

circuits. Current guidelines recommend non-pharmacological interventions as the first-line approach for BPSD. Pharmacotherapy is often applied, but it carries out the risk of serious side-effects and pharmacologic interactions. There is now growing evidence that interventional approaches, such as ECT, could be safe and efficient when previous treatment options have been exhausted or ineffective, with few contraindications and transient/limited adverse effects.

Conclusions: BPSD represent a heterogeneous group of non-cognitive symptoms and behavior that affects most of dementia patients. Combination of non-pharmacological and pharmacological interventions is the recommended therapeutic for BPSD. However, there is usually limited clinical improvement and issues related to tolerability and effectiveness. Currently, ECT is considered a safe and effective option.

Keywords: dementia; BPSD; ECT; management

EPP0848

The effects of the covid 19 pandemic on the elderly with depression

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Introduction: Depression, as a psychiatric entity, has a number of emotional components. These are mainly known among patients over the age of 65: sadness, physical and mental exhaustion, irritability, feeling of emptiness and loneliness.

Objectives: The main objective of this study is to detect if the effects of the Covid 19 pandemic over 65 years of age such as fear, excessive anxiety, lack of motivation, uncertainty and environmental changes, isolation (resulting in sleep disorders, appetite and attention) caused the exacerbation of depression.

Methods: This study included a total number of 126 patients, each over 65, hospitalized at the Psychiatric Hospital “Elisabeta Doamna” in Galati in the context of the COVID-19 pandemic. They were diagnosed with depression, according to ICD-10 and the Hamilton scale.

Results: All data obtained were centralized and used to detect whether, in Galați, the lockdown impacted the number of admissions of people over 65, diagnosed with depression, with an average age of 68,62. There is an increased incidence of female patients (75%), thus reporting an odds ratio of 3:1. The incidence of cases reported during the months of presentation is as follows: January (24%), February (28.8%), March (14.4%), April (3.2%), May (5.6%), June (23.2%).

Conclusions: Environmental factors, unique in this situation, isolation, social distancing and changes in the daily routine, each associated with this global epidemiological crisis determined a decrease of the number of depressive elderly admissions between March 15th and May 15th.

Keywords: Elderly; Depression; pandemic

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Antipsychotics use in dementia: How safe are they?

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Introduction: Antipsychotics are frequently used for managing psychiatric and behavioral symptoms of dementia. However, it's an off-label resource which remains controversial due to significant safety concerns in the elderly population, namely increasing cardiovascular adverse effects.

Objectives: To access antipsychotic safety and potential risks when used in dementia.

Methods: A non-systematic review was carefully conducted on PubMed using the following keywords: “dementia”, “antipsychotics” and “safety.” We selected clinical trials, meta-analysis, randomized controlled trials published in the last 10 years.

Results: A total of 43 articles was obtained, of which 22 were excluded because they didn't meet our inclusion criteria. Regarding atypical antipsychotics, one study found an incidence of severe events in 23,7% of patients and a OR=2.5 for cerebrovascular side effects. Quetiapine was suspended midway given it had a higher incidence of adverse effects compared to others. There weren't any significant statistic differences concerning serious events between classes of antipsychotics ($p < 0,01$). No study was found comparing typical and atypical antipsychotics safety in dementia.

Conclusions: Overall, we can conclude that antipsychotics pose a risk of serious adverse effects when used in elderly patients, namely cerebrovascular events. Among atypical antipsychotics, quetiapine, used frequently for controlling neuropsychiatric symptoms in these patients appears a higher risk for severe adverse events compared with other drugs. Their use should be restricted after there aren't any other options available. New protocols could be developed to control these symptoms, for example, environmental measures before resorting to antipsychotics.

Keywords: dementia; safety; Antipsychotics

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Use of methylphenidate in alzheimer's dementia: Effect on apathy.

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Introduction: Alzheimer's Disease (AD) is associated with neuropsychiatric symptoms such as agitation depression and apathy. It has been proposed that the pathophysiology of apathy, that is defined as quantitative reduction in goal-directed activity compared with previous functioning, in AD is associated with degeneration of prefrontal cortex and dysfunction of dopamine and norepinephrine neurons in the brain. Methylphenidate (MPH) is a dopamine and norepinephrine reuptake inhibitor and its action increase the availability of these neurotransmitters in the extracellular space of striatum and