

**Conclusion:** MCA stenosis is significantly associated with severity of depression in elderly adults with cerebral artery stenosis, especially in those with left MCA stenosis.

**Key points**

- Patients with cerebral artery stenosis found with brain magnetic resonance angiography (MRA) were associated with higher depression severity.
- Stenosis of both left and right middle cerebral artery (MCA) was associated with greater depression severity, with left MCA stenosis having a greater influence on depression severity than right MCA stenosis.
- Higher depression severity in patients with MCA stenosis suggests that depression in elderly patients is mediated at least in part by vascular pathology of MCA supplied regions and careful investigation and management of cerebral artery stenosis and their risk factors may help reduce the severity of depression in elderly patients who visit psychiatrists.

## **P107: Paranoid Ideation Without Psychosis Is Associated With Depression, Anxiety, and Suicide Attempts in General Population**

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This study aimed to characterize the association between paranoid ideation without psychosis (PIP) and suicide attempts in a general population. A total of 12,532 adults were randomly selected as the study sample through one-person-per-household method. Subjects completed a face-to-face interview. Among 12,532 subjects, 471 (3.76%) met criteria for the PIP group. The PIP group was younger with more divorced/widowed/separated and lower income than the non-PIP group. The PIP group showed more than fivefold higher lifetime suicide attempt (LSA) rates and ninefold multiple attempt rates than the non-PIP group. Among PIP symptoms, "spouse was being unfaithful" showed the strongest association with LSA (adjusted odds ratio [AOR], 4.49; 95% confidence interval, 2.95-6.85). Major depressive disorder (MDD) in combination with PIP was associated with a higher risk of LSA (AOR, 15.39; 95% confidence interval, 9.63-24.59) compared with subjects without MDD or PIP. In conclusion, PIP, especially "doubting spouse," was significantly associated with LSA. PIP in combination with comorbid MDD showed higher risk of LSA than subjects without PIP or MDD.

## **P113: Psychosocial interventions for dementia grief- a systematic review**

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**Objective:** Dementia grief can be described as a caregiver's anticipatory grief experience due to losses occurring before the care recipient's physical death. Among other things, these losses can include loss of memory, intimacy, communication, relationship resolution, and family identity. Psychosocial interventions have been developed to address and reduce these pre-loss grief reactions. The objective of this systematic review was to synthesize the evidence on existing dementia grief interventions for caregivers of persons with dementia (PwD).

**Methods:** Electronic databases Web of Science (SSCI), PsycArticles, Psychology and Behavioral Sciences Collection, PsycINFO, PSYNDEX Literature with PSYNDEX Tests and MEDLINE were searched from September 2016 to September 2021. The systematic review was carried out following PRISMA guidelines and it was registered to the PROSPERO database (CRD42021268998). All adult family or friend carers of older persons with dementia were included. All types and severity stages of dementia were included except studies about young onset dementia and dementia grief. Also, family carers could not be bereaved.

**Results:** The 12 included studies contained multifaceted interventions with heterogeneous formats. Eight studies had a quantitative, two a qualitative and two a mixed method design. Sample size ranged from two to 273 participants. Interventions included elements of psychoeducation, cognitive and emotional therapeutic strategies based on CBT, acceptance-based and mindfulness-based strategies. The interventions showed statistically significant small to moderate effects on dementia grief. In addition to the effects on dementia grief, the interventions also had a positive impact on mental health-related variables such as burden, depression, empowerment, and resilience.

**Conclusion:** There has been an increase in dementia grief interventions suggesting that dementia grief has been acknowledged as a valid and important construct to describe the dementia caregiver experience. It remains unclear whether health care providers know about and implement elements of the grief interventions in every day clinical encounters with dementia caregivers. Thus, future research should determine the practicing health care providers' knowledge about dementia grief and its available interventions. Furthermore, it should be examined whether the intervention effects are transferable to caregivers of patients with other terminal illnesses or degenerative disorders, or whether they must be modified.