

**Background:** Subjective cognitive dysfunction is often reported following SARS-CoV-2 infection. Studies of outpatients and primarily younger adults suggest that mood symptoms and fatigue are also common and may contribute to subjective cognitive dysfunction.

Understanding factors driving subjective cognitive dysfunction is important to guiding treatment interventions for older patients with persistent post-COVID-19 cognitive complaints.

**Research Objective:** We will present data demonstrating the demographic factors, illness characteristics, psychiatric symptoms, and objective cognitive performances that predict persistent subjective cognitive dysfunction in older post-COVID-19 patients and contrast these with findings from their younger counterparts.

**Methods:** Approximately seven months after COVID-19 diagnosis, patients in the Johns Hopkins Post- Acute COVID-19 Team (JH PACT) multidisciplinary clinic underwent a telephone-based clinical assessment evaluating depression, anxiety, fatigue and subjective cognitive complaints. Patients also completed objective tests of neuropsychological functioning assessing processing speed, language, learning, memory, and executive functioning. Of the >400 patients assessed to date, 139 were  $\geq 60$  years of age (M 67.9; 60.4% female, M education 14.1 years, 54% ICU).

**Results:** In preliminary analyses among older adults, a greater proportion of patients reported subjective cognitive dysfunction (67.2%) relative to the proportion producing a cognitive composite  $\geq 1.5$  SD below expectation (4.7%). Psychiatric symptoms were also common (PHQ-9  $\geq 10$  in 22.5%, GAD-7  $\geq 10$  in 12.3%). Linear regression models revealed that among older adults, severity of subjective cognitive dysfunction was predicted by psychiatric distress, but not demographic, illness or objective cognitive functioning. In contrast, subjective cognitive difficulties were predicted by a combination of demographic, illness, and objective cognitive variables among younger patients.

**Conclusion:** Among patients followed in a long-COVID-19 clinic, we observe high rates of clinically significant psychiatric distress and subjective cognitive dysfunction but relatively less frequent objective cognitive deficits. Among older adults, cognitive concerns appear driven by neuropsychiatric symptoms and may be appropriate targets for intervention. We will present ongoing work evaluating predictors of cognitive complaints including performance across specific cognitive domains in > 400 patients.

## ***S17: Debate Series – Quo Vadis Psychogeriatrics?***

### **S18: Newcomers to euthanasia and assisted suicide: challenges for Psychogeriatrics with a focus on Spain and Portugal**

CHAIR: Manuel Martín-Carrasco

Co-chair: Manuel Gonçalves-Pereira

SPEAKERS: Manuel Martín-Carrasco, Manuel Sánchez-Perez, Lia Fernandes, Rui Barranha, Ana R. Ferreira, Javier Olivera

Euthanasia or assisted suicide are now legal in several European countries. Spain has approved related legislation in 2022, and in Portugal the subject is currently under debate after preliminary ratification. This remains a controversial topic, raising passionate discussions that sometimes hamper the need to consider, in depth, the ethical, clinical, and operational difficulties of processes of this type. Older age people do not necessarily lose their autonomy with age, nor

should they lose their right to decide on euthanasia or assisted suicide whenever the jurisdiction allows it. However, there is a growing concern of older people being coerced into decisions about ending their lives, not least due to their own fears of becoming a burden both for their families and the society. Manuel Martín-Carrasco will analyze how ageism can influence or model a wish to die in elderly people, especially those living with greater physical and/or mental disability. The so-called rational suicide focuses on the possibility that a healthy subject eventually decides to end his own life as a reflex of a free decision, and not within the context of a mental illness. Manuel Sánchez-Perez will discuss how difficulties in assessing the rationality of suicidal ideation include its dimensional character, together with the evidence that rationality is not always absent in depression and that the absence of depression does not imply rationality. Next, Lia Fernandes will provide an overview of years of public and parliamentary debates on euthanasia and physician-assisted suicide in Portugal. She will focus on issues regarding the exact role of psychiatrists (old age psychiatrists in particular) in the decision process, as proposed by the recently approved legislation. Finally, Javier Olivera will provide a brief overview of the recent implementation of legal access to euthanasia in Spain. A discussion of several controversial aspects of the operationalization of such a complex process will follow, including those related with conscientious objection.

### **Euthanasia and Ageism**

Manuel Martín-Carrasco

It is clear that old people do not necessarily lose their autonomy as they age and nor should they lose their rights to make their own decisions, including the right to request euthanasia or assisted suicide, if the Law of the jurisdiction allows it. However, there are also vulnerable elderly and there is a concern that frail older people could be coerced into ending their lives because of their fears about being a burden on either their family or society. This presentation analyses how ageism can influence the formation of the desire to die in the elderly, especially in those of greater physical and/or mental frailty

### **Suicide and rationality**

Manuel Sánchez-Perez

The so-called rational suicide focuses on the possibility that a healthy subject can make the determination to end his life in the absence of conditions on his freedom of decision, as in the context of a mental illness. Difficulties in assessing the rationality of suicidal ideation include its dimensional character and the evidence that rationality is not always absent in depression and the absence of depression does not always implies rationality.

### **Legislation of euthanasia in Portugal: The psychiatrist's role**

Lia Fernandes, Rui Barranha, Ana R. Ferreira

The Netherlands (2001) and Belgium (2002) were pioneer countries in euthanasia legislation, and it has been progressively implemented in Luxembourg (2009), Colombia (2015), Canada (2016), the state of Victoria in Australia