

EPV0949

The occurrence of symptoms of fear of COVID-19 among participants of the Polish University of the Third Age

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Introduction: The older adults have been considered one of the groups at highest risk of SARS-CoV-2 infection and death due to COVID-19. Fear of SARS-CoV-2 infections has become widespread. It's constantly being enhanced by the media reports and social distancing principle.

Objectives: The aim of the study was to assessment the occurrence of symptoms of fear of COVID-19 among participants of the Polish University of the Third Age (UTA).

Methods: The study included 296 participants of the UTA in Poland, including 258 women and 38 men. The study conducted with the use of the following validated psychometric scales: General Anxiety Disorder-7 (GAD-7), Short Health Anxiety Inventory (SHAI) and State-Trait Anxiety Inventory (STAI).

Results: The mean scores in STAI and SHAI demonstrated mild symptoms indicative of anxiety disorders in the older adults. Women and men did differ significantly in terms of the scores obtained in STAI(X-1) ($p=0.002$) and STAI(X-2) ($p=0.020$). There were no statistically significant differences between respondents with higher education and those with a different level of education. The single respondents differed significantly from divorced ones in terms of STAI(X-1) ($p=0.046$). Moreover, widows/widowers differed significantly from divorced ones in terms of STAI(X-2) ($p=0.045$) and GAD-7 ($p=0.032$).

Conclusions: The subjective experience of anxiety symptoms associated with fear of contracting COVID-19 was increased due to the ongoing pandemic, but was not significantly high in the analysed population of older people. COVID-19-related anxiety was significantly more common in lonely individuals. Women and men differed significantly in terms of perceived state anxiety and trait anxiety measured by STAI.

Disclosure: No significant relationships.

Keywords: fear; Covid-19; Older Adults; Anxiety

EPV0950

An old way of forgetting

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Introduction: During the last decades, the incidence of syphilis is on the rising, particularly in the United States of America and Europe. Neurosyphilis is a disease that has a vast differential diagnostic. With that in mind, clinicians have some difficulties to identify it rapidly. A case of a 57-year-old man is presented, with a brutal change in his behavior, associated with a dementia-like syndrome. He is diagnosed with neurosyphilis.

Objectives: The main goal is to present his clinical psychiatric symptoms and diagnosis procedure, the treatment that he received and his clinical outcome in the psychogeriatric department.

Methods: The treatment was based in an integrated framework of pharmacology and psychotherapy.

Results: The patient was able to slowly recover and to get back home, we a solid structure to make the follow up.

Conclusions: This clinical vignette represents a growing number of adult patients that present themselves for the first time with dementia-like symptoms. It is important to remember, that many diseases are capable of mimicking dementia and their exclusion before admitting a diagnosis of dementia is mandatory.

Disclosure: No significant relationships.

Keywords: Syphilis; Dementia

EPV0951

What we know about Auditory Charles Bonnet Syndrome?

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Introduction: Charles Bonnet syndrome (CBS) is defined like visual hallucinations found in individuals who are not necessarily mentally ill, who have visual impairment and no cognitive deficits. Although CBS make reference to visual hallucinations, in this case we are going to deal about Auditory Charles Bonnet Syndrome (aCBS), a very infrequent condition that consists in the presentation of musical hallucinations in patients with sensorineural hearing loss and which etiology is not clearly due to a psychiatric condition.

Objectives: Review the scientific literature available on aCBS to see how much we know about this syndrome.

Methods: Review of available literature sources were obtained through electronic search in PubMed database.

Results: Musical hallucination is a complex form of auditory hallucinations. The most common of these are idiopathic and they present in elderly patients with deafness or impaired audition, which suggests a deterioration of cerebral function. The pathophysiological mechanism is not understood. These patients tend to have intact reality tests. The time course is variable. In those cases in which it is possible, treating the hearing loss can lead to a significant improvement of the symptom. However, when every this strategies are insufficient, pharmacological treatments can be considered.

Conclusions: - aCBS is an uncommon condition characterized by the presence of complex auditory hallucinations that mainly affect elderly patients with hearing loss. - In most cases there is no previous psychiatric history. - The etiology and pathophysiological are not well defined. - There is no etiological treatment. We can use pharmacological and no pharmacological methods of treatment.

Disclosure: No significant relationships.

Keywords: old age; Charles-Bonnet Syndrome; auditory

EPV0952

A reflection on the use of Antidepressants to manage agitation in dementia.

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Introduction: Agitated behaviors is a common neuropsychiatric symptom (NPS) in dementia, defined as inappropriate verbal, vocal, or motor activity that is not thought to be caused by an unmet need. It is frequently reported as a major problem, that impairs the quality of life for the elderly themselves and for caregivers. There has been increasing interest in the use of sedative antidepressants to treat NPS due to concerns over the safety and efficacy of antipsychotics in this setting.

Objectives: We aim to review clinical evidence of alternatives to antipsychotic to manage agitation in dementia.

Methods: We conduct a non-systematic review of recent evidence on dementia and agitation, using PubMed/Medline database.

Results: Although non-pharmacological interventions are the first-line treatment for agitation, it is a legitimate target for therapeutic intervention and according to previous guidelines, antipsychotic are among the most used drugs, albeit restricted because of side-effects. A substitution strategy to avoid antipsychotic prescription was highly considered, however there is limited evidence to support the use of antidepressants as a safe and effective alternative for agitation in dementia. Studies compare Mirtazapine, Selective serotonin reuptake inhibitors (SSRIs) and Trazodone and a reduced benefit in mortality is observed. However, citalopram was more effective were more likely outpatients for moderately agitation and Mirtazapine reveals being potentially harmful, in different studies.

Conclusions: Moving forward, a greater understanding of NPS neurobiology, will help to clarify the efficacy of Antidepressants for the treatment of agitation in dementia. Benefits an also the patient and caregiver preference should be kept in mind.

Disclosure: No significant relationships.

Keywords: agitation; Antidepressants; Dementia

EPV0953

Neurosyphilis as a cause for neuropsychiatric symptoms: a case report.

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Introduction: Syphilis is a sexually transmitted infection which in its late phase can cause all kinds of neuropsychiatric symptoms. A case report of a 79-year-old male with a manic episode probably due to lues is presented.

Objectives: A case of a patient with neurosyphilis is presented followed by a theoretical review on the topic.

Methods: A case is presented with a bibliographic review.

Results: A 79-year-old male was hospitalized with symptoms of disorientation, inattention, and difficulty for abstract thought. His speech was verbose, incoherent with megalomaniac ideas. He presented affective symptoms such as hyperthymia, emotional lability and intermittent crying. He also had nomination problems and recent memory mistakes. He also suffered from insomnia. He presented as his medical history HIV infection under control and syphilis treated in December 2020 with a negative RPR test in June 2021. During his hospitalization he was treated with increasing doses of olanzapine and valproic acid. Irritability improved with this treatment.

Conclusions: Neurosyphilis may be presented as any kind of neuropsychiatric disorder. Laboratory tests are required as there is no conclusive imaging test. Penicillin and symptomatic management are the proper treatment. Neuropsychiatric disorders in elderly population must consider infectious diseases and previous pathologies as differential diagnosis.

Disclosure: No significant relationships.

Keywords: Syphilis; mania; neurosyphilis; old people psychiatry

EPV0954

Language disorders or mild cognitive disorder. About a case

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Introduction: Patients with mild cognitive impairment may present deficits in naming, speech production, oral comprehension and written comprehension. In the differential diagnosis, cerebrovascular disease that can lead to cognitive impairment must also be differentiated from endogenous depressive disorder or language impairment.

Objectives: The aim is to highlight the importance of differential diagnosis in cognitive disorders in relation to a case.

Methods: A 68-year-old female patient attended a psychiatric consultation derived from neurology when presenting a language disorder. The husband who accompanies her and the patient indicate that she has problems finding words and substitutes other expressions for them or sometimes does not answer or does so with something different from the topic that is being asked. She refers that she presents repetitive language with memory problems, alteration in the evocation of memories. The patient reports mood swings and irritability and crying with a low tolerance for frustration since she cannot express herself. Cranial MRI: cortical and central involutinal changes. Periventricular leukoaraiosis and ischemic gliosis-like lesions in the white matter of both hemispheres. Psychopathological exploration: Conscious, oriented. She smiles at the questions but doesn't answer them. Repetitive language. Alteration in the articulation of language. Depressed mood reactive to current situation. Some irritability Alteration in recent memory and evocation.

Results: She was diagnosed with organic mental disorder compatible with mild cognitive impairment. Treatment with rehabilitation of the language disorder of vascular etiology is established.

Conclusions: Imaging and neuropsychological tests should always be performed in a patient with language, memory, and mood disorders to study its etiology.