Objectives: This study aims to assess the socio-demographic profile of patients over the age of 60 admitted to a psychiatric unit at Razi Hospital, Tunisia, while identifying the prevalence of various psychiatric disorders.
Methods: This was a retrospective and descriptive study. It included patients aged 60 and above who were first-time psychiatric admissions at the El Jazzar department of CHU Razi between 2020 and 2024. Data were collected from medical records, covering variables such as gender, age, year of admission, marital status, education level, occupation, socioeconomic status, medical history, prior treatments, diagnoses, admission type, and discharge treatments.
Results: In this study, we reviewed 40 case files. The analysis revealed that the majority of patients were male (80%), with most falling within the 60-70 age range. The majority were married (65%), and educational attainment was typically low, with 60% having a primary education level or below. Retirees accounted for 65% of the sample. Regarding comorbidities, 70% of the patients had both medical and psychiatric histories. The primary reasons for admission included behavioral disorders, delusional syndromes, and depressive disorders. Prior to admission, treatments mainly consisted of mood stabilizers and first- or second-generation antipsychotics. The most frequent mode of admission was hospitalization at the request of a third party (HDT), followed by involuntary hospitalization (HO). During hospitalization, prescribed treatments included antipsychotics (both atypical and typical), benzodiazepines, and antidepressants. No significant adverse drug reactions were reported. Dementia, recurrent depression, and psychotic relapse in the context of schizophrenia were the most common diagnoses.
Conclusions: This study provides valuable insights into the socio-demographic and clinical profile of patients over 60 admitted to psychiatry at Razi Hospital, highlighting key trends in mental health and treatment approaches. The frequent presence of somatic comorbidities emphasizes the need for a multidisciplinary therapeutic approach. These findings underscore the importance of specialized treatment for the complex needs of this elderly population.

Disclosure of Interest: None Declared

EPV1128

Virtual darkness for agitation in dementia: The DARK.DEM randomized controlled trial

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Introduction: This poster will outline the rationale, objective, methods and preliminary results of the DARK.DEM trial.
Introduction: Behavioral and psychological symptoms of dementia (BPSD) such as agitation, psychosis and depression are prevalent, often treatment resistant and associated with reduced cognition, level of functioning, quality of life and mortality. In dementia, circadian rhythms become less robust, which potentiates BPSD. As such, *chronotheraphy*, i.e., interventions targeting the circadian rhythm, is promising. Bright light therapy can improve sleep and depressive symptoms in residents with dementia in nursing homes (Hjetland GJ, BMC Geriatrics, 2021). Intrinsically photosensitive retinal ganglion cells (*ipRGC)* monitor the perception of day and night and are maximally sensitive to light with short wavelength. This discovery paved the way for virtual darkness therapy, that is, solely exposure to light deprived of blue wavelengths in the evening and night. Virtual darkness is effective in reducing manic symptoms in persons with bipolar disorders (Henriksen TEG, Bipolar Disorders, 2016), however the symptom relieving effect in people with dementia has not been explored.
Objectives: Develop and evaluate virtual darkness therapy to enhance treatment of agitation and other BPSDs in specialized dementia care.
Methods: The DARK.DEM RCT will include patients from September 2024 to December 2027 at NKS Olaviken Gerontopsychatric Hospital, Norway.
Inclusion criteria: dementia related agitation (CMAI ≥45), all etiologies and stages of dementia, age ≥50. Exclusion criteria: use of beta-blockers or melatonin, clinically significant pain (MOBID-2≥3), total blindness. A total of 72 patients will be randomized to treatment as usual or 14 days with add on treatment with blue light depleted environment from 19-08, provided with circadian lightning in secluded units. Primary outcome is 14 day change in CMAI, secondary outcomes include change in NPI-12, CSDD, QoL, ADL, use of psychotropic drugs and restraints, length of hospital stay.
Results: We will present preliminary results on number of participants included, baseline characteristics related to age, sex, type dementia, level of symptoms, intervention effects and feasibility.
Conclusions: The DARK.DEM trial will provide real word evidence for clinicians and stakeholders to determine if virtual darkness theraphy should be implemented for treatment of agitation in people with dementia.

Disclosure of Interest: None Declared

EPV1129

Persecutory Delusion in Parkinson's Disease: At the Crossroad Between Psychosis and Dementia

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Introduction: Patients with Parkinson disease (PD) may present psychiatric manifestations like delusions and hallucinations which can significantly impact their quality of life. These psychotic symptoms may also occur during neuro-cognitive decline which poses a diagnostic challenge.
Objectives: This case study aims to investigate the clinical overlap between psychosis and cognitive decline in Parkinson's disease, focusing on the diagnostic difficulties in differentiating these psychiatric symptoms.
Methods: We report a single case of a patient admitted to the psychiatric department "B" of Razi Hospital, who exhibited symptoms of both psychosis and cognitive decline. We also conducted a literature review on Pubmed using the following keywords: Parkinson disease, Dementia, Delirium, psychosis.