: Non-systematic review of literature, using PubMed as database and filtering the results for meta-analysis.
Results: Four articles were included in this review.
Zhong G et al. concluded that risk of dementia increased in consumers of benzodiazepines and it was associated with higher doses. In turn, AlDawasari A et al., when trying to clarify the use of different sedative-hypnotic drugs, found and increased risk with the consumption of benzodiazepines. After exclusion of articles with confounders and adjustment for protopathic bias, the risk was not maintained.
Lucchetta RC et al. concluded that the risk exists but without inferring differences between doses or duration of action.
Finally, Penninkilampi R e Eslick GD investigated this association, after controlling for the protopathic bias, concluding, contrary to AlDawasari et al., that the association benzodiazepines consumption and dementia do not result from this bias.
Conclusions: We cannot draw robust and concrete conclusions between benzodiazepines consumption and the pathogenesis of dementia because not only is the literature limited, but results are also heterogeneous.
However, these prescriptions must be carried out cautiously, especially in the elderly, due to the known adverse effects associated with them.

Disclosure of Interest: None Declared

EPV0669

Prevalence of Dementia, associated Co-morbidities, and Multidisciplinary Team Involvement in a Psychiatry of Old Age Service

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Introduction: Dementia is a common diagnosis in service users seen by Psychiatry of Old Age (POA) Services. This clinical audit was conducted prior to the services engagement with a focus group, which aimed to explore the implementation of the "Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia" (National Clinical Guideline No. 21) and identify additional resource requirements to be submitted for consideration by the HSE's estimate process for 2023.
Objectives: Its aims were to evaluate:

- The prevalence of service users with a dementia diagnosis among those seen by the POA Service, from January 2018-June 2022
- The prevalence of co-morbid psychiatric diagnoses among those with a dementia diagnosis.
- The resources needed to manage currently active cases with a diagnosis of dementia, by evaluating MDT member involvement.

Methods: Data is routinely collected on service users treated by the POA service for service evaluation, including service users' diagnoses, and current MDT member involvement. All service users seen by the POA service between Jan 2018 – June 2022 were included. The total number of service users, and service users with dementia and mild Cognitive impairment were counted, in order to evaluate the prevalence of dementia. We then evaluated the proportion of those with dementia who had co-morbid psychiatric diagnoses. We then looked at currently active cases with dementia, and evaluated how many MDT members were involved in their ongoing care.
Results: 392 service users were treated by the service from Jan 2018-June 2022. Of these 104 cases were still active with the service. 152 (39%) of these service users had a diagnosis of dementia. Of those with dementia, 45% (68, n=152) also had another psychiatric co-morbidity. Psychosis was the most common psychiatric co-morbidity, seen in 22% of those with dementia (33, n=152). 12% of active service users with a dementia diagnosis were only seen in outpatients clinics only, 60% were seeing one MDT member, 28% were seeing multiple MDT members (n=25).
Conclusions: Dementia was the most common diagnosis among service users seen by the POA service. 45% of service users with dementia being seen by the POA service also had another psychiatric co-morbidity. Such patients require significant MDT input.

Disclosure of Interest: None Declared

EPV0670

Underrated and Underestimated – Deprivation in Dementia. A Case Report

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Introduction: Deprivation is widely known in children and adolescents and means a lack of social, emotional, or sensory stimuli, due to disabilities such as deafness, but also social isolation and reduced parental care. It may cause developmental disorders such as impaired language, motoric and social development. Little is known of the impact of social deprivation in demented patients. Stimulus shielding, which is a widespread option for psychiatric symptoms of dementia such as agitation, vocalization and aggressive behavior may – if frequently used- have similar effects on demented patients.
Objectives: We report the case of a 71-year-old patient with dementia caused by PSP (Progressive Supranuclear Palsy), who was in inpatient treatment due to continuous undirected vocalizations. She presented with inability to walk, dysarthria, aphasia, and hearing difficulties beside major mnestic impairment. In a prior hospitalization and in her residency, she was frequently isolated from other patients due to loud screaming and vocalizations in terms of stimulus shielding by suspected overstimulation. In order to that, for four months, she developed progressive difficulties to speak, hear, understand, as well as gait disorders. In addition, the vocalizations increased.
Methods: We rated the symptoms due to deprivation, triggered by lack of mobilization, social experiences, visual, tactile and acoustic stimuli following a vicious circle of anxiety, vocalizations and recurrent isolations. Therefore, a multimodal therapy assessment was implemented, including daily physical therapy, mobilization, basal stimulation, social reintegration and basal conversation training.