

Conclusions: In this study the frequency of occurrence of certain neuropsychiatric syndromes among IDPs with dementia differed from the studied average frequency of occurrence of the same symptomatology among the general population. In particular, anxiety symptoms among IDPs with dementia occurred 42% more often than on average among patients with dementia in the general population (with a frequency of 81% vs 39%), agitation and aggression - 28% more often (68% vs 40%), and delusions - 16% more often (57% vs 31%). At the same time, symptoms such as apathy (by 19%) and refusal to eat (by 14%) were observed less often among IDPs with dementia than among dementia patients from the general population

Disclosure of Interest: None Declared

EPP0206

A Case Report of Low-Dose Steroid Induced Psychosis in an Older Adult with Rheumatoid Arthritis

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Introduction: Rheumatoid arthritis (RA) is typically known for its intra-articular manifestations in the joints, and steroids are considered one of the first-line medications for it. Steroids are known for neuropsychiatric manifestations, but it is rarely reported in low-dose steroids.

Objectives: We describe a case of psychosis in an older adult with RA precipitated by low-dose prednisone with no past history of neuropsychiatric symptoms from steroids in the past five years.

Methods: Miss X is a 63-year-old female with past history of RA, major depressive disorder, hypothyroidism, chronic obstructive pulmonary disease, and hypertension, presented with one-week history of irritable mood, increased psychomotor agitation, decreased need for sleep and appetite, and delusions of grandeur and persecution. Her depression had been treated with oral duloxetine 60mg twice daily, oral buspirone 10mg at night, and oral trazodone 150mg at night. She did have a urinary tract infection a week prior, but the psychotic symptoms persisted with antibiotic treatment. Miss X had also been on a monthly taper regimen of low-dose oral prednisone for RA (from 15mg to 5mg) for the past three months and had completed the regimen one week ago. On mental status examination, she was alert and oriented to time, place, and person. Her mood was irritable with lability. She demonstrated tangential speech along with persecutory and grandiose delusions. Attention and concentration was normal with intact immediate and remote memory and impaired recent memory. Abstract ability, judgment, and insight were impaired. Physical examination and vital signs were within normal limits. Laboratory investigations of complete blood count, urine analysis, urine drug screen, thyroid function panel, renal function panel, hepatic function panel, serum

sodium, potassium, calcium, thiamine, vitamin B12, folate, and vitamin D did not show any significant abnormalities.

Results: Miss X was admitted to the inpatient psychiatric unit with the diagnosis of medication-induced psychotic disorder, with onset after medication use as per The Diagnostic and Statistical Manual of Mental Disorders 5th edition- Text Revision. Oral olanzapine 10mg at night and oral lithium 300mg twice daily was started along with her home medications of oral duloxetine 60 mg twice daily and oral trazodone 150mg at night. During hospital stay, oral olanzapine was gradually increased to 15mg in the night but had to be reduced back to 10mg in the night due to sedation. Miss X's symptoms improved during hospital stay and she was discharged on the 13th day of hospitalization with the same psychotropic medication regimen.

Conclusions: Our case demonstrates the need for caution in prescribing steroids in older adults as it can precipitate neuropsychiatric symptoms even with a change in use or after withdrawal of steroids.

Disclosure of Interest: None Declared

EPP0207

Psychiatric admission decrease during COVID-19 lockdown in older patients

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Introduction: Coronavirus disease 2019 (COVID-19) modify voluntary admission rates to psychiatric wards in the early phases following pandemic onset. Older patients have higher COVID-19 distress scores because elderly people are at risk for COVID-19 infection.

Objectives: The present investigation aimed at admission rates of elderly patients to a General Hospital Psychiatric Ward during the lockdown due to the COVID-19, compared to similar periods of 2018 and 2019.

Methods: Anonymized data on psychiatric admissions (n=55) from one general hospital psychiatric ward have been obtained and analysed. We compared admission characteristics between April and June of 2018 and 2019 with the same period of 2020 (lockdown).

Results: During the COVID-19 lockdown, a significant reduction in psychiatric hospitalizations of older patients (aged >65 years) was observed in the lockdown (69.2%; $\chi^2=4.823, df=1, p=0.028$) in contrast with young patients (26.7% reduction). There was a reduction of 14% in admission due to suicidal behaviour (IRR = 0.57; 95% CI: 0.11-2.75; $p=0.48$), 25% in depression (IRR = 0.28; 95% CI: 0.64-1.25; $p=0.09$) and 50% in psychotic disorders (IRR = 0.33; 95% CI: 0.07-1.48; $p=0.15$). There was none admission by dementia during the lockdown.

Conclusions: Changes in the number of psychiatric admissions, particularly for older patients, were observed during the COVID-19

lockdown. During this period, their fear levels could modify their psychiatric admission rates. We suggest that the decrease of psychiatric admissions in the elderly was due to fear of contagion in hospitals.

Disclosure of Interest: None Declared

EPP0208

Transcranial magnetic stimulation in late-aged people with depressive disorders

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Introduction: One of the most common mental disorders in the elderly is depression.

Because of the high frequency of side effects of pharmacotherapy and the comorbid medical illnesses, there are not many ways to treat it.

Non-drug therapies, such as repetitive transcranial magnetic stimulation (rTMS), could help overcome the limitations of standard drug therapy for this type of mental disorders.

Objectives: Development of approaches to improving improve the provision of psychiatric care to elderly patients using rTMS.

Methods: 30 patients over the age of 60 with anxiety-depressive spectrum disorders meeting criteria F30-39, F06.3, F06.4 (ICD-10) and a control group with similar criteria that were not treated with rTMS, were recruited from the psychiatric department at a university hospital (Moscow Scientific Research Institute of Psychiatry). Clinical, psychopathological, anamnestic, psychometric (Montgomery-Asberg scale (MADRS), Hamilton scale (HARS), Mini-mental state examination scale (MMSE) instrumental (electroencephalography) research methods were used. Patients of the experimental group underwent 15 sessions of low-frequency rTMS on the right dorsolateral prefrontal cortex (RDLPC). Conditions for the application of 1200 pulses were as follows: frequency - 1 Hz; intensity - 120% of the threshold of motor response (RMT) of the subject; pulse number - 1200; pulse sequence - 300; sequence duration - 300 seconds; sequence interval - 60 seconds; and stimulation time - 23 minutes. Subsequently, the patients were re-examined using the above-mentioned scales to assess their mental state in dynamics.

Results: Analysis of the collected data shows an increase in the number of respondents and the frequency of achieving remission in the experimental group compared to the control group. No severe side effects of rTMS were observed.

Conclusions: rTMS may be a safe method of adjuvant therapy in groups of elderly patients with anxiety-depressive spectrum disorders. Further studies will be needed to clarify the results.

Disclosure of Interest: None Declared

EPP0209

Empathy training models and the effects on psychological concerns in paid and unpaid caregivers of older people: A systematic review

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Introduction: Empathy training directed at empathic abilities and/or aspects of providing care can be effective at increasing levels of this ability. Moreover, training in different care contexts can minimize the negative impacts of providing care.

Objectives: To identify empathy training models and the effects on psychological concerns in paid and unpaid caregivers of older people.

Methods: A systematic review was conducted. Searches for relevant articles were performed in the Embase, LILACS, PsycInfo, Pubmed, Scopus and Web of Science databases using the following search strategy: "Empathy AND (Education OR Training OR Intervention) AND Caregiver". No restrictions were imposed regarding language or year of publication.

Results: Empathy training for caregivers of older people were performed in six studies, three of which identified a significant increase in empathy levels and consequent reduction in psychological concerns. Empathy training focused on aspects of empathy and/or the caregiver had significant effects on the outcome variables. Moreover, training conducted online, by telephone and/or in person can generate satisfactory results. The other three studies that conducted training with a focus on aspects of dementia and/or old age did not present any effect on the outcome variables.

Conclusions: Empathy training for caregivers of older people can increase levels of this ability, especially in the cognitive domain, as well as diminish psychological concerns caused by the negative impact of providing care.

Disclosure of Interest: None Declared

EPP0210

Mortality in older adults with severe mental illness: the role of metabolic syndrome and its components

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Introduction: Studies in adult psychiatric patients consistently call attention to premature mortality and its association with metabolic syndrome. However, the utility of the metabolic syndrome construct is controversial in older adults in the general population, since literature shows that some components, such as obesity, can