

**Conclusions:** Notable health benefits were observed among users, particularly in cognitive function and quality of life. These findings indicate the potential effectiveness of Exercogs® in dementia prevention programs. The alliance between the clinic and academia is crucial for solving the challenges of longevity and creating technological solutions that respond to new health needs. The use of technologies in health intervention generates high levels of adherence and motivation among older adults, as well as among health professionals. Exercogs® are a promising technological solution that uses gamification with clinical support to prevent dementia!

**Disclosure of Interest:** None Declared

## EPV1161

### Meta-analysis of Ginkgo biloba extract EGb 761 in the treatment of mild dementia

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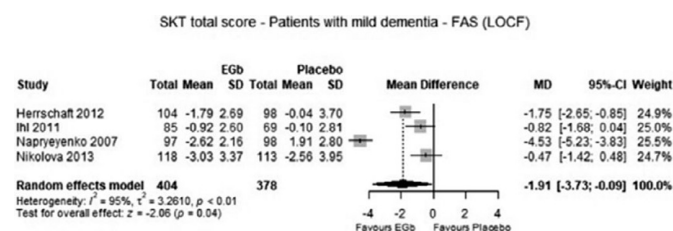
**Introduction:** Even mild forms of dementia have a detrimental effect on memory and activities of daily living, and cause distress to patients and their families. As the disease progresses, the impairment of patients and the burden on their carers increases over time. Thus, there is a need for effective, safe and well-tolerated treatments that can be initiated at the earliest stages.

**Objectives:** A meta-analysis of pooled patient subgroup data from randomised clinical trials was conducted to assess the treatment effects of Ginkgo biloba extract EGb 761 in patients with mild dementia.

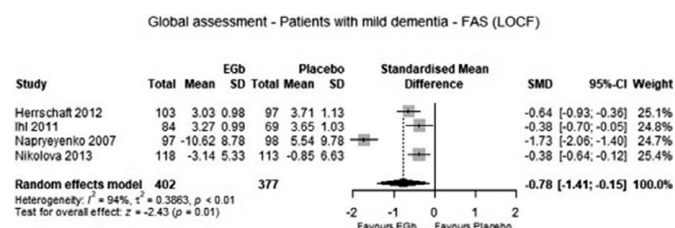
**Methods:** The studies included in this meta-analysis were selected from a previous systematic review (von Gunten *et al.* World J Biol Psychiatry 2016, 17(8),622-633). They enrolled patients with mild dementia (total score 9-15 on the SKT Short Cognitive Performance Test, SKT) (Lehfeld and Erzigkeit, Int Psychogeriatr 1997, 9(Suppl 1), 115-21) with probable Alzheimer's disease, probable vascular dementia, or possible Alzheimer's disease with cerebrovascular disease, respectively. Outcome measures were cognition, activities of daily living, global clinical assessment and quality of life.

**Results:** From four eligible trials data of 782 patients with mild dementia were included in the meta-analysis. The analysis demonstrated that treatment with 240 mg EGb 761 daily was significantly superior to placebo in cognition ( $p=0.04$ ), global assessment ( $p=0.01$ ), activities of daily living ( $p=0.01$ ) and quality of life ( $p=0.02$ ) with medium to large standardised effects. Adverse events were similarly frequent in patients treated with EGb 761 and placebo ( $p=0.66$ ).

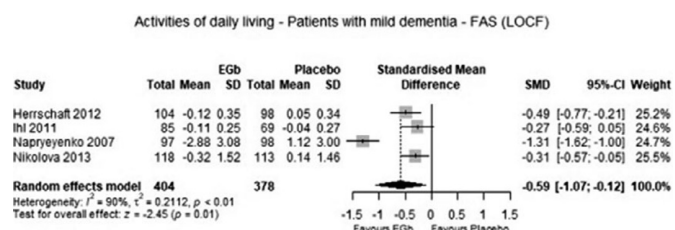
**Image:**



**Image 2:**



**Image 3:**



**Conclusions:** The meta-analysis shows that EGb 761 has beneficial effects on cognition, activities of daily living, global assessment and quality of life in patients with mild dementia.

**Disclosure of Interest:** M. Riepe Speakers bureau of: Dr. Willmar Schwabe GmbH & Co. KG, M. Burkart Employee of: Dr. Schwabe Holding SE & Co. KG

## EPV1162

### Efficacy of music therapy in patients with mild cognitive impairment. Systematic review

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**Introduction:** The concept "mild cognitive impairment" (MCI) means a decline in executive functions (such as memory, attention, language or thought) that does not correspond to what is expected for a person's age group. It is estimated that this diagnosis may affect a fifth of the population over 65 years and 50-80% of them will develop dementia. This pathology is related to a loss of autonomy and an increase in dependence. In addition, there are therapeutic limitations, so it is a flagrant health and social problem. In this context of difficulties, various non-pharmacological therapies are emerging with the aim of improving various aspects of this disease, among which we can find music therapy (MT).

**Objectives:** The aim of this study is to review the most recent findings of the scientific community regarding the validity of MT as an intervention in patients with MCI. Specifically, its efficacy on cognition and its power to stop the progression of dementia are evaluated, as well as its effects on other areas of the patient.

**Methods:** A systematic review was carried out in the “WOS-Web of Science”, “Scopus” and “Psycoinfo” databases following PRISMA guidelines. The keywords were “MT” and “MCI”. We included clinical trials, systematic reviews and meta-analyses in english or spanish whose study population had MCI, excluding those published before 2017.

**Results:** 15 studies were selected, all with high quality evidence designs measured by Scottish Intercollegiate Guidelines Network scale. Among all the types of MT evaluated, various studies agree that Active MT (which includes activities that involve active participation of the patient such as singing or dancing) stands out as one of the best options, showing post-intervention improvements in MMSE scores and, secondarily, in emotional well-being (specially depression and anxiety). Instrumental practice has an important protective effect on cognitive function. On the other hand, MT with movement, in addition to being effective on cognition (it increases activity in prefrontal cortex), also causes an improvement in physical conditions. However, musical reminiscence (which consists of listening to music with an emotional component for patients with simultaneous display of images to favor memories), although it shows positive effects in several articles, these are not statistically significant. Finally, multimodal therapy (which is a combination of training and cognitive stimulations based on reminiscence and MT) did not show statistically significant changes in either mood or executive functions.

**Conclusions:** MT is a valid intervention to improve cognitive function, some neuropsychiatric symptoms and the quality of life of patients with MCI. If we also take into account its economic accessibility, the organizational simplicity and null adverse effects, it is easily concluded to be one of the most attractive therapeutic options for treating MCI today.

**Disclosure of Interest:** None Declared

## EPV1163

### Cognitive impairment or delusional disorder? A case report

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**Introduction:** Delusions and hallucinations can appear in various psychiatric and neurological pathologies. When these psychotic symptoms are of late onset, in geriatric age, it may be necessary to make a differential diagnosis between dementia or other psychiatric disorders.

**Objectives:** To describe the differential diagnosis between dementia and delusional disorder.

**Methods:** Review of the scientific literature based on a relevant clinical case.

**Results:** 70-year-old woman who lives with her husband. She has two independent daughters. History of a depressive episode in her

youth related to her husband's gambling addiction. She attended the emergency department due to behavioural alteration at home with verbal heteroaggressiveness towards her sister and several neighbours. At the hospital she was approachable, with some psychomotor restlessness, reporting that a neighbour wanted to harm her and spoke of her, making delirious interpretations of harm and referring to visual hallucinations in the form of animals in the courtyard of her house. A brain CAT scan was performed, with normal results.

Her family reports that for about a year she has been saying incoherent things on occasions and behaving strangely. It was decided to admit her to the acute care unit.

**Conclusions:** During hospitalisation she didn't present behavioural alterations. Treatment with risperidone was introduced with adequate tolerance and response, with distancing of the delusional ideation of harm. MOCA test was performed: 23/30 (suggestive of cognitive impairment), so PET-CT was requested with results not suggestive of neurodegenerative disease and neurodiagnostic tests (SCIP-S and BCSE); the results indicate heterogeneous cognitive performance, and no global cognitive impairment could be observed at the present time and a repeat assessment was recommended in one year's time. Due to the results of the tests and the decrease in positive symptomatology with antipsychotic treatment, a diagnosis of delusional disorder was made upon discharge.

**Disclosure of Interest:** None Declared

## EPV1164

### Complex Visual Hallucinations in Charles Bonnet Syndrome: Diagnostic and Treatment Challenges in a Case with Psychotic Features

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**Introduction:** A 64-year-old male with diabetes-related blindness was admitted with anxiety, low mood, and passive suicidal ideation. Despite no psychiatric history, he experienced visual hallucinations, which he recognized as “optical illusions.” A CT scan ruled out organic causes, and retinal detachment with irreversible vision loss was confirmed. Diagnosed with Charles Bonnet Syndrome (CBS), he developed delusional interpretations and auditory hallucinations. Initially treated with Venlafaxine 150 mg/day, his psychotic symptoms persisted until Risperidone was increased to 6 mg/day, which resolved the hallucinations. Lithium was then added, allowing a reduction in Risperidone without relapse.

**Objectives:** This review, based on a case study, focuses on the challenges of treating Charles Bonnet Syndrome (CBS), early diagnosis, and the lack of clear diagnostic criteria. It explores the connection between CBS and visual loss, the emergence of psychotic symptoms, and the role of antipsychotics in managing them.

**Methods:** Literature was reviewed using the following keywords: (Charles Bonnet syndrome) AND (visual hallucinations OR hallucinations) AND (treatment OR management OR therapy OR pharmacotherapy). Databases such as PubMed were used to gather relevant studies.

**Results:** There are several challenges in diagnosing and treating CBS. Underdiagnosis is common, leading to misdiagnoses such as psychosis (Voit et al., 2021; Stojanov, 2016). Non-pharmacological