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Introduction: The most common cause of vascular psychosis is cerebrovascular disease. Typically a late-onset in the elderly is accompanied with multiple strokes (disruption of blood flow to the brain). Dementia is a clinical syndrome characterised by cognitive, neuropsychiatric, and functional symptoms. About neuropsychiatric symptoms there are multiple warnings concerning the use of antipsychotics in people with dementia due to an increased risk of death and stroke.

Objectives: Presentation of a case of vascular psychosis with a literature review of antipsychotic drugs used in these cases.

Methods: We carried out a literature review in Pubmed electing those articles focused on antipsychotic treatment options.

Results: A 81-year-old man was taken by his son seeking medical assistance due delusions of reference and auditory hallucinations. He believed that his family wanted to kill him. He had the sensation about how multiple voices were telling him about to scape from people who wanted to kill him. After a completely study and CT, chronic microvascular infarctions were found. After onset of non effective treatment with haloperidol 1.5 mg during 1 week, we switched into risperidone 1.5mg. Effective treatment was found and now patient is under control of symptoms.

Conclusions: Different antipsychotic treatments are described in the literature. Risperidone, quetiapine and olanzapine were found as most used antipsychotic for psychosis in vascular dementia. Comparison of side effect profile of antipsychotic and effectiveness must be the target for an adequate treatment.

Disclosure: No significant relationships.

Keywords: Treatment; vascular; psychosis; Elderly

EPV0426

Charles bonnet syndrome: A case report

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Introduction: Faced with recent onset psychotic symptoms in patients over 60 years of age without a psychiatric history, it is important to carry out an adequate differential diagnosis.

Objectives: The objective is to carry out a review of Charles Bonnet syndrome through the presentation of a case

Methods: 75-year-old patient who suddenly began to present auditory hallucinations. The patient had no relevant psychiatric history or medical history. She reported that suddenly, two months ago, she had begun to listen to his neighbor through the walls of his home. She heard him talk about her, threatening and insulting her. Later, as a result of these hallucinations, she began to believe that in the bathroom he was spying on her through a camera, forcing her to shower in the dark. Weeks later, she thought that he was also chasing her down the street through a chip that had implanted

her. She was distressed and highly anxious. She had started not sleeping out of fear of this neighbor.

Results: In addition to the psychiatric evaluation, an MRI was requested to rule out incipient cognitive deterioration, as well as a hearing examination. It was found that he had severe hearing loss in the left ear. Given these findings, he was diagnosed with Charles Bonnet syndrome.

Conclusions: Charles Bonnet syndrome is normally associated with blindness, however, it is also described in deafness. It occurs with hallucinations of the lost sensory organ. It is a clinical picture that does not respond well to treatments.

Disclosure: No significant relationships.

Keywords: hallucination; psychosis; Charles Bonnet

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A model of non-pharmacological intervention (Agorà model) on behavioural disorders in patients with Alzheimer's disease

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Introduction: Cognitive deficits, behavioral disorders, neuropsychiatric symptoms (BNS) are characteristics in Alzheimer's disease (AD). Moreover, elderly patients often take multiple medications for their several chronic health conditions. Shared decision making is essential to deprescribing unnecessary or harmful medications in older adults. For these reasons, it may be useful to develop multiple strategies intervention not pharmacologically based and to raise the living standards of the patients, the healthcare professionals and the relatives directly or indirectly involved.

Objectives: To show application of the Agorà model in AD to improve the performance levels, to decrease the aggressive behaviours and wandering episodes.

Methods: Twelve inpatients (79-95 ys) affected by AD, were included in our observational study, recruited in Social Cooperative "Il filo di Arianna". We have applied in our patients the Agorà model (from the Gentlecare model). Were administered following scales: in inpatients: NPI; CDR, MMSE; in caregivers: CBI; at baseline (T0), after three (T1), six (T2) twelve months (T3). For statistical evaluation we used the EZAnalyze Version 3.0 software, on Excel.

Results: At T0 all patients showed high levels of behavioral and aggression disorders. After T3 with Agorà Model, there has been a significant reduction of previous levels. In addition, an improvement in CBI data was observed in caregivers.

Conclusions: The application of the Agorà model has triggered better performance levels in AD. Moreover, it determined a decrease of behavioural disorders, promoted higher levels of participation in the everyday care activities, improved family wellbeing and participation to the assistance activities, reduced health care professionals turnover and burnout levels.

Disclosure: No significant relationships.

Keywords: Behavioural disorders; old age psychiatry; Burnout caregivers