for the subsequent development of dementia (Kim et al., 2022). Further studies are recommended in this regard.

Disclosure of Interest: None Declared

EPV0678

Neuropsychiatric symptoms in frontotemporal dementia: a case report

A. Izquierdo De La Puente[1]*, P. del Sol Calderón[1] and R. Fernandez Fernandez[2]

[1]Psychiatry, Hospital Universitario Puerta de Hierro de Majadahonda, Majadahonda and [2]Psychiatry, Hospital Universitario Infanta Cristina, Parla, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1329

Introduction: We present the case of a 70-year-old man who, after presenting atypical depressive symptoms, was diagnosed with incipient frontotemporal dementia.
Objectives: Through the presentation of the case, a brief review is made of the affective prodromes of frontotemporal dementia
Methods: The patient, who had no personal history of interest, suddenly began to present depressive symptoms consisting of marked irritability, dysphoric mood, anxious semiology with a subjective feeling of anguish, maintenance insomnia and a feeling of lack of self-control, with a tendency towards verbal heteroaggressiveness. The patient reported all these symptoms with great suffering. After one year of treatment with venlafaxine 300g DMD and quetiapine 400g DMD, with one admission to the short-stay inpatient unit for self-harm threats, the patient had not experienced any improvement. In addition, during this year, the patient's family began to observe small memory lapses that affected his daily functioning, making the patient progressively more dependent.
Results: In view of this clinical picture, it was decided to request an MRI and a brain PET scan, where deficits in the frontal and temporal regions were observed, and a diagnosis of incipient frontotemporal dementia was made.
Conclusions: Frontotemporal dementia is the third most common dementia in people over 65 years of age. About half of the patients debut with psychiatric symptoms, one of them being depressive symptoms. Treatment is focused on the use of psychotropic drugs with the aim of symptom management. Olanzapine or aripiprazole are effective for psychotic symptoms or acute agitation. For more subacute conditions, SSRIs or trazodone are recommended. The iACOs are not recommended, because they are ineffective and worsen neuropsychiatric symptoms.

Disclosure of Interest: None Declared

EPV0679

Major depressive episode in the elderly. Use of maintenance ECT: a case report.

A. Izquierdo De La Puente[1]*, P. del Sol Calderón[1], R. Fernandez Fernandez[2] and M. Garcia Moreno[1]

[1]Psychiatry, Hospital Universitario Puerta de Hierro de Majadahonda, Majadahonda and [2]Psychiatry, Hospital Universitario Infanta Cristina, Parla, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1330

Introduction: We present the case of an elderly patient with a severe depressive episode who, in order to maintain psychopathological stabilisation, receives ECT on an outpatient basis.
Objectives: The objective is to briefly review the use of ECT as a maintenance treatment for severe depression in the elderly.
Methods: Patient aged 76 years, multipathological, with a history of hypertension, DM and LBP. Femoral head fracture, myelodysplastic syndrome, severe osteoporosis with vertebral crushing, requiring rescue treatment with tramadol, and renal failure.
She came for consultation, reporting depressive symptoms of months' duration, together with delusions of ruin and nihilism. Despite antidepressant and stabilising treatment with duloxetine at daily doses of 120mg, extended-release quetiapine 600mg, lorazepam 2.5mg and mirtazapine 45mg, the patient began to show negative behaviour towards accepting food, clinophilic behaviour and abandonment, which led to her being admitted to the short-term hospitalisation unit.
Results: Due to the severity of the depressive symptomatology, it was decided to start ECT, administering a total of 12 sessions, which were effective, and outpatient follow-up was resumed. However, after a week, the patient again began to show marked apathy and abulia, as well as complete anorexia lasting more than 24 hours, which led to a new admission. It was then that it was decided to maintain the ECT treatment, on an outpatient basis, as maintenance treatment, together with pharmacological treatment.
Conclusions: ECT is indicated in severe depression, with or without psychotic symptoms, with malnutrition and organic pathology. According to studies, it has a beneficial response of more than 60%. However, the rate of receiving depressive symptomatology in a severe episode is high, despite ECT, so studies and clinical practice recommend maintenance ECT. It is usual to start with weekly sessions, and progressively space them out to maintain the minimum that guarantees stability.

Disclosure of Interest: None Declared

EPV0680

Schizoaffective Disorder and Parkinson's Disease: a case report

A. Izquierdo De La Puente[1]*, P. del Sol Calderón[1] and R. Fernandez Fernandez[2]

[1]Psychiatry, Hospital Universitario Puerta de Hierro de Majadahonda, Majadahonda and [2]Psychiatry, Hospital Universitario Infanta Cristina, Parla, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1331

Introduction: We present the case of a patient with schizoaffective disorder and Parkinson's disease (PD), requiring treatment adjustment, with the use of high doses of quetiapine for the treatment of psychotic symptomatology.
Objectives: The aim is to briefly review the treatment of dopaminergic psychosis in the elderly.
Methods: Patient aged 86 years, institutionalised, presenting severe episodes of behavioural alteration, high anxiety and delusions of harm, together with auditory and visual

hallucinations. As relevant physical history, the patient has AHT, aortic insufficiency, and bladder cancer operated on in 2012. As psychiatric history of interest, the patient has been diagnosed since his 30s with schizoaffective disorder, Parkinson's disease and moderate-severe cognitive impairment secondary to the previous two.
As usual treatment, in addition to anticoagulation and antihypertensive therapy, the patient has been receiving L-dopa for his PD for years, antidepressant treatment with escitalopram 10mg, haloperidol 80 drops a day, divided into three doses, and lormetazepam 2mg as a hypnotic.
In addition to the symptoms described above, the patient had episodes of confusional features, as well as marked stiffness in the cogwheel and significant gait disturbance, having suffered several falls without serious repercussions.
Results: Due to the comorbid neurological pathology, it was decided to progressively modify the treatment, withdrawing the benzodiazepine due to the risk of confusional disorder and replacing it with trazodone. Antipsychotic treatment was gradually replaced by extended-release quetiapine, reaching a maximum dose of 800mg. Likewise, escitalopram treatment is replaced by sertraline.
With this adjustment, there was an improvement in the psychotic symptoms, as well as in the anxious symptoms. Episodes of distress are NOT observed, and the patient's functionality improves, allowing him/her to participate in daily activities, both cognitive stimulation and physiotherapy.
Conclusions: The Spanish Society of Psychogeriatrics recommends that before using antipsychotics, it is advisable to first treat the underlying potentially treatable causes (pain, infections, toxic effects of drugs…), assess non-pharmacological interventions and always, if the use of antipsychotics is required, assess the risk-benefit ratio.
In relation to the above, it is not surprising that in the elderly, the use of second-generation antipsychotics is recommended in the first place, as opposed to the classical ones. The latter are only recommended in emergency situations where an almost immediate effect is required.
For dopaminergic psychosis, there are only controlled trials with clozapine. However, due to prescribing difficulties, aripiprazole or quetiapine is recommended in the first instance.

Disclosure of Interest: None Declared

EPV0682

"Neuropsychiatric manifestation of hyponatremia: a case report"

N. El Moussaoui*, S. Bahetta, L. Tbatou, S. Belbachir and A. Ouanass

Arrazi University Psychiatric Hospital, Salé, Morocco
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1332

Introduction: "Electrolyte abnormalities are commonly encountered in daily clinical practice, and their diagnosis relies on routine laboratory results. Electrolyte disturbances can affect the brain among many other organs and tissues and must be promptly recognized, as they can lead to serious and potentially life-threatening complications if neglected or not appropriately treated. Neurological manifestations reflect the severity of acute neuronal dysfunction and thus require urgent treatment. Acute and/or severe electrolyte imbalances can manifest with rapidly progressive neurological symptoms, seizures, and psychiatric manifestations. They are more frequently observed in patients with sodium disorders (especially hyponatremia), hypocalcemia, and hypomagnesemia.
Objectives: Were the psychiatric manifestations secondary to hyponatremia or epilepsy? Or is it a comorbidity? What are the risk factors? And what is the appropriate course of action for this type of patient?"
Methods: We present, through a clinical case, the situation of a 64-year-old patient who experienced status epilepticus secondary to hyponatremia, requiring hospitalization in the neurology department. Subsequently, she developed psychiatric manifestations with a marked change in behavior. She began experiencing symptoms of anxiety and depressive mood, headaches, somatic complaints, and social isolation. Her condition gradually worsened, necessitating hospitalization in the psychiatry department 3 years later.
Results: The patient was placed on Carbamazepine by her neurologist, and since then, she has not experienced epileptic seizures. Her follow-up electrolyte panel initially showed slight disturbances before normalizing. Psychiatric manifestations were concurrent with these somatic symptoms and worsened over time. During her psychiatric hospitalization three years later, after a thorough evaluation, she was prescribed Sertraline ans Risperidone in combination with Carbamazepine, resulting in a significant improvement in her condition.
Conclusions: In summary, this case illustrates the critical impact of electrolyte abnormalities on both neurological and psychiatric health, especially in older patients. Understanding risk factors associated with electrolyte imbalances is crucial for effective diagnosis and management, particularly in the elderly. This underscores the importance of a multidisciplinary approach to address the potential serious consequences of electrolyte disturbances on overall patient well-being.

Disclosure of Interest: None Declared

EPV0684

Cytoprotective mechanism of cerebro-cognitive reserve

A. Sidenkova*

Psychiatry, Ural State Medical University, Yekaterinburg, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1333

Introduction: Consideration of the reserve problem would be incomplete without an analysis of the cytoprotective mechanism. The predominant molecular hallmark of aging and degeneration is the accumulation of altered gene products. Moreover, several conditions, including protein, lipid, or glucose oxidation, disrupt redox homeostasis and lead to the accumulation of unfolded or misfolded proteins in the aging brain in case of AD, and other neurodegenerative diseases that have as a common denominator abnormal protein production, mitochondrial dysfunction and oxidative stress. Some authors classify aging, pathological aging, and neurodegeneration as "protein conformational diseases".