

Results: Mr. T.J, a 64-year-old man with a 10-year history of PD, was treated with levodopa, amantadine, and pramipexole. He developed depression a year ago, managed with fluoxetine. Recently, he was admitted to the psychiatric ward due to severe behavioral disturbances, including hetero-aggressiveness towards his wife.

Psychiatric assessment revealed a delusional syndrome with themes of jealousy and persecution towards his wife, accompanied by a hallucinatory syndrome primarily characterized by auditory hallucinations that appeared 2 years ago.

A neurological examination identified an amnesic syndrome that preceded the onset of delusions, raising concerns about the differential diagnosis between psychosis and dementia in the context of PD with the added consideration of the iatrogenic effects of his Parkinson's treatment.

In collaboration with neurologists, we adjusted the treatment regimen by tapering off amantadine and pramipexole while maintaining levodopa. We introduced 5 mg of olanzapine, which led to a favorable clinical response. After two weeks, Mr. T.J was considered stable enough for discharge. Improvements included a reduction in delusional ideation and a decrease in the frequency and severity of auditory hallucinations.

Conclusions: This case highlights the complexity of managing psychiatric symptoms in Parkinson's disease, particularly the challenge of differentiating between psychosis and dementia. The positive outcome following medication adjustments underscores the importance of a multidisciplinary approach in addressing both motor and psychiatric symptoms in PD patients.

Disclosure of Interest: None Declared

EPV1130

The Journey of Gender Identity in the Elderly: Needs and Challenges

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doi: 10.1192/j.eurpsy.2025.1726

Introduction: Gender identity issues in the elderly are often overlooked in psychiatric practice. Older transgender and gender-diverse adults face significant barriers, including social isolation, stigma, and limited access to gender-affirming care. These challenges, coupled with healthcare discrimination and gatekeeping, negatively impact mental health outcomes, often leaving this population underserved in healthcare systems.

Objectives: The aim is to identify the challenges transgender and gender-diverse elderly individuals face in accessing appropriate medical care and to explore how these barriers impact their overall health and well-being. Additionally, the objective is to propose strategies to improve both the mental health and general healthcare outcomes for this vulnerable group, ensuring that their specific needs are addressed within healthcare systems.

Methods: A narrative review of the literature was conducted using PubMed, ResearchGate, and Medline databases. Search included combinations of the terms “gender identity,” “geriatric psychiatry”

and “gender dysphoria. Studies were selected based on their relevance to understanding the mental health and healthcare needs of elderly transgender and gender-diverse individuals.

Results: The review revealed that elderly individuals with gender identity concerns experience higher levels of depression, anxiety, and social isolation. Historical discrimination and healthcare disparities significantly impact their well-being. Studies indicate that increased risks for dementia, linked to factors such as cardiovascular disease and sexually transmitted infections, further heighten their vulnerability. Moreover, there are significant gaps in gender-affirming care within geriatric services. Healthcare providers often lack the training necessary to address the specific needs of older transgender adults, leading to delays or denials in appropriate care.

Conclusions: This review highlights that transgender and gender-diverse older adults remain a population often overlooked in psychiatric and geriatric care. Recognizing the importance of tailored care for this population is essential, as well as training healthcare providers and implementing gender-affirming treatments to ensure inclusive, equitable care that meets their specific needs.

Disclosure of Interest: None Declared

EPV1131

Delirium in a geriatric patient with Parkinson's disease, management and outcomes: a case report

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doi: 10.1192/j.eurpsy.2025.1727

Introduction: Up to 40% of patients diagnosed with Parkinson's disease (PD) may experience a psychotic episode during the course of the disease, with antiparkinsonian medications being the main cause. Frequently, aging is associated with a higher risk of comorbid delirium in this population.

Objectives: To analyze the treatment strategy for delirium in a geriatric patient with Parkinson's disease.

Methods: An 88-year-old male patient, diagnosed with Parkinson's disease for 12 years, was admitted to the Acute Psychiatry Hospitalization Unit due to a treatment-resistant confusional state. He presented fluctuating symptoms characterized by verbal and physical hetero-aggressiveness, visual illusions and hallucinations, as well as delusional ideas of harm, control, and mystical-religious content. The patient exhibited significant psychological distress, refused to eat, and had erratic medication adherence.

Results: Following a comprehensive organic assessment and treatment of intercurrent conditions, a readjustment of dopaminergic medication was performed, and quetiapine was introduced (up to 900 mg/day), with a partial response. Subsequently, the doses of quetiapine were reduced, and ziprasidone was introduced, achieving total remission of symptoms with good tolerance (quetiapine 450 mg/day, ziprasidone 80 mg/day, levodopa/carbidopa 150 mg/day).

Conclusions: Following pharmacological recommendations for managing delirium, initial treatment with quetiapine (first-line) was established. Subsequently, clozapine (second-line) was introduced, achieving a better response and cessation of symptoms. This case highlights the complexity of managing delirium in geriatric

patients with PD, considering the patient's age and lack of response to standard therapeutic guidelines. Clozapine, with a more favorable profile regarding motor effects, presents as the preferred option compared to other antipsychotics that may exacerbate parkinsonism.

Disclosure of Interest: None Declared

EPV1132

The role of humor in the psychosomatic health of older adults

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doi: 10.1192/j.eurpsy.2025.1728

Introduction: Humor is widely recognized for its potential to improve psychosomatic health, enhancing both physical and mental well-being.

Objectives: To investigate the correlation between humor styles and psychosomatic health in older adults.

Methods: A cross-sectional study was conducted with 83 older adults (41 females, 42 males), aged 65 to 94 years (mean age: 74.1, SD = 8.1). Participants completed a sociodemographic questionnaire, the 32-item Humor Styles Questionnaire, and the 36-Item Short Form Survey (SF-36). Linear regression analysis was used to examine the relationship between humor styles and psychosomatic health outcomes.

Results: Self-Enhancing Humor. For Aggressive Humor, the mean was 22.7 (SD = 7.95), and for Self-Defeating Humor, 26.3 (SD = 8.70). The mean scores for Physical Health and Mental Health were 277 (SD = 84.5) and 272 (SD = 70.6), respectively. Self-Enhancing Humor had a significant positive effect on Mental Health ($B = 3.458$, $SE = 0.893$, $p < 0.001$), RF ($B = 0.7659$, $SE = 0.375$, $p = 0.044$), GH ($B = 0.7113$, $SE = 0.234$, $p = 0.003$), MH ($B = 0.9711$, $SE = 0.228$, $p < 0.001$), and SF ($B = 0.7165$, $SE = 0.329$, $p = 0.033$). Additionally, Self-Defeating Humor showed a significant negative effect on RE ($B = -1.093$, $SE = 0.474$, $p = 0.024$).

Conclusions: The findings suggest that positive humor styles, particularly Self-Enhancing Humor, are strongly associated with better psychosomatic health in older adults. Incorporating humor-based interventions could be a valuable approach to enhancing psychosomatic health in this population.

Disclosure of Interest: None Declared

EPV1133

Let's Talk About Potentially Modifiable Risk Factors for Dementia

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doi: 10.1192/j.eurpsy.2025.1729

Introduction: Dementia is a syndrome usually chronic and progressive, in which cognitive deterioration occurs at a rate greater than what is expected due to natural aging. (WHO). Because it has a major impact on functional levels, dementia is a major cause of dependence and loss of autonomy in the elderly population.

As the population ages, the prevalence of dementia disorders is expected to increase over the years. This will lead to serious problems in the healthcare sector and social welfare. As populations age, the prevalence of dementia will increase, with the number of people with dementia worldwide expected to rise to 150 million by 2050. This group of neurocognitive disorders has multiple possible aetiologies, constituting a highly heterogeneous group. However, several studies within this area have been searching for and studying modifiable risk factors, to predict and reduce its incidence.

Objectives: The authors propose a review of the various modifiable risk factors involved in developing dementia syndromes.

Methods: Review of the existing literature about modifiable risk factors for dementia, using the keywords: dementia, modifiable risk factors, prevention. The results were selected taking into account the degree of relevance.

Results: Several studies argue that several modifiable risk factors may be involved in the development of dementia, from early to late life, such as less education, mental illnesses such as depression, hearing, and vision loss, high LDL cholesterol, and social isolation, among others.

Conclusions: Dementia has a significant mortality rate and is responsible for great disability and dependence in older populations. The implementation of global health measures, focusing on prevention and reducing risk factors, could be an important link in reducing the prevalence of dementia in the future.

Disclosure of Interest: None Declared

EPV1134

Emotions and perceptions of elderly patients during the care pathway in healthcare settings

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doi: 10.1192/j.eurpsy.2025.1730

Introduction: The number of elderly people requiring social and health care support in the last years of life is constantly increasing. The consequence is a significant increase in the number of guests in assisted nursing homes. The elderly patient, collaborating with healthcare professionals, becomes the protagonist of the entire care process. The places and times of care, together with the lived experience and the emotions felt, are just some dimensions of humanization, dignity of care and dignified care. This recognition of the patient experience within the definition of quality of care is associated with better clinical outcomes and patient safety. Patient Reported Experience Measures (PREM) are psychometrically validated questionnaires returned directly by patients and aim to provide a standardized assessment of individual care experiences.