

P195: The evolution of a community mental health team in Singapore: Community Psychogeriatric Programme

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Mental health issues in the elderly were often overlooked in the past, with mental illness often being underdiagnosed, undiagnosed or misdiagnosed. As such, mental healthcare in the elderly was often insufficient, leading to significant adverse outcomes in individuals and caregivers, as well as an added burden to the healthcare system.

The Community Psychogeriatric Programme (CPGP) was set up in Changi General Hospital in 2007 to serve the Eastern Region in Singapore. CPGP comprises of a multidisciplinary team of psychiatrists, psychologists, nurses, medical social workers, occupational therapists, a physiotherapist and administrative executives. The programme objective is to provide community mental health services for early detection and treatment of psychogeriatric disorders and to allow aging-in-place within the community. This is achieved through collaborating with social and healthcare agencies, as well as caregivers, to meet the needs of the elderly to maintain them in the community for as long as possible.

Over the past 16 years, the proportion of Singapore's population aged 65 and above have grown, mental health literacy in Singapore has improved, and community mental healthcare providers have increased. CPGP's community partnerships multiplied, including social eldercare agencies such as dementia daycare centres, general medical practitioners in Primary Care Clinics and Community Hospitals, and residential facilities such a sheltered homes and nursing homes. The CPGP team pivoted to focus more heavily on networking with community partners, training and upskilling them with knowledge of geriatric mental healthcare and empowering them to provide care and support in the community setting. The goal was to right-site care, promoting early detection and intervention in the community. Home based consultations or nursing home consultations, including telepsychiatry, were reserved for elderly patients who really could not access specialist psychogeriatric outpatient services in the hospital.

Looking back on the work CPGP has done, this is a reflection of our journey, reviewing the strategies we have employed to improve community psychogeriatric care, our achievements thus far, and the challenges we have been faced with as the healthcare landscape evolved in Singapore.

P198: Correlation between depressive symptom severity and functional status in patients with mild cognitive impairment

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Objectives: Although depression is a common co-morbid disorder in patients with mild cognitive impairment (MCI), not all patients with MCI exhibit depressive symptoms. This study aimed to investigate the effect of depression on cognitive and functional decline in MCI.

Methods: 281 patients with MCI (MCI) defined by 0.5 score on Clinical Dementia Rating were included in the study. Patients were divided into three groups based on their Geriatric Depression Scale (GDS) scores: MCI without depression (GDS<10, n=50), MCI with mild depression (GDS10~19, n=120), and MCI with severe depression (GDS>20, n=111). Cognitive function tests (cognitive domains in CERAD-K including letter fluency, trail

making test-A and B, and verbal learning test) and Blessed Dementia Scale-Activities of Daily Living (BDS-ADL) were measured. Group differences were analyzed using an analysis of variance (ANOVA). Correlation between GDS scores and BDS-ADL were analyzed.

Results: An ANOVA test showed that activities of daily living differed significantly across groups ($F(2, 276) = 13.53$, $p < 0.001$). Post-hoc analysis showed MCI with severe depression had a significantly higher mean BDS-ADL score compared with both MCI without depression and MCI with mild depression (both, $p < 0.001$). Correlation analysis showed significant positive correlation between GDS and BDS-ADL ($r = 0.366$, $p < 0.001$). However, mean scores of cognitive function tests were not different among three groups.

Conclusions: The present study suggests that co-morbid depressive symptoms may have negative impact on functional status in patients with MCI. This may further suggest the importance of evaluation and treatment of depressive symptoms in patients with MCI.

P202: Post-COVID syndrome presented with psychomotor change and suicidal ideations: a geriatric case report

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Background: COVID-19 is notorious for its neuropsychiatric sequelae. Some patients present with anosmia and cognitive and attention deficits, also known as “brain-fog”. In COVID-19 survivors, psychiatric manifestations such as depression, fatigue, anxiety, and neurocognitive impairments, also known as the “post-acute COVID-19 syndrome” or “long COVID”, were reported in 35% of the patients after the infection. New-onset anxiety, depression, psychosis, seizures, and even suicidal behaviors are also reported. Inflammation was proposed to be the pathophysiology.

Case Report: The 68 year-old married female who lived with her husband did not have psychiatric history before this year. She had covid-19 infection 3 months prior to her psychiatric hospitalization. Although she had recovered, she started to have depressed mood, disrupted sleep and anhedonia since then. She became easily anxious and could hardly feed her cats as usual. She was not able to make decisions. She no longer did house chores that she had been doing. Poor appetite led to a loss of body weight from 46 to 40kgs. She had blunted emotional response, and could not cry after her cat died. She went to clinic for help, BZD and antidepressants were given, but the condition persisted. One week prior to hospitalization, her speech became weak, murmuring and could not finish a long sentence. The physiological change can be observed using wearable device. After 3 weeks of treatment, her heart rate, activity and sleep improved. The progress was also recorded via wearable devices and clinical scales.

Discussion; In our patient, the depression was associated with circadian rhythm disruption, suicidal ideations and psychomotor slowing. This may reveal some special features of post-COVID depression. In previous studies, antidepressants have proved to be effective in treating post-COVID-19 depression. Sigma receptors are one of the possible mechanisms. Besides, agomelatine, with its melatonergic activity of regulating circadian rhythm, is