

patient, admitted to our psychiatric department with clinical presentation compatible with catatonia. To admission, she presented some typical complications resulting from long immobility such as pressure ulcers and nutritional deficiencies. During the hospitalization, she developed a urinary infection and there was the need to tube feeding. She was treated with benzodiazepines and improved. Further assessment revealed dementia.

Conclusions: Catatonia in dementia is not uncommon, although it is an underdiagnosed syndrome, and when treated early and properly it has a good prognosis.

Disclosure: No significant relationships.

Keywords: Catatonia; demencia

EPV0941

Depression and quality of life in Tunisian institutionalized elderly subjects

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Introduction: Depression in the elderly is common and closely interrelated with the deterioration of the quality of life, especially in the institutionalized elderly.

Objectives: In this work, we propose to determine the prevalence of depression in the elderly in institution, to assess their quality of life and to evaluate the correlations between depression and the quality of life.

Methods: Our study concerned 30 elderly subjects institutionalized at the retirement home(Sousse, Tunisia). Three validated Arabic version scales were used: The 30-item GDS (Geriatric Depression Scale), the MMSE (Mini Mental State Examination) and the SF36 (assessing the quality of life).

Results: The mean age of our population was 75 ± 7.3 years, the sex ratio was 1.73. The prevalence of depression was 37%. The elderly had a cognitive impairment in 16.7%. The mean global SF36 score were 11.2, attesting an altered quality of life in all our subjects: the mental component (9.43) were more altered than the physical one (13.03). No correlation between depression and quality of life was found. Depression was significantly correlated with the presence of a medical history ($p=0.05$). Depression had a negative and statistically significant correlation with the physical score of SF36 ($r=-0.41$, $p=0.02$) and tended towards significance for the "general health" dimension of SF36 ($r=-0.32$, $p=0.08$).

Conclusions: Our study shows a high frequency of depression in the institutionalized elderly as well as a deterioration in their quality of life. Depression is strongly linked to deterioration in physical condition. Our results underline the influence of somatic diseases as a major risk factor for depression in the elderly.

Disclosure: No significant relationships.

Keywords: elderly subject; institution; Depression; Quality of Life

EPV0943

Othello syndrome: ¿Psychosis or dementia? A case report.

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Introduction: Othello syndrome (OS) is a psychiatric condition consisting of delusional jealousy, and irritability. It is often associated with psychiatric or neurological disorders. The most common are delusional disorder and dementia.

Objectives: The purpose of this poster is to examine the phenomenon of OS and its etiopathogenesis throughout a case report.

Methods: We present the case of a 78-year-old male patient who was treated in our department due to delusional jealousy and depressive symptoms. The patient has a medical history of cardiac events in the past, being stable at the current moment. We performed a detailed psychiatric and physical history paying special attention to personality traits in the past. The patient was administered Mini Mental State Examination and CamCog (subscale of Camdex).

Results: According to him and his family our patient had neither episodes of jealousy nor affective disorders. His results were: 18 in MMSE and 57 in CamCog. Both compatible with a dementia course.

Conclusions: Attending our results we inferred that the OS belongs to a dementia clinical picture instead of a psychotic disorder. Therefore we decided to treat the patient with neuroleptics, with partial improvement, and to start cognitive stimulation treatment in a day centre and a short term psychological family intervention to help the family to understand and cope with the course of dementia. Thus, clinicians should keep in mind the possible organic origin of OS, especially in elderly persons, to develop an appropriate individual and familiar case approach.

Disclosure: No significant relationships.

Keywords: Othello syndrome; CamCog; Dementia; delusional jealousy

EPV0944

Homebased screening for cognitive impairment due to dementia

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Introduction: Dementia develops slowly and insidiously and causes cognitive impairment. The diagnosis is pivotal for relevant treatment and care. However, 50,000 people are estimated to have undiagnosed dementia in Denmark, while 36,000 are diagnosed.

The municipalities offers a home visit to the population at the ages of 75 and 80 years to assess the need of care and prevent sickness. These home visits are well established and might offer an unused opportunity to detect cognitive impairment and dementia.

Objectives: To assess impaired cognition at home visits in order to initiate clinical examination for dementia.

Methods: A feasibility study with the use of Brief Assessment of Impaired Cognition Questionnaire (BASIC-Q) (sensitivity 0.92, specificity 0.97) at home visits. It is expected to include 1000 participants without a dementia diagnosis at the ages of 75 and 80 years. Participants will be included in a period of 12 months (in the year of 2022), in a number of municipalities.

If the screening for cognitive impairment is positive, the participant is motivated for clinical examination at the general practitioner. Follow-up through registers and general practitioners.

Results: Preliminary results will be presented at the conference.

Conclusions: Assessment of cognition might give an opportunity to start medication and social support early in the elderly with impaired cognition and undiagnosed dementia.

Disclosure: No significant relationships.

Keywords: screening; Dementia; cognitive impairment

EPV0946

The good compliance is an opportunity to avoid pathological brain aging

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Introduction: Preservation of health, increase in life expectancy determine the need to improve the effectiveness of medical recommendations, which, despite the success of pharmacology, are insufficient for reasons related to the low level of compliance with these recommendations by patients.

Objectives: Participants of the study-148 employees of medical institutions: 12 men, 136 women, their age ranged from 27 to 74 years.

Methods: Despite the absence of signs of decompensation of concomitant pathology, representatives of the subgroups took a different amount of concomitant therapy. Using the scale of assessment of drug compliance, it was found that compliance is most reduced in the subgroup of 41-50 years. In this subgroup, a comprehensive decrease in compliance across the "behavioral", "emotional", and "cognitive" domains was detected in 87.8% of cases, while in the younger subgroup partial non-compliance was 32.4%, in the older subgroup - 74.5%

Results: An analysis of the states of cognitive functions in 52 representatives of the middle age subgroup with low compliance rates showed that, unlike other representatives of the same subgroup, their indices for a number of neuropsychological tests are close to the results of more adult participants in the study. Individuals demonstrating low compliance with quite favorable CNS resources are at risk for the formation of pathological aging.

Conclusions: Compliance is considered as Compliance is considered as a control mechanism for preventing normal aging into pathological by regulating risk factors that are dangerous for the brain and associated with the formation of dementia

Disclosure: No significant relationships.

Keywords: compliance; pathological brain aging

EPV0948

Electronic smart-hub based intervention during COVID-19 in a rural Psychiatry of Old Age service in North-West Ireland.

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Introduction: The COVID-19 pandemic caused significant disruptions in services and necessitated innovation to continue care provision to the vulnerable population of older adults with psychiatric needs.

Objectives: The objective of this study was to examine the experiences of staff and patients using a hands-free electronic smart-hub (eSMART hub) intervention to keep patients connected with psychiatry of old age following COVID-19 restrictions.

Methods: A risk stratification register was created of all patients known to the Psychiatry of Old Age service in the North-West of Ireland to identify those at highest risk of relapse. These patients were offered a smart-hub with remote communication and personal assistant technology to be installed into their homes. Smart-hubs were also installed in the team base to facilitate direct device to device communication. Semi-structured qualitative interviews were conducted with 10 staff members and 15 patients at 6-12 months following the installation of the smart-hubs.

Results: The smart-hubs were utilized by the POA team to offer remote interventions over video including clinician reviews, regular contact with key workers and day-hospital based therapeutic interventions such as anxiety management groups and OT led physical exercises. Patients also used the personal assistant aspect of the hub to attend to personal hobbies such as accessing music and radio. Positive feedback related to companionship during isolation and connectivity to services. Negative feedback was mainly related to technology, particularly internet access and narrow scope of communication abilities.

Conclusions: Electronic smart-hub devices may offer an acceptable avenue for remote intervention and communication for isolated high-risk older persons.

Disclosure: The smart hub devices used in this study were donated by Amazon. However, the company was not involved in any other aspect of the study and the researchers have no significant financial interest, consultancy or other relationship with products, manufacturer

Keywords: Covid-19; smart hub; Older Adults; technology