

**Results:** There are notable differences in how each community talks about agitation – including identifying early symptoms; conversations with families, communities, and HCPs; and determining pathways for care and treatment. From our conversations with members of the Black community we heard statements like, “what goes on in the house stays in the house, we don’t discuss [dementia] with other people” and “our people don’t trust a lot of stuff being put out there by doctors and scientists”. From the LGBTQ+ community we heard statements like “I definitely felt that we weren’t taken as seriously or heard because we were two women”. All underscore the sweeping implications of history, stigma, bias, and culture on how diverse communities experience and respond to agitation and care.

**Conclusion:** Culturally competent care for agitation among PLWD and care partners requires HCPs and other supporters to balance two things at once: the standard diagnostic definition of agitation, but also the cultural humility and openness to listen and seek to understand how PLWD and care partners express their experiences and observations with agitation.

## **P140: Midlife diet and risk of dementia/mild cognitive impairment**

**Author:** Masaru Mimura

The Japan Public Health Center-based prospective (JPHC) Study is a large population-based cohort. Midlife dietary intake was assessed on two occasions: in the years 1995 and 2000 (aged 45-64 in 1995). In 2014-2015, approximately 1300 participants from Saku district in Nagano prefecture completed a mental health screening including later life depression and cognitive decline (i.e., mild cognitive impairment (MCI) and dementia). We used logistic regression analyses to calculate odds ratios (ORs) for MCI and dementia. Based on this survey, we found the following characteristics of midlife diet, which may be useful information to prevent cognitive decline/dementia.

1. High-density lipoprotein cholesterol (HDL-C) and later cognitive decline (Svensson et al. Transl Psychiatry, 2019): Midlife high-density lipoprotein cholesterol (HDL-C) is a measure which could help identify individuals at reduced risk of developing age-related cognitive decline. Compared to the lowest HDL-C quartile, the highest HDL-C quartile was significantly inversely associated with MCI. High HDL-C (quartiles 2-4) was inversely associated with dementia compared to low HDL-C (quartile 1).
2. Dietary fish and n-3 polyunsaturated fatty acid (PUFA) and later cognitive decline (Nozaki et al. J Alzheimers Dis, 2021): Higher intake of fish, eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA) and docosapentaenoic acid (DPA) in midlife significantly reduced risks of dementia.
3. Intake of soy and the isoflavone and later cognitive decline (Svensson et al. J Alzheimers Dis, 2021): Compared to the lowest dietary quartile of energy-adjusted isoflavone genistein intake, the highest quartile was significantly associated with late-life cognitive impairment.
4. Cancer/diabetes and later cognitive decline (Sadahiro et al. Psychiatry Clin Neurosci, 2019): Comorbid cancer and diabetes from midlife may increase the risk of MCI or dementia in later life. In addition to the increased dementia risk associated with diabetes on the basis of insulin resistance, cancer and cancer therapies may also interfere with cognitive function via insulin resistance.

## **P149: Chronic fatigue syndrome and its response to the use of a multimodal antidepressant**

**Authors:** Nora Burca, Miguel Ángel Monferrer, Jordi Valls, Alejandro Tenorio. Geriatric Unit. Corporació de Salut del Maresme i la Selva. Calella-Blanes. Catalonia.

**Objective:** We present a case that shows a very favourable response of the antidepressant vortioxetine in the functional and cognitive recovery in a patient with Chronic Fatigue Syndrome and its role as a pain modulator.

**Methods:** This is an observational study using a clinical case.

An 80-year-old female patient admitted to the Postacute care unit for recovering her functional baseline following surgical intervention for a hip fracture. On admission, the main symptom was residual pain at the level of the operated lower limb, as well as allodynia and a tingling sensation, which did not subside with conventional analgesia. During admission she also presented, insomnia, daytime hypersomnolence, bradypsychia, and emotional instability in the form of easy crying. It is worth mentioning that prior to admission the patient presented with multiple nonspecific somatic complaints, such as fatigue, headache, myalgia, and arthralgia, adding over time, great difficulty in planning and performing household tasks. The functional progress of the patient during admission was very slow, mainly due to the combination of lack of engagement, together with episodes of irritability, restlessness and suffering from fear of falling syndrome. Given the suspicion of previously undiagnosed Chronic Fatigue Syndrome, exacerbated by the decline in her functional baseline after surgery, treatment was started with vortioxetine in addition to non-pharmacological measures and psychotherapy, obtaining excellent results in approximately 4 weeks.

**Results:** Great effectiveness of vortioxetine in the treatment of Chronic Fatigue Syndrome and in the control of concomitant pain (despite that indication is not included in the molecule's data sheet). The patient followed a very favourable evolution achieving, on discharge, an ad integrum recovery of her functional state.

**Conclusion:** As presented in this case, treatment with multimodal antidepressant treatment (vortioxetine) could have positive impact for patients with Chronic Fatigue Syndrome, achieving improvements in the affective-cognitive aspect and controlling the pain related to this syndrome, avoiding polypharmacy.

### Effects of multimodal activity of vortioxetine

