

prefrontal cortex. Over the past decade there has been an effort to study the benefit of the use of MPH for treatment of apathy in patients with Alzheimer's dementia.

Objectives: Study the benefit of methylphenidate in the treatment of apathy in AD.

Methods: Basic literature review collecting data from PubMed (2010-2020) using the words "Methylphenidate", "Apathy", "Alzheimer", "Dementia".

Results: Clinical trials using 10 to 20mg of MPH per day, for 6 weeks, demonstrated a mitigation in apathy symptoms in one third of patients, with good tolerability. Another clinical trial using the same dosage, for 12 weeks, led to improvement in cognition, functional status, depression and caregiver burden.

Conclusions: New clinical trials with larger groups of patients over a longer period are needed to consolidate the existing results. Although there are still many questions concerning the usefulness of methylphenidate in this population that need to be answered, methylphenidate might be an option to deal with one of the most prevalent neuropsychiatric symptoms, apathy, in some AD patients.

Keywords: dementia; Alzheimer; methylphenidate; apathy

EPP0851

The use of methylphenidate in vascular dementia: A case report

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Introduction: Patients diagnosed with vascular dementia often present with apathy, executive dysfunction or/and memory impairment. Some of these psychiatric domains are not responsive to antidepressants or acetylcholinesterase inhibitors. Since methylphenidate enhances frontal lobe function, it may be a valid therapeutic option.

Objectives: To report a case where methylphenidate was used as a therapeutic approach in vascular dementia.

Methods: We present a case of a patient diagnosed with vascular dementia with substantial clinical improvement after treatment with methylphenidate.

Results: A 67 year-old male was observed in a psychiatric consultation reporting memory loss, inability to retain information and inattention. According to her spouse, the patient has been mostly isolated at home and recently he has become unable to accomplish some daily living activities. There was no history of previous psychiatric disorder. Cognitive assessment was performed using MoCA test: 19/30 points (predominantly in executive, attention and delayed recall domains). After this evaluation, it was introduced bupropion 150mg od and donepezil 5mg od with insignificant clinical improvement. The patient underwent a routine workup which was unremarkable and a brain computed tomography scan that revealed ischemic leukoencephalopathy. Three months later no clinical benefit was reported. Attention and functional improvement were observed after introduction of methylphenidate with progressive dose adjusting till 30 mg/day.

Conclusions: Besides not being a consensual therapeutic approach, considering that there is a lack of efficient pharmacological

strategies in vascular dementia, methylphenidate may play a significant role in this field contributing to clinical improving and ultimately to an enhanced quality of life.

Keywords: methylphenidate; Therapeutic approach; Vascular dementia

EPP0853

A preliminary study of dyads of stroke patients and their female partners: Exploring the role of spirituality, religiousness and quality of life in rehabilitation

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Introduction: The concepts of spirituality and religiousness has not been investigated so far in patients after stroke.

Objectives: The aim of this study is to explore whether self-reports in two questionnaires measuring the personal experience of spirituality and religiousness can influence quality of life and estimations of rehabilitation in male older adult patients and their wives when compared with control dyads.

Methods: Fifteen male stroke patients and their wives participated one year after their hospitalization for stroke. The mean age of the patients and their wives was 75.58 years (SD = 7.50, range 61-90), level of education 15.47 years (SD = 3.82). In addition to that, fifteen married couples with similar demographics, were also measured. Depressive symptoms of the participants were assessed with the 15-item Geriatric Depression Scale. Family dyads consisting of an older adult and one family member, in all cases the wife, also responded to the Daily Spiritual Experience Scale, the Systems of Belief Inventory (SBI-15R), and the Satisfaction with Life Scale (SWLS). A 5-point Likert scale question was also administered examining the opinion of rehabilitation achieved.

Results: indicated that there was a statistically significant difference between the two groups regarding the levels of spirituality, religiousness and quality of life in both partners, with the stroke patient dyad showing lower scores, but positive stronger correlations.

Conclusions: Although spirituality, religiousness and quality of life are lower in the stroke patient dyad, they show significantly statistical positive correlations in older adults suffering from stroke as well as their wives.

Keywords: Spirituality; religiousness; quality of life; stroke

EPP0854

A preliminary study of stroke patients and attention: Exploring the role of spirituality and religiousness on cognition

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Introduction: Spirituality and religiousness are not so far extensively investigated in patients after stroke.

Objectives: The aim of this preliminary study is to explore whether self-reports in two questionnaires measuring the personal experience of spirituality and religiousness can influence cognition and more specifically performance on neuropsychological tests examining attention.

Methods: Fifteen male stroke patients participated voluntarily one year after their hospitalization. The mean age of the patients was 75.58 years (SD = 7.50, range 61–90), level of education 15.47 years (SD = 3.82). In addition to that, fifteen controls with similar demographics, free of physical and mental diseases, were also examined. Depressive symptoms of the participants were assessed with the 15-item Geriatric Depression Scale. The Daily Spiritual Experience Scale, the Systems of Belief Inventory (SBI-15R) and a number of standardized tests examining attention were administered: Trail Making Test-Part A (TMT-A) time to completion, the Digit Span (WAIS-III) greatest forward span, the Ruff 2 & 7 Selective Attention Test automatic detection speed (ADS) and controlled search speed (CSS).

Results: indicated that there was a statistically significant difference between the control group and the stroke group in attention. No statistically significant difference was found between the two groups regarding the levels of spirituality and religiousness.

Conclusions: Although spirituality and religiousness may be related with quality of life, cognitive functioning such as attention does not seem to be influenced by these variables one year post-stroke. Future research should further investigate the possible influence of the abovementioned factors in post-stroke recovery and rehabilitation.

Keywords: Attention; stroke; religiousness; Spirituality

EPP0855

Stroke patients and visual memory: Exploring the role of spirituality and religiousness

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Introduction: The relationship of spirituality, religiousness and stroke is a topic of interest.

Objectives: The aim of this preliminary study is to explore whether self-reports in two questionnaires measuring the personal experience of spirituality and religiousness can influence cognition and more specifically performance on neuropsychological tests examining visual memory.

Methods: Fifteen male stroke patients participated voluntarily one year after their hospitalization. The mean age of the patients was 75.58 years (SD = 7.50, range 61–90), level of education 15.47 years (SD = 3.82). In addition to that, fifteen controls with similar demographics, free of physical and mental diseases, were also examined. Depressive symptoms of the participants were assessed with the 15-item Geriatric Depression Scale. The Daily Spiritual Experience Scale, the Systems of Belief Inventory (SBI-15R) and a

number of standardized tests examining visual memory were administered: visual perception (copy condition) and memory (Rey-Osterrieth Complex Figure Test-number of correct components on immediate and delayed recall trials and recognition-true positive responses).

Results: indicated a statistically significant difference between the control group and the stroke group in performance regarding visual memory. There was no statistically significant difference between the two groups regarding the levels of spirituality and religiousness.

Conclusions: Visual memory does not seem to be influenced by spirituality and religiousness one year post-stroke. Future research should further investigate the possible influence of the abovementioned factors in post-stroke recovery and rehabilitation.

Keywords: stroke; Spirituality; religiousness; visual memory

EPP0856

Does spirituality and religiousness influence verbal functions in stroke patients?

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Introduction: Patients after stroke may experience different cognitive and emotional changes based on the levels of their spirituality and religiousness.

Objectives: This preliminary study aims to explore whether self-reports in two questionnaires measuring the personal experience of spirituality and religiousness can influence cognition and more specifically performance on neuropsychological tests examining verbal functions.

Methods: Fifteen male stroke patients participated voluntarily one year after their hospitalization. The mean age of the patients was 75.58 years (SD = 7.50, range 61–90), level of education 15.47 years (SD = 3.82). In addition to that, fifteen controls with similar demographics, free of physical and mental diseases, were also examined. Depressive symptoms of the participants were assessed with the 15-item Geriatric Depression Scale. The Daily Spiritual Experience Scale, the Systems of Belief Inventory (SBI-15R) and a number of standardized tests examining verbal functions such as word list learning (number of words on immediate and delayed recall), story learning (number of words on immediate and delayed recall).

Results: showed a statistically significant difference between the control group and the stroke group in performance regarding verbal functions, with the first group showing higher scores. No statistically significant difference was found between the two groups regarding the levels of spirituality and religiousness.

Conclusions: Although spirituality and religiousness may be related with quality of life, cognitive functions such as verbal functions are not influenced one year post-stroke.

Keywords: Spirituality; verbal functions; stroke; religiousness