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.

Disclosure of Interest: None Declared

EPV0673

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

M. García Moreno[1]*, A. De Cos Milas[2], L. Beatobe Carreño[2], P. Del Sol Calderón[1] and A. Izquierdo de la Puente[1]

[1]Psychiatry, Hospital Universitario Puerta de Hierro Majadahonda and [2]Psychiatry, Hospital Universitario de Móstoles, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1324

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.

Disclosure of Interest: None Declared

EPV0674

Navigating Neurocognitive Territory: Late-Onset Bipolar Disorder Insights

D. V. Cotovio*, F. Agostinho, M. R. Resende, R. S. Lousada, R. S. Nogueira, F. A. Silva and M. M. Melo

Departamento de Psiquiatria e Saúde Mental, Hospital Beatriz Ângelo, Loures, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1325

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

W. Abid, M. Turki, B. Ben jmeaa, A. Zribi, M. A. Megdiche*, S. Ellouze, N. Halouani and J. Aloulou

Psychiatry B department, Hedi chaker university hospital, sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1326

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