

Introduction: Older patients in palliative care often experience considerable stress due to physical, emotional and existential factors. Previous research has identified cortisol, a glucocorticoid hormone, as a key biomarker for stress assessment. This pilot study aimed to investigate the potential of hair cortisol as a potentially objective stress biomarker in a specific population (aiming for a broader applicability), as well as to explore cognitive changes in older palliative patients using the Mini-Mental State Examination (MMSE-2).

Objectives: This study objectives were to (1) assess changes in hair cortisol levels and cognitive function in older palliative care patients over three weeks of hospitalization and (2) evaluate the suitability of hair cortisol as a short-term stress biomarker in this patient group.

Methods: This monocentric pilot study included 19 patients from different palliative care hospital services in Croatia, gathered via a convenience sampling approach with strict inclusion/exclusion criteria. Hair cortisol levels were measured at baseline and after three weeks using an enzyme-linked immunosorbent assay (ELISA). Cognitive function was assessed using the 16-point MMSE-2. Statistical analyses included paired t-tests and linear regression, and significance was set at $p < 0.05$.

Results: A statistically significant increase in mean hair cortisol levels was observed after three weeks of hospitalization ($p = 0.007$), suggesting heightened stress over time. In contrast, MMSE-2 scores showed no statistically significant change ($p = 0.064$), indicating no detectable cognitive decline within the study period. No significant correlations were found between cortisol levels and MMSE-2 scores at either time point, and differences between male and female patients were not statistically significant.

Conclusions: The findings support the potential use of hair cortisol as a biomarker for stress in palliative care settings, especially for tracking the transition from acute to chronic stress. However, MMSE-2 may not be sensitive enough to detect cognitive changes over short time spans in this patient group. Consequently, further research with larger samples is needed to validate hair cortisol as a practical tool for monitoring stress and to explore its clinical implications for improving palliative care outcomes.

Disclosure of Interest: None Declared

EPV1152

Profile of Elderly Patients Hospitalized for the First Time in Psychiatry

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Introduction: Hospitalization in psychiatry often marks a critical point in the management of mental health disorders. For elderly patients, this can be a first-time experience and is often associated with complex psychological, social, or medical factors. Due to the age, psychiatric symptoms may become more pronounced because of comorbidities, cognitive decline and social challenges. Understanding the profile, medical history, presenting complaints, and associated conditions of elderly patients admitted for the first time to psychiatric care is essential to improve the comprehensive care.

Objectives: The objective of this study is to analyze the profile of elderly patients hospitalized for the first time in the psychiatric

department, focusing on their medical history, presenting complaints, diagnoses, and comorbidities.

Methods: It's a retrospective study. We reviewed the files of all patients aged over 65 years old who were hospitalized in the Avicenne Psychiatric Department at Razi Hospital between September 2022 and September 2024.

Results: We identified 22 patients with 16 men and 6 women. The average age of our patients was 68 years (ranging from 64 to 80 years). The majority had a secondary school education (47%), came from an urban background (81%), were retired (54%), with a high socioeconomic status (42%), married (61%), parent of an average of 2 children and with a family history of mental disease (52%). A history of somatic illness was found in 61% of the patients. The reason for hospitalization was behavioral disorder in 73%, suicidal thoughts in 18.2% and refusal to eat in 8.8%. A history of psychiatric consultation without the need for hospitalization was found in 59% of the cases around the age of 51 years. In 18% of the cases, the onset of the disorder was acute, while it was progressive in the rest. Concerning the diagnosis, we observed mental confusion caused by an organic pathology in 9%, a purely neurological cause of the disorder in 14% (dementia in 10% and Parkinson's disease in 4%), a depressive episode in 31%, a manic episode within the context of bipolar disorder in 37%, and schizophrenia in 9%. Comorbidity with paranoid personality disorder was observed in 4 patients, all of them were females. For patients with a psychiatric diagnosis, a neurological comorbidity was found in 31.25% (25% dementia, 6.25% Parkinson's disease).

Conclusions: This study shows that elderly patients in their first psychiatric hospitalization have complex profiles affected by age-related factors and comorbidities. Diagnosis varied from mood to psychotic disorders, often with neurological issues. The frequent history of psychiatric consultations without hospitalization suggests that early intervention could help prevent more severe admissions. Understanding these profiles is crucial for improving care and treatment for elderly patients.

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Navigating Polypharmacy in Elderly Psychiatric Patients: A Review of the Literature

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Introduction: According to the World Health Organization, the global population aged 60 and older is projected to nearly double between 2015 and 2050, increasing from 12% to 22%. This demographic shift presents unique challenges in the management of psychopharmacological treatment in the elderly. Factors such as multimorbidity, atypical presentations of psychiatric disorders, age-related alterations in pharmacokinetics and pharmacodynamics, and the high prevalence of polypharmacy—often defined as the concomitant use of five or more medications—complicate therapeutic approaches in this population.

Objectives: This review synthesizes the current evidence on the prevalence, contributing factors, and consequences of polypharmacy in elderly psychiatric patients.