

Objectives: Assess the emotionality, dignity, depressive symptoms of the elderly patient without significant psychiatric disorders at the time of admission to a place of care.

Methods: Sixty-seven elderly subjects (28 F, 38 M) were recruited in some elderly residential facilities (total mean age (yrs)(±SD): 75.64 ±5.96)

Inclusion criteria: age ≥ 65 years; MMSE ≥20; absence of overt diagnosis of psychiatric or neurodegenerative disorders (evaluation with SCID-5-CV). All patients were given a PREM questionnaire at the beginning and during the care pathway. All patients were administered at baseline (T0), after 6 months (T1) and after 1 year (T2) the following evaluation rating scales:

- Mini-Mental State Examination (MMSE) (only T0); Patient Dignity Inventory (PDI); Geriatric Depression Scale (GDS); Global Assessment of Functioning (GAF); Quality Life Index (QLi)

The data were statistically analyzed with the EZAnalyze 3.0 software for the Excel platform.

Results: Tables 1 and 2 show the results obtained with each scale analyzed. On the PDI scale, the ANOVA results indicate that at least two of the repeated measures differed significantly [Mean scores ± Std. Dev: (T0) 63.388 ± 22.042; (T1): 57.313 ±21.159; (T2): 49.985 ±17.418]. The data obtained with the GDS scale showed no variation during the observational period. Although the differences were not statistically significant, the data indicate that no increases in depressive symptoms were observed. I results obtained with the QLi showed that the ANOVA results indicate that at least two of the repeated measures differed significantly [Mean scores ± SD: (T0) 3.358 ± 1.164; (T1): 6.075 ±1.222; (T2): 6.657 ±1.213]. Similar results were observed with the GAF scale.

Image 1:

Table 1 - EZAnalyze Results Report - Repeated Measures ANOVA (PDI and QLI)					
PDI P: 0.000; Eta Squared 0.378					
Post Hoc tests	Comparison	T-Value	P - Unadjusted	P - Bonferroni	Eta Squared
PDI T0	PDI T0 and PDI T1	4.435	0.000	0.000	0.227
	PDI T0 and PDI T2	8.044	0.000	0.000	0.491
PDI T1	PDI T1 and PDI T2	5.088	0.000	0.000	0.279
The ANOVA results indicate that at least two of the repeated measures differed significantly					
QLi P: 0.000; Eta Squared: 0.735					
QLi T0	QLi T0 and T1	13.870	0.000	0.000	0.742
	QLi T0 and T2	19.538	0.000	0.000	0.851
QLi T1	QLi T1 and T2	3.116	0.003	0.008	0.127
The ANOVA results indicate that at least two of the repeated measures differed significantly					

Image 2:

Table 2 - EZAnalyze Results Report - Repeated Measures ANOVA (GDS and GAF)					
GDS P 0.071 Eta Squared 0.039					
The ANOVA results indicate that none of the repeated measures differed significantly					
GAF P 0.006 Eta Squared 0.074					
Post Hoc tests	Comparison	T-Value	P - Unadjusted	P - Bonferroni	Eta Squared
GAF T0	T0 and T1	2.721	0.008	0.025	0.100
	T0 and T2	2.593	0.012	0.035	0.091
GAF T1	T1 and T2	1.460	0.149	0.447	0.031
The ANOVA results indicate that at least two of the repeated measures differed significantly					

Conclusions: Intervention programs that allow older residents to express their emotions and observations are not only beneficial for corporate welfare, but also promote a sense of empowerment and involvement. Our small observational study has shown that these

programs can significantly improve residents' quality of life and protect against the onset of depressive symptoms.

Disclosure of Interest: None Declared

EPV1135

Lithium-induced neurotoxicity (SILENT Syndrome) in a Schizoaffective patient: A case of prolonged treatment leading to severe neurological complications

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Introduction: A 71-year-old female patient with schizoaffective disorder, under psychiatric follow-up and treated with lithium for over 20 years (with successive stable therapeutic blood levels), presented to the emergency department with symptoms of temporal disorientation, aphasia, gait disturbances, tremor, and fluctuating encephalopathy. Symptoms have progressively worsened since she was found on the floor of her home one month ago. Subsequent complementary examinations (clinical evaluation, cranial CT scan, and laboratory tests) returned normal results.

Given the clinical picture presented, a differential diagnosis was made including neurocognitive, toxic-metabolic, psychiatric, and pharmacological causes (lithium neurotoxicity). Initially, the treatment was adjusted by reducing the lithium dose (from 600mg to 400 mg/day) and the associated medication was modified (mirtazapine and lormetazepam). Additional investigations or hospital admission were recommended to rule out an underlying pathology.

Objectives: The aim of this study is to explore and discuss the differential diagnosis and symptoms associated with lithium neurotoxicity.

Methods: We conducted a literature review through the PubMed database.

Results: The patient's symptoms worsened, and she was admitted to a long-term care facility. Active psychiatric pathology and cognitive decline were ruled out; renal function, thyroid function, and cranial MRI were normal. However, neurological symptoms and disorientation persisted.

The lithium dose was reduced to 200 mg/day, which led to the onset of manic symptoms. Upon increasing the dose back to 400 mg/day, the patient exhibited decreased consciousness, and serum lithium levels increased to 1.24 mEq/L, despite previously stable levels at this dose. Lithium was discontinued and replaced with valproic acid.

After the medication change, the manic state resolved, and consciousness and disorientation improved. A few months later, the patient remained stable with no other symptoms except gait instability.

Conclusions: Lithium neurotoxicity is a rare but severe complication of chronic lithium treatment, which can occur even at therapeutic levels (Konieczny K et al. Alpha Psychiatry 2024; 25:190-205). It should be suspected in cases of cerebellar ataxia, parkinsonism, disorientation, or cognitive impairment and requires early intervention to prevent irreversible neurological dysfunction (Schneider MA et al. J Neurosci Nurs. 2019; 51:283-286). In this case, symptoms improved following lithium discontinuation, although sequelae persisted months later, suggesting a potential diagnosis of SILENT syndrome.

We encourage clinicians to consider these symptoms and approach lithium dosing more cautiously in patients undergoing long-term treatment who have maintained psychopathological stability over time (Marmol S et al. *Cerebellum* 2024; 23:1733-1735).

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EPV1136

Distribution of tasks between physicians and nurses in delirium management

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Introduction: Delirium is a severe neurocognitive condition marked by acute, fluctuating disruptions in attention, awareness, and cognition, leading to significant morbidity and mortality. Despite its impact, there is currently no definitive pharmacological or non-pharmacological treatment for delirium (cf. American Psychiatric Association, 2013). Recognizing and managing delirium early is crucial to prevent long-term consequences. However, there is an international lack of consensus regarding the division of responsibilities in delirium care among physicians and advanced practice nurses (APNs).

Objectives: Distribution of tasks between physicians and nurses in delirium management: „where everyone is responsible, no one is responsible

Methods: An international systematic literature review investigated the task distribution between advanced practice nurses (APNs) and physicians. The review focused on publications retrieved from PubMed and CINAHL databases.

Results: From the initial systematic literature search, 395 articles were identified. Following the PRISMA statement (cf. Page et al., 2021) criteria, 30 articles were selected for analysis. Utilizing MAXQDA® (Release 2022.6) and qualitative content analysis, the literature was examined across categories such as physical examination, delirium screening, ordering pharmacological tests, treatment, psychoeducation on delirium. or procedures, diagnosis, non pharmacological treatment, and

Conclusions: Our systematic review revealed the absence of international guidelines for defining task distribution between physicians and nurses, particularly advanced practice nurses (APNs), in delirium care. We propose that research defining the roles among these experts will create synergies in delirium management which result in better recognition and management of delirium. Future research will test this hypothesis

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EPV1137

Letter to a Judge The implementation of the Law 8 / 2021 three years on

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Introduction: Last scene of all That ends this strange eventful history, Is second childishness and mere oblivion, Sans teeth, sans eyes, sans taste, sans everything. Shakespeare, As you like it, II, vii, 163-166

Objectives: The paper will make reference to the debate generated by the implementation of the Law 8/ 2021 approved three years ago in Spain. The objective was to provide support measures to persons with dementia according to their wishes, beliefs, values and preferences without resorting to legal incapacity. Respect to the person 's wishes is pivotal to the Law and is creating many problems due to the fact that some patients with severe cognitive impairment cannot make a judgement and is not clear what the judge can decide.

From the start, forensic psychiatrists received an increasing number of requests to produce medico-legal reports due to the omission to refer to the protective, medical and personal aspects that such measures involve. Some decisions totally ignore these aspects referring only to the patrimonial ones with no mention of the person 's life trajectory nor to the personal and medical care provided and the medication prescribed.

Methods: In the second section, a case where the medical aspects where not contemplated in the sentence will illustrate the consequences for a patient who was misdiagnosed and mistreated.

Results: An extensive observation following the Tavistock Method will describe the process, including the organizational dynamics.

Conclusions: As Kitwood suggested, working with people suffering from dementia includes confronting organic impairment and the great difficulties there may be in consciously articulating any psychological conflicts, there may also be a breaking down of the individual's lifelong defences that leaves the person exposed and vulnerable to episodes of catastrophic anxiety and rage. Fear of abandonment and inability to bear separateness are characteristic of dementia sufferers, and these persecutory states of mind increase with organic impairment. Caregivers, whether family or staff in residential or nursing homes, have a crucial function in containing those deteriorated aspects of the person they are with.

“Dementia will always have a deeply tragic aspect, both for those who are affected and for those who are close to them. There is, however, a vast difference between a tragedy in which persons are actively involved and morally committed, and blind and hopeless submission to fate” (Kitwood, 1997).

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EPV1139

Effects of antioxidants and phosphorylated tau protein on mitochondrial respiration and hydrogen peroxide production

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Introduction: Alzheimer's disease (AD) is a progressive neurodegenerative disease and the most common form of dementia; currently there is no effective causal treatment for AD. The main targets of new drugs for AD are processes related to amyloid beta and tau neurotoxicity, neurotransmission, inflammation, metabolism and bioenergetics, synaptic plasticity, and oxidative stress.