

Nova de Famalicão, Portugal and <sup>4</sup>Social Work, Centro Social de Requião, Vila Nova de Famalicão, Portugal

\*Corresponding author.

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**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<sup>1\*</sup>, E. L. Bori<sup>1</sup>, P. G. Melero<sup>1</sup>, S. P. González<sup>1</sup> and A. G. Ontaneda<sup>2</sup>

<sup>1</sup>Psychiatry and <sup>2</sup>Geriatrics, Hospital Clínico San Carlos, Madrid, Spain

\*Corresponding author.

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**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.

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## 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<sup>1,2,3\*</sup>, J. Guedes<sup>1,4</sup>, H. Alves<sup>1,5</sup>, M. Videira<sup>1</sup>, I. Machado<sup>1,6</sup>, S. Melo<sup>1,6</sup> and F. Melo<sup>7</sup>

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

\*Corresponding author.

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