

**Methods:** A narrative review was conducted using key terms and their combinations, including “polypharmacy”, “elderly”, “geriatric” and “psychiatry”. Relevant studies, case reports, and reviews published from 2000 to 2024 were included.

**Results:** The prevalence of polypharmacy in the population varies across the literature; however, several well-established risk factors have been identified. These include age 65 years and older, living in a nursing home, comorbidities like diabetes mellitus, cardiovascular disease, metabolic syndrome, and COPD, as well as cognitive impairment. Additionally, prescription-related factors contribute to polypharmacy, such as poor quality of clinical records, automatic prescription renewals, and the involvement of multiple prescribers. The high rate of polypharmacy in older adults is associated with several challenges, including inappropriate medication use, difficulties in adhering to treatment regimens, increased risk of hospitalization, a higher likelihood of adverse effects, functional and cognitive decline, higher healthcare costs, and an increased risk of mortality. Additionally, a recent meta-analysis revealed for the first time that polypharmacy was significantly associated with the incidence of dementia and worsened its prognosis.

**Conclusions:** Advanced age is a significant risk factor for polypharmacy, often resulting in adverse outcomes such as reduced quality of life, increased morbidity, and higher mortality rates. Identifying and regularly assessing polypharmacy cases, alongside evaluating potentially inappropriate medications, are critical steps. Implementing safe prescribing practices and deprescribing strategies specifically adapted to the needs of elderly patients can effectively reduce risks and improve overall well-being in this vulnerable population.

**Disclosure of Interest:** None Declared

## EPV1154

### Echoes of solitude: systematic review and meta-analysis revealing mortality risks in older adults due to loneliness, social isolation, and living alone

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**Introduction:** Loneliness, social isolation, and living alone are emerging as significant risk factors for mortality, especially in older adults.

**Objectives:** Loneliness, social isolation, and living alone are recognized as significant risk factors for mortality in older adults. This study aimed to quantify their associations with all-cause and cause-specific mortality, extending the scope of previous research by considering a broader range of social factors.

**Methods:** A systematic search was conducted in PubMed, APA PsycINFO, and CINAHL databases up to December 31, 2023, adhering to PRISMA 2020 and MOOSE guidelines. Inclusion criteria comprised prospective cohort or longitudinal studies

examining the relationship between loneliness, social isolation, living alone, and mortality. Quality assessment was performed using the Newcastle-Ottawa Scale. Meta-analyses utilized random-effects models with the Restricted Maximum Likelihood method, while subgroup and meta-regression analyses explored further relationships.

**Results:** Out of 11,964 studies screened, 86 met the inclusion criteria. Loneliness was associated with a 14% increase in all-cause mortality risk, social isolation with a 35% increase, and living alone with a 21% increase. However, substantial heterogeneity was observed across studies, influenced by various factors including gender, age, geographical region, chronic diseases, and study quality. Meta-regression analysis identified predictors such as longer follow-up periods, female sex, validated social network indices, cognitive function adjustments, and study quality.

**Conclusions:** Loneliness, social isolation, and living alone significantly increase mortality risk in older adults, emphasizing the urgency of public health interventions targeting these factors to enhance health outcomes among the aging population. However, due to study variations, further research is needed to understand their cumulative effect on mortality risks and inform tailored interventions.

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## EPV1158

### Cognitive impairment in patients with very late onset schizophrenia-like psychosis

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**Introduction:** Very late-onset schizophrenia-like psychosis (VLOSLP) is one of the largest group of mental illnesses in late life after dementia and depression. The question of role of cognitive impairment and the risk of dementia development in this group is still open.

**Objectives:** To determine the relationship between cognitive impairment and clinical features.

**Methods:** 65 patients (62 woman, 3 man), medium age 72,5 [63,5; 78,5], medium age of onset 69 [62; 76] with schizophrenia (F20), n=23; chronic delusion disorder (F22.81), n=7, organic schizophrenia-like disorder (F06.2), n=7, schizoaffective disorder (F25), n=11, manifesting after 60 years, underwent clinical examination. The assessment was carried out using clinical-psychopathological, psychometric and statistical methods.

**Results:** Based on clinical and psychopathological features, 3 clinical groups were formed. The group of patients with acute polymorphic symptoms with mental disorganization included 25 patients. The cognitive impairment was the most acute in this group and correlated with psychotic and affective symptoms. It reduced by the 28<sup>th</sup> day of investigation, but didn't reach the normative ones, which may indicate the presence of persistent cognitive dysfunction associated with the present neurobiological changes and creates particular concern regarding the development of a neurodegenerative process in this group of patients.

The 2<sup>nd</sup> group included 30 patients with a predominance of paranoid symptoms with an “age” coloring, which, however, wasn't the leading plot. Cognitive impairment was less pronounced compared