

standardized rTMS FDA protocol and compares the response rates between older adult and non-older adult patients in a TRD clinic in Atlanta, Georgia with depressive symptoms as the primary outcome and anxiety symptoms as the secondary outcome.

**Methods:** This retrospective chart review of patients who received rTMS between March 2017 to June 2022 used descriptive statistics to compare treatment parameters and dropout rates between older adult and non-older adult patients. A 2 x 3 repeated-measures analysis of variance (ANOVA) analyzed changes in self-reported depression and anxiety symptom severity throughout treatment course (baseline, treatment midpoint, and final treatment) between the two groups.

**Results:** Eighty-nine patients were included for analysis: Group 1: >55 years old ( $n=42$ ;  $M=66.48$ ,  $sd=6.16$ ; 71% female), and Group 2: <55 years old ( $n=47$ ;  $M=37.40$ ,  $sd=9.13$ ; 60% female). All patients received at least 3000 pulses per session, with 85.71% of patients completing the FDA protocol in Group 1 and 85.11% of patients completing in Group 2. A >50% improvement in depression scores at the end of treatment were seen in 38.1% of patients in Group 1 and 31.9% of patients in Group 2. Both groups demonstrated significant within-group reductions of depression throughout treatment ( $ps < .001$ ). A smaller subset of patients completed an anxiety questionnaire. Forty percent in Group 1 ( $n=24$ ) and 33.3% in Group 2 ( $n=25$ ) showed a >50% improvement in anxiety scores by end of treatment. Both groups demonstrated significant within-group reductions of anxiety throughout treatment ( $ps < .001$ ). The between groups' difference for change in depression and anxiety scores was not statistically significant.

**Conclusion:** With FDA protocol dosing, older and non-older patients have consistent response and tolerability. While overall response rates were slightly lower than reported standardized clinical trials, our real-world sample highlights the effectiveness of rTMS for patients, including adults over 55, treated in an unselected, naturalistic outpatient sample.

## **P2: A voxel- and source-based morphometry analysis of grey matter volume differences in Very-Late-Onset Schizophrenia-Like Psychosis**

### **P11: Psychosocial longitudinal correlates of mental and physical health of family caregivers of people with dementia**

**Authors:** Andrés Losada-Baltar, Rosa Romero-Moreno, María Márquez-González, Brent Mausbach, Ronald von Känel, Lucía Jiménez-Gonzalo, Cristina Huertas-Domingo, Samara Barrera-Caballero, José Fernandes-Pires, & Laura Garcia-García.

- 1- Universidad Rey Juan Carlos, Madrid, Spain
- 2- Universidad Autónoma de Madrid, Madrid, Spain
- 3- University of California San Diego, San Diego, USA
- 4- University Hospital Zurich

There is a general consensus that providing care for a relative that has dementia is associated with negative outcomes for caregivers' mental health. There seem to be also associations with negative physical health outcomes, although the literature on this topic is more scarce. Most of the available research consist in studies with a cross-sectional design. Longitudinal studies focused on psychosocial correlates of mental and physical

health of the caregivers are lacking, mostly those analyzing the influence of factors such as behavioral and psychological symptoms of the dementia, caregivers' dysfunctional thoughts, and caregivers' ambivalent and guilt feelings. The aim of this presentation will be to describe the findings from the Madrid Caregivers Longitudinal Study, that consist in a two year follow-up of family caregivers of people with dementia. Several models will be described testing the longitudinal effect of psychosocial variables on caregivers' distress (depression and anxiety) and cardiovascular health (measured through biomarkers of inflammation). The practical implications of the findings will be discussed.

## **P13: Supporting physical health for mental health consumers, in a community setting**

**Author:** Anne Hoolahan, Clinical Nurse Consultant, Older Peoples Mental Health Service Northern Sydney Local Health District NSW, Australia

**Background:** Older people with mental illness are likely to have increased difficulty in accessing health services due to social isolation and functional disability. It is well reported that people with mental illness are also more likely to have chronic and complex medical needs, be frail and be socially isolated. They are two times more likely to have respiratory disease, have cardiovascular disease, have metabolic syndrome, have diabetes, six times more likely to have dental problems and more likely to die earlier than the general population.

**Objective:** The physical health program developed by the Northern Sydney Local Health District (NSLHD) community Older Peoples Mental Health Service (OPMHS) was part of a statewide project, facilitated by the Older People's Mental Health Policy Unit, Mental Health Branch, NSW Ministry of Health, where a variety of strategies were developed and implemented, to support the physical health of older mental health consumers using a biopsychosocial approach.

**Methods:** NSLHD focused on providing OPMHS clinicians with the opportunity and resources to support older people with mental illness with their physical health and wellbeing, in particular Cardiometabolic Health, both screening and supporting interventions to address abnormalities and proactively support healthy lifestyle strategies. In each of the three community services, the program was led by a senior clinician who supported their team clinicians to carry out physical health assessments and planning.

**Results:** The program commenced in July 2020, with the percentage of consumers of OPMHS who had regular metabolic monitoring completed, increasing from less than 10% to over 75%. Proactive person centred consideration and discussion including aspects of the consumers physical health and socialisation opportunities took place between clinicians, consumers and carers whilst their reviewing care in the community setting.

**Conclusion:** The improvements have been sustained through a variety of strategies, in particular, capacity building within the multidisciplinary teams and the provision of the necessary resources 2023 IPA International Congress\_Lisbon, Portugal Anne Hoolahan to carry out physical health monitoring and health promotion activities. Appropriate pathways were developed to escalate medical support recognised and sustain physical and psychological supports post discharge.

**Biography:** Anne Hoolahan is a clinical nurse consultant in the Northern Sydney Local Health District, Older Peoples Mental Health Service. Anne qualified as a registered nurse in Sydney in 1990. Anne has worked in a