

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).

Disclosure of Interest: None Declared

EPV1142

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

A. Izquierdo De La Puente^{1*}, P. Del Sol Calderon¹ and R. Fernandez Fernandez²

¹Psiquiatria, Hospital Universitario Puerta de Hierro de Majadahonda and ²Psiquiatria, Hospital Universitario Infanta Cristina, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1737

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

Objectives: A brief review of the benefit of Brexiprazole 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 brexiprazole at 4mg DMD divided in two.

After two weeks of monotherapy with brexiprazole, 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. Brexiprazole is an atypical antipsychotic, being a 5HT1A and D2 partial agonist and a 5HT2A antagonist, and is an appropriate treatment in this age group.

Disclosure of Interest: None Declared

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

A. Moreno-Romero¹, A. Arjona-Valladares² and N. Jimeno^{2*}

¹University of Valladolid, Valladolid, Spain and ²Psychiatry, University of Valladolid, Valladolid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1738

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

S. Lima^{1*}, S. Martins¹, J. L. Martins², R. Carvalho³ and H. Correia⁴

¹Innovation in Health and Well-Being Research Unit (iHealth4Well-being), CESPU, Porto; ²PrestigeHealth; ³Centro Social de Requião, Vila

Nova de Famalicão, Portugal and ⁴Social Work, Centro Social de Requião, Vila Nova de Famalicão, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1739

Introduction: Health literacy (HL) is characterised as the ability to understand health and involves people's knowledge, motivation and skills to access, recognise, evaluate and apply health-related information. It is an important topic in the context of healthcare, with studies suggesting that low levels of HL are predictors of adverse health outcomes. Socioeconomic status, age, race, cognition and level of education are factors that contribute to HL levels, with older age being strongly associated with poor HL. However, the relationship between HL and the psychological well-being of older people has not been explored as much in the literature.

Objectives: To describe HL and psychological well-being levels in community-dwelling older people and to analyse the association between these two constructs.

Methods: The data analysed in this study derives from a longitudinal research project called FelizIDADE, whose main objective was to empower older people to promote health and HL. A sample with older people aged 65 years and over, living in the municipality of Vila Nova de Famalicão, in Portugal was included. All participants were assessed with a comprehensive research protocol, which comprised, amongst others, the European Health Literacy Questionnaire (HLS-EU-Q16) and the Psychological Well-Being Scale (PWBS). For statistical analysis, non-parametric tests were used, since data did not follow a normal distribution.

Results: A sample with 59 community-dwelling older people was considered, with a mean age of 72 years (SD=4.5). The majority was female (59%), married (83%) and 91.5% had the completed primary school. Around 83% lived with their spouse and 88% were retired due to age. Statistically positive correlations were identified between the HLS-EU-Q16, age ($rs=0.0274$; $p<0.05$) and PWBS ($rs=0.336$; $p<0.01$). The total of HLS-EU-Q16 also correlated positively with the total of four domains of the PWBS: Autonomy ($rs=0.412$; $p<0.01$); Personal Growth ($rs=0.280$; $p<0.05$); Positive relations with others ($rs=0.275$; $p<0.05$) and Purpose in life ($rs=0.379$; $p<0.01$).

Conclusions: It is well known that HL plays a fundamental role in older people and lower levels are related to negative impacts on health. This reinforces the importance of understanding the factors that are associated with poor HL. The present findings provide empirical insights into the association between HL and psychological well-being among older people living in the community. Furthermore, these results emphasise HL as an individual resource in promoting well-being.

Disclosure of Interest: None Declared

EPV1148

Psychiatric symptoms in vascular dementia. A new perspective

C. M. Martín Gozalo^{1*}, E. L. Bori¹, P. G. Melero¹, S. P. González¹ and A. G. Ontaneda²

¹Psychiatry and ²Geriatrics, Hospital Clínico San Carlos, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1740

Introduction: Psychiatric symptoms in vascular dementia occur in up to 95 % of patients. These symptoms can be of a depressive or

manic type, among others. For this reason, it is essential to carry out a proper differential diagnosis between vascular dementia and other types of pathology that include psychiatric symptoms.

Objectives:

- 1) To describe the main psychiatric symptoms that could guide the diagnosis of vascular dementia.
- 2) To make an appropriate differential diagnosis in order to carry out the most suitable therapeutic approach in each specific case.

Methods: A review of the most recent literature related to psychiatric symptomatology in patients with vascular dementia.

Results: Vascular dementia can present with very diverse psychiatric pathology. Depending on the subcortical area affected, a particular symptomatology will predominate. For this reason, it is of vital importance to carry out a proper differential diagnosis. When the brain area affected is the ventromedial prefrontal cortex, the predominant symptomatology is depressive, with a higher percentage of patients with abulia. If the area most affected is the orbitofrontal cortex, disinhibition will predominate. However, if it is the dorsolateral prefrontal area, it will lead to executive dysfunctions.

On the other hand, it should be noted that psychiatric symptomatology due to vascular damage often has an atypical presentation in patients. For example, if what predominates is depressive symptomatology, what might appear relatively frequently would be late onset anxiety, irritability, or excessive somatic preoccupation. However, sadness or crying would not be as representative. If what predominates is the manifest symptomatology, in this case, with a high probability it would manifest itself in the form of behavioural disinhibition.

Because of these peculiarities, it is essential to make a proper screening between vascular dementia, late onset depression or Alzheimer's disease, as the therapeutic approach to each pathology will be very different, as will be the prognosis.

Conclusions:

- Atypical psychiatric symptomatology may be the key to a diagnosis of vascular dementia.
- A proper differential diagnosis between vascular dementia, late onset depression and Alzheimer's disease is essential.
- There is no clear benefit in the use of ACE inhibitors and NMDA receptor antagonists in cognitive impairment. However, there is evidence of improvement in cognitive function with SSRI antidepressants in patients with and without depression.

Disclosure of Interest: None Declared

EPV1149

Is dependence on activities of daily living an indicator of social isolation among old people living alone in public housing?

S. P. V. Martins^{1,2,3*}, J. Guedes^{1,4}, H. Alves^{1,5}, M. Videira¹, I. Machado^{1,6}, S. Melo^{1,6} and F. Melo⁷

¹ISSSP, Porto Institute of Social Work; ²CESPU, CRL - Cooperativa de Ensino Superior, Politécnico e Universitário - iHealth4Well-being Research Unit; ³CINTESIS@RISE, Faculty of Medicine, University of Porto; ⁴CLISSIS-Centro Lusíada de Investigação em Serviço Social e Intervenção Social; ⁵LIAAD-INESC TEC; ⁶Institute of Sociology, University of Porto and ⁷Domus Social Company-Porto City Council, Porto, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1741