**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 ≥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