

apathetic, uninhibited and mutistic. Finally, after several months, he was diagnosed with C9orf72 frontotemporal dementia. Psychotic symptoms may be the initial manifestation of frontotemporal dementia. There is a hypothesis that somatic delusions are caused by an altered body schema, correlated with a pattern of posterior, subcortical and cerebellar atrophy (Ducharme, 2011).

Conclusions: Late-life psychosis should be investigated as a possible prodrome of a frontotemporal dementia. Physicians should be aware given the psychiatric-like presentation, unaltered imaging exam and delayed appearance of typical symptoms of FTD. An increased prevalence of somatic delusions in FTD patient with C9orf72 expansion has been reported (Downey, 2014).

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EPV1142

Brexpiprazole in the treatment of behavioral symptoms of dementia: a case report

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Introduction: A case report on the use of Brexpiprazole for the treatment of behavioral disturbance in dementia is presented.

Objectives: A brief review of the benefit of Brexpiprazole treatment in the treatment of dementia is presented in a case report.

Methods: This is an 84-year-old female patient with newly diagnosed multifactorial cognitive impairment. The patient was brought to Mental Health because of the behavioral alteration presented. She reported delusions of harm, theft and a suspicious attitude in relation to moderate cognitive impairment, as well as the recent transfer to a nursing home. In addition, the nursing home had observed that he presented erratic wandering that affected the functioning of the residential environment. In response to this symptomatology, the patient was aggressive and physically heterogeneous towards the caregivers.

The patient, due to the clinical presentation, had been treated with benzodiazepines, which had worsened the episodes of agitation and confusion, interspersed with episodes of somnolence. Therefore, her treatment was modified by adding quetiapine and haloperidol, worsening her psychomotor restlessness and alertness.

Results: When the patient was seen in the psychiatry department, she presented a high level of restlessness that corresponded to akathisia due to the haloperidol, as well as a fluctuating level of alertness that oscillated between wakefulness and somnolence. Despite the overmedication, according to the residency report, the patient maintained episodes of agitation and heteragresivity during wakefulness.

For this reason, it was decided to replace the antipsychotic treatment of quetiapine and haloperidol, progressively with brexpiprazole at 4mg DMD divided in two.

After two weeks of monotherapy with brexpiprazole, the side effects of the previous treatment disappeared, and the patient's daily functioning improved. She remained alert, the suspicious attitude and the delusions of harm disappeared. The episodes of behavioral disturbances had also ceased.

Conclusions: For the treatment of behavioral symptoms in dementia, it is important to have an effective approach to the clinical management without causing adverse effects that can be severe in elderly people. Brexpiprazole is an atypical antipsychotic, being a 5HT1A and D2 partial agonist and a 5HT2A antagonist, and is an appropriate treatment in this age group.

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EPV1143

Descriptive Study of Language and Communication Disorders Using a Psychopathological Protocol in a Matched Control Group to a Sample of People with Mild Cognitive Impairment

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Introduction: Aging leads to a progressive deterioration at the communicative level. The identification of language impairment in older adults could help to prevent or slow down the development of a possible neurocognitive disorder.

Objectives: To evaluate psychopathological manifestations in language and communication by means of a psychopathological evaluation protocol in a control group of subjects matched by age and sex to a group of people with mild cognitive impairment.

Methods: The sample consists of twenty healthy older adults (75% female, 25% male) with mean age of 84.15 years (SD = 6.81). A descriptive and observational study was carried out. Subjects of both sexes between 70 and 95 years of age, with absence of possible cognitive impairment, were included. The *Mini-Cognitive Examination* was used to assess cognitive performance, the *PRESEEA* interview was used to obtain the speech sample and a psychopathological assessment protocol.

Results: Increasing age is associated with greater intensity of language impairment ($R^2 = .02$, $p = .047$). In the MEC-35 total score, the control group shows a significantly higher performance than the patient group ($F = 49.11$, $p < .001$). A negative correlation appears between the total score of psychopathological manifestations and the variables 'educational level' ($R^2 = .23$, $p = .029$) and 'socioeconomic level' ($R^2 = .33$, $p = .007$).

Conclusions: Anomia, perseverations, disintegrated language, concretism and paragrammatism are possible early indicators of cognitive impairment. The elaboration and application of both assessment protocols and speech therapy intervention programs in older adults may improve communication skills.

Disclosure of Interest: None Declared

EPV1147

Health literacy and psychological well-being in community-dwelling older people: data from FelizIDADE project

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