

have largely attempted to differentiate these syndromes. Repeated episodes of WKS may cause cognitive deterioration. In contrast to other common causes of dementia, the decline in cognitive functioning in ARD is relatively non-progressive if abstinence is maintained, or even partially reversible, as supported by neuroimaging evidence. Given the increase in per capita consumption, it is expected a disproportionate increase in ARD.

Keywords: alcohol neurotoxicity; dementia; korsakoff's syndrome

EPP0833

Cognitive decline and psychotropic drugs use in elderly people with mental disorders.

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Introduction: The growth in the number of aged people in the population is considered a worldwide phenomenon, with direct consequences in health systems. The literature indicates an increase in the diagnosis of mental disorders and the use of psychotropic drugs for that population, as well as frequent complaints regarding to cognition.

Objectives: To analyze the possible relationship between cognitive decline and use of psychiatric drugs in elderly with mental disorders, assisted by psychiatric outpatient clinics, city of Campo Grande, state of Mato Grosso do Sul, Brazil.

Methods: Quantitative, exploratory, descriptive and cross-sectional research, with 59 participants. Sociodemographic and clinical variables were collected through semi-structured clinical interviews and medical records. To screen for cognitive decline, the Mini Mental State Examination was used.

Results: Majority of females, with a mean age of 66.75 ± 0.63 years, married, up to 8 years of completed studies and living with family members. The prevalence of depressive disorders was higher (52.54%), with selective serotonin reuptake inhibitor antidepressant use in 67.8%. Most were using 2 or more psychotropics the most prevalent combination being benzodiazepines and antidepressants. 52.5% of the elderly reported cognitive complaints and 45.8% presented Mini Mental scores, suggesting cognitive decline. It was associated with depressive disorders and the consumption of 2 or more psychotropics.

Conclusions: Although there is evidence that psychotropic drugs represent effective strategies for the treatment of mental disorders, the use for this group of elderly should be carefully analyzed, due to the predisposition or worsening of cognitive decline, with impairment to the quality of life of this population.

Keywords: Cognitive decline; Psychotropic drugs; Elderly people; Mental disorders

EPP0834

Psychotherapies for neurocognitive disorder due to alzheimer's disease- the current level of evidence

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Introduction: Psychosocial interventions for Alzheimer's dementia (AD) may increase patients quality of life and overall functioning, while it decreases caregivers burden. Therefore psychotherapies represent an important component of the case management, beside pharmacological approaches.

Objectives: To review the current psychotherapeutic options available for patients diagnosed with AD, that may be added to their ongoing pharmacological treatment.

Methods: A literature review was conducted through main electronic databases, and papers published between January 2000 and August 2020 were included in the analysis.

Results: Cognitive stimulation therapy is based on general cognitive abilities training, with an accent over the social interaction, and it has been associated with significant improvement when compared to wait list or standard care. Reminiscence therapy, usually administered in a group format, focuses on past experiences, triggered by photos, newspaper fragments, music tunes etc., and according to a meta-analysis it may increase communicational, cognitive, and affective abilities. Validation therapy is based on a very empathic communication and tries to acknowledge patients perspective over the world, but the data to support its efficacy is limited for AD. Multisensorial stimulation is based on the assumption that stimuli deprivation is involved in the onset of anxiety, restlessness, insomnia etc, and may lead to short-term non-cognitive symptoms. Music therapy, art therapy, and animal-assisted therapy are also indicated, but more trials are needed to confirm their efficacy.

Conclusions: A large number of psychotherapeutic interventions are explored for AD patients, but most of them have low levels of evidence.

Keywords: Alzheimer's disease; neurocognitive disorder; psychotherapy

EPP0835

Phenocopy syndrome of frontotemporal dementia

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Introduction: Frontotemporal dementia (FTD) is a group of neurodegenerative disorders characterized by behavioral or language changes with progressive executive dysfunction. It's subdivided into two variants, the behavioral and language variants. The phenocopy syndrome of frontotemporal dementia (phFTD) mimics the

behavioral variant, but doesn't show frontotemporal atrophy in neuroimaging and doesn't progress to frank dementia over the years.

Objectives: Presenting a review of phenocopy syndrome of frontotemporal dementia.

Methods: Search on Pubmed® and Medscape® databases with the following keywords: “frontotemporal dementia and phenocopy” or “FTD phenocopy”. We focused on data from systematic reviews and meta-analyses published in the last five years. The articles were selected by the authors according to their relevance.

Results: Mutations in GRN and MAPT gens and genetic expansion of C9orf72 have been identified. The discovery of the C9orf72 expansion in psychiatric disorders (psychosis, bipolar disorder or depressive disorder), for some authors, represents that phFTD is a psychiatric pathology. In fact, there's a higher frequency of psychiatric and psychological symptoms in phFTD compared to the variants of FTD. Usually are male patients who don't have significant cognitive deficits, with preservation of executive functions and episodic memory. Until now, there are no definitive biomarkers of the disease. The prognosis is more benign, unlike FTD, which has an average survival of 3 years since diagnosis.

Conclusions: phFTD is a clinical and scientific challenge. The neurobiological bases remain unknown, requiring further studies in this field. The identification of markers that can differentiate patients with typical FTD and phFTD can facilitate prognosis orientation and pharmacological an non-pharmacological treatment.

Keywords: frontotemporal dementia; Phenocopy syndrome; FTD phenocopy

EPP0836

Sexual well-being in old age

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Introduction: Older adults who engage in sexual activities may benefit from increasing psychological and physical well-being, which may contribute to reduce a number of physical and mental health problems.

Objectives: To analyze sexual well-being (SWB) in older adults' perspective and to examine the potential explanatory mechanisms of a SWB overall model, in an older cross-national sample.

Methods: Measures were completed, using a variety of appropriate methods, including demographics and interviews. Complete data were available for 326 older adults aged between 65-102 years. Data were subjected to content analysis. Representation of the associations and latent constructs were analyzed by a Multiple Correspondence Analysis (MCA).

Results: The most prevalent response of the interviewed participants for SWB was “touching and caring” (18.0%). A three-dimension model formed by “care and well-being”, “attractiveness, intimacy and touching”, and “sexual intercourse and pleasure” was presented as a best-fit solution for English older adults. SWB for Portuguese older adults were explained by a three-factor model: “health and desire”, “care, eroticism and affection” and “penetration sex”.

Conclusions: The outcomes presented in this paper emphasized the need to explore the diversity of indicators of SWB among older adults and the cultural differences of a SWB model for older adults.

Keywords: multiple correspondence analysis; sexual well-being; Portuguese older adults; English older adults

EPP0838

Delirium at the elderly patients with alcohol withdrawal syndrome

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Introduction: The psychoses in patients with dependence of alcohol are in many cases polyetiologic, this is especially common in the elderly due to accumulation of various somato-neurological pathologies.

Objectives: 88 men, with alcohol withdrawal syndrome accompanied by delirium; the average age - $70,4 \pm 3,9$ years, duration of alcohol abuse - $27,4 \pm 6,5$ years.

Methods: clinical, psychopathological and statistical

Results: The psychoses in patients with dependence of alcohol are in many cases polyetiologic, this is especially common in elderly due to accumulation of various somato-neurological pathologies. One of such factors is alcohol dependence syndrome and alcohol withdrawal. ICD-10 allows sharing out delirium with mixed etiology F05.8; this category can include patients when there is a severe alcohol withdrawal condition and somato-neurological pathology that can be an independent factor in the delirious syndrome. 88 elderly patients with were examined in state of alcohol withdrawal. All patients had delirious syndrome. Patients were divided into 2 groups: 1st – patients with a condition of alcohol withdrawal with delirium; 2nd - patients with a delirium of mixed etiology (the factor of the presence of dyscirculatory encephalopathy, was considered a competing factor in the onset of delirium). Some differential-diagnostic signs of the studied disorders were established. In the case of prolongation of psychosis, the clinical picture was similar in both groups, which was explained by exacerbation of the existing somatic pathology.

Conclusions: Estimation of the leading factor in the emergency of acute psychosis in patients with alcohol withdrawal syndrome is of great practical importance for selection of therapeutic tactics.

Keywords: alcohol withdrawal syndrome; delirium; elderly patients

EPP0839

Psychosis as a symptom of Vitamin B12 deficiency. Report of one case.

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Introduction: Vitamin B12 deficiency may cause neurological and psychiatric symptoms, especially among elderly patients. Two