Awareness-raising activities need to be expanded to reduce stigma and discrimination against elderly LGBT individuals in society. Additionally, establishing LGBT-friendly elderly care centers and strengthening social support networks are crucial to preventing social isolation.In conclusion, achieving a more inclusive, equal, and fair society is only possible by respecting the rights of every individual.

**Disclosure of Interest:** None Declared

## EPV1181

## Psychological burden, feelings of loneliness and life satisfaction in old age

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**Introduction:** As the world population continues to age, understanding the psychological well-being of older people is becoming increasingly vital. Among the various aspects affecting their quality of life, psychological distress, feelings of loneliness and life satisfaction stand out as key dimensions to explore. With age, individuals face a multitude of physical, social and emotional changes that can significantly affect their overall well-being. Consequently, examining the complex relationship between these factors provides valuable insights for promoting healthy ageing and improving the overall quality of life of older people. Psychological distress, often resulting from a range of factors such as chronic health conditions, cognitive decline and social isolation, can manifest itself in various forms, such as anxiety, depression and stress.
**Objectives:** To investigate the correlation between psychological burden (depression, anxiety, and stress), feeling of loneliness and satisfaction with life among elderly.
**Methods:** The sample consisted of 148 elderly people over 65 years old. The research instruments used were a) the Depression Anxiety Stress Scale-21, b) the Life Satisfaction Index, c) The UCLA Loneliness Scale, and d) the Athens Insomnia Scale (AIS).
**Results:** There is a statistically significant association between engagement in domestic activities and a reduction in depressive symptoms. The frequency of children's visits and the presence of social support networks significantly influence psychological burden. Those who received infrequent or no visits from their children exhibited higher levels of depression. Loneliness was affected by family interactions, and life satisfaction was influenced by gender and education. Participants who had people in their immediate environment helping them with daily needs reported reduced depressive symptoms. Finally, the study revealed statistically significant differences in reported life satisfaction based on participants' gender and educational level.
**Conclusions:** These findings emphasize the need for personalized interventions that acknowledge the complex interplay of these factors in shaping the mental health of older adults.

**Disclosure of Interest:** None Declared

## EPV1182

## Capgras syndrome in an elderly patient with severe organic comorbidities and aggression: a case report

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**Introduction:** Caprags syndrome is a rare syndrome characterized by a false belief that an identical duplicate has replaced someone significant to the patient. It is widely regarded as the most prevalent of the delusional misidentification syndromes and appears in psychiatric and non-psychiatric cases, including organic disorders.
**Objectives:** To present a case report of 84 years old male patient with severe organic comorbidities who developed Capgras syndrome.
**Methods:** Psychiatric interview
**Results:** An 84-year-old male patient came to the first psychiatric examination accompanied by his son, due to the suspicion and hostility he has been showing towards his wife for the past month. A few days before the examination, patient became extremely aggressive in the evening hours, he accused his wife that she was not his wife, that another person had been framed instead of her, he demanded that she show him her identity card and threatened to report her to the police. The wife locked herself in the bathroom in fear, but the patient broke down the door. Neighbors called the police, who then restrained him. The patient calmed down after that, but wife went to live with her son. During the examination, patient was completely calm and cooperative, with a neat appearance, oriented, his thought process was normal, conversation was conducted adequately in the desired direction. When asked about thought content he dissimulated it by stating that he was angry because his wife often hangs out with other women and doesn't pay enough attention to him. He denied the presence of hallucinations. Affect was stable, cognitive capacities seemed appropriate for his age. Patient has been treated for several organic comorbidities, including prostate cancer, which was removed a few years ago, but due to problems with urination after surgery he wears a permanent catheter. He was diagnosed with atrial fibrillation and diabetes. He had a heart attcak a year ago, when a stent was implanted, while a bypass was implanted 12 years ago. Laboratory findings indicate elevated glucose and HbA1c values while other parameters are within reference values. He takes all prescribed medicine alone and on time. I diagnose Capgras syndrome and did psychoeducation. Patient showed an interest in taking medication and a desire for his wife to come back to live with him. Low doses of typical antipsychotic was prescribed, which led to cessation of psychomotor restlessness and harmonization of sleep rhythms. Further neuroradiological diagnostics and regular internist follow-up were recommended.
**Conclusions:** Previous studies showed the link between Capgras syndrome and aggression, which this case report confirms. Probable basis for emergence of this form of delusional disorder is this patient in not dementia, but rather the consequence of serious organic comorbidities. Further diagnostic processing is in progress.

**Disclosure of Interest:** None Declared