

Image 2:



Conclusions: Personalized education through artificial intelligence can significantly enhance older adults' quality of life by promoting autonomy, expanding knowledge, supporting psychosocial well-being, and fostering intergenerational connections.

Disclosure of Interest: None Declared

EPV1173

The Mediating Role of Loneliness in the Association Between Oral Health and Mental Health in Older Adults

C. Tsironis^{1*}, M. Mantzoukas², A. Nakou¹, E. Bartzou¹, E. Dragioti¹ and M. Gouva¹

¹Research Laboratory Psychology of Patients Families and Health Professionals and ²Nursing, University of Ioannina, Ioannina, Greece

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1761

Introduction: Loneliness is widely recognized as a significant risk factor for psychosomatic issues in older adults, potentially impacting various aspects of health, including oral health.

Objectives: This study aims to investigate the relationship between loneliness and oral health in older adults.

Methods: This cross-sectional study was conducted with a sample of 84 older adults (41 females and 42 males), aged between 65 and 94 years (mean age: 74.1 years, SD = 8.1). Participants completed a

sociodemographic questionnaire, the 12-item Geriatric Oral Health Assessment Index (GOHAI), and the Emotional and Social Loneliness Scale. Multivariate analysis was used to assess the impact of loneliness on oral health outcomes.

Results: The analysis revealed that emotional and social loneliness had a significant negative impact on oral health. Furthermore, the overall loneliness score was strongly associated with poorer oral health quality, independent of marital status or the presence of children. In other words, the relationship between loneliness and oral health was not moderated by these demographic factors.

Conclusions: As loneliness increases in older adults, their susceptibility to poor oral health rises, which can have significant implications for their psychological well-being. This study underscores the need to consider oral health as an integral component of overall well-being, particularly in the context of mental health in older populations.

Disclosure of Interest: None Declared

EPV1174

Differential diagnosis of restlessness in a middle-aged woman from akathisia to frontotemporal dementia: A Case Presentation

S. Turkan^{1*}, R. S. İlhan¹ and M. C. Saka¹

¹Psychiatry, Ankara University, Ankara, Türkiye

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1762

Introduction: Frontotemporal dementia (FTD) is the second most common cause of early-onset dementia and is clinically characterised by progressive behavioural changes, executive dysfunction and language difficulties. FTD is often confused with Alzheimer's disease and other psychiatric disorders. Clinical features of FTD include personality changes, agitation, loss of inhibition, apathy, social withdrawal and impulsivity. In some cases, the disease is accompanied by mood or psychotic symptoms, resulting in the diagnosis of an additional psychiatric disorder. (Gliabus G. (2014). *SAGE open medical case reports*,2, 2050313X13519977.). This article presents the case of a middle-aged woman who was diagnosed with an anxiety spectrum disorder before developing and being diagnosed with FTD.

Objectives: A 57-years-old right handed female with previous history of anxiety disorder admitted to psychiatry clinic with restlessness, decreased sleep, and complain of constant non-purpose walking. Physical examination revealed bradymimia and grabellar reflex. Additionally in her psychiatric evaluation she had short-term memory impairment, disinhibition and verbal perseverations. She had been given multiple combinations of medications by outpatient providers and her restlessness only increased. At the time of admission she was taking mirtazapine,olanzapine and clonazepam. The initial impression was that she had akathisia, and her medications were tapered. She was then started on propranolol and lorazepam. After several days her symptoms had not changed.

Methods: In routine biochemical and hematological tests, electroencephalogram (EEG) were within normal limits. 18F-FDG PET/MRI revealed hypometabolism in the bilateral temporal-frontoparietal region, more pronounced in the frontal region which is consistent with FTD.

Results: Trazodone was started to control behavioural symptoms and the dose was gradually increased to 150 mg/day. The dose of