followed up more than one year. We compared clinical characteristics between individuals whose diagnosis changed from LLD to neurodegenerative disease (ND) and those whose diagnoses didn't change (non-ND). Between-group differences were examined using Mann-Whitney U test for continuous variables as well as χ^2 tests and Fisher's exact tests for categorical variables.

Results: In total, 99 patients (14 patients in ND and 85 patients in non-ND.) were included. All individuals in ND group were diagnosed with MDD. Individuals in ND group showed significantly older onset age, less family history of psychiatric disorders, and tended to show less melancholic features, less ineffective to antidepressants for the current episode. They required ECT because of the need for rapid recovery than non-ND.

Conclusion: Among individuals with late-life mood disorders requiring ECT for their severe depressive episodes which require rapid recovery, higher age of onset and no family history of psychiatric disorder may suggest the presence of neurodegenerative diseases.

P67: Digital Technologies to Prevent Social Isolation and Loneliness in Dementia: A Systematic Review

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Background: Dementia poses significant and sustained challenges to global society. Diagnosis can lead to increased feelings of loneliness and social isolation. People with dementia living alone are particularly at risk. Considering the growing number of technologies proposed to aid people with dementia address social isolation and loneliness, we reviewed the existing literature.

Objective: To collate and summarize current evidence for digital technologies to prevent social isolation and loneliness for people with dementia.

Methods: Following the PRISMA guidelines, we systematically searched five databases to identify studies of digital technologies designed to support or prevent social isolation or loneliness for people with dementia. Pre-specified outcomes included social isolation, loneliness, and quality of life. We used deductive thematic analysis to synthesize the major themes emerging from the studies.

Results: Ten studies met our inclusion criteria where all studies reported improvements in quality of life and seven reported benefits regarding social inclusion or a reduction in loneliness. Technologies were varied across purpose, delivery format, theoretical models, and levels of personalization. Two studies clearly described the involvement of people with dementia in the study design and five technologies were available outside the research context.

Conclusion: There is limited—but increasing—evidence that technologies hold potential to improve quality of life and reduce isolation/loneliness for people with dementia. Results presented are largely based in small-scale research studies. Involvement of people with dementia was limited and few research concepts are reaching implementation. Closer collaboration with people with dementia to provide affordable, inclusive, and person-centered solutions is urgently required.