

Methods: A systematic review was carried out in the “WOS-Web of Science”, “Scopus” and “Psycoinfo” databases following PRISMA guidelines. The keywords were “MT” and “MCI”. We included clinical trials, systematic reviews and meta-analyses in english or spanish whose study population had MCI, excluding those published before 2017.

Results: 15 studies were selected, all with high quality evidence designs measured by Scottish Intercollegiate Guidelines Network scale. Among all the types of MT evaluated, various studies agree that Active MT (which includes activities that involve active participation of the patient such as singing or dancing) stands out as one of the best options, showing post-intervention improvements in MMSE scores and, secondarily, in emotional well-being (specially depression and anxiety). Instrumental practice has an important protective effect on cognitive function. On the other hand, MT with movement, in addition to being effective on cognition (it increases activity in prefrontal cortex), also causes an improvement in physical conditions. However, musical reminiscence (which consists of listening to music with an emotional component for patients with simultaneous display of images to favor memories), although it shows positive effects in several articles, these are not statistically significant. Finally, multimodal therapy (which is a combination of training and cognitive stimulations based on reminiscence and MT) did not show statistically significant changes in either mood or executive functions.

Conclusions: MT is a valid intervention to improve cognitive function, some neuropsychiatric symptoms and the quality of life of patients with MCI. If we also take into account its economic accessibility, the organizational simplicity and null adverse effects, it is easily concluded to be one of the most attractive therapeutic options for treating MCI today.

Disclosure of Interest: None Declared

EPV1163

Cognitive impairment or delusional disorder? A case report

B. Rodríguez Rodríguez¹, N. Navarro Barriga¹, C. Rodríguez Valbuena^{1*}, M. Fernández Lozano¹, J. C. Fiorini Talavera¹, G. Guerra Valera¹, A. Aparicio Parras¹, P. Marín Gimeno¹, M. A. Andreo Vidal¹, M. Calvo Valcárcel¹, M. P. Pando Fernández¹, G. Lorenzo Chapatte¹, M. Ríos Vaquero¹, A. Monllor Lazarraga¹, L. Rojas Vázquez¹, F. J. González Zapatero¹, L. Del Canto Martínez¹ and M. B. Arribas Simón¹

¹Psiquiatría, Hospital clínico universitario de Valladolid, Valladolid, Spain

*Corresponding author.

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Introduction: Delusions and hallucinations can appear in various psychiatric and neurological pathologies. When these psychotic symptoms are of late onset, in geriatric age, it may be necessary to make a differential diagnosis between dementia or other psychiatric disorders.

Objectives: To describe the differential diagnosis between dementia and delusional disorder.

Methods: Review of the scientific literature based on a relevant clinical case.

Results: 70-year-old woman who lives with her husband. She has two independent daughters. History of a depressive episode in her

youth related to her husband's gambling addiction. She attended the emergency department due to behavioural alteration at home with verbal heteroaggressiveness towards her sister and several neighbours. At the hospital she was approachable, with some psychomotor restlessness, reporting that a neighbour wanted to harm her and spoke of her, making delirious interpretations of harm and referring to visual hallucinations in the form of animals in the courtyard of her house. A brain CAT scan was performed, with normal results.

Her family reports that for about a year she has been saying incoherent things on occasions and behaving strangely. It was decided to admit her to the acute care unit.

Conclusions: During hospitalisation she didn't present behavioural alterations. Treatment with risperidone was introduced with adequate tolerance and response, with distancing of the delusional ideation of harm. MOCA test was performed: 23/30 (suggestive of cognitive impairment), so PET-CT was requested with results not suggestive of neurodegenerative disease and neurodiagnostic tests (SCIP-S and BCSE); the results indicate heterogeneous cognitive performance, and no global cognitive impairment could be observed at the present time and a repeat assessment was recommended in one year's time. Due to the results of the tests and the decrease in positive symptomatology with antipsychotic treatment, a diagnosis of delusional disorder was made upon discharge.

Disclosure of Interest: None Declared

EPV1164

Complex Visual Hallucinations in Charles Bonnet Syndrome: Diagnostic and Treatment Challenges in a Case with Psychotic Features

A. Romero Teruel^{1*}, A. Vives Luengo¹ and B. Franco Lovaco¹

¹Psychiatry, Hospital Dr. Rodríguez Lafora, Madrid, Spain

*Corresponding author.

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Introduction: A 64-year-old male with diabetes-related blindness was admitted with anxiety, low mood, and passive suicidal ideation. Despite no psychiatric history, he experienced visual hallucinations, which he recognized as “optical illusions.” A CT scan ruled out organic causes, and retinal detachment with irreversible vision loss was confirmed. Diagnosed with Charles Bonnet Syndrome (CBS), he developed delusional interpretations and auditory hallucinations. Initially treated with Venlafaxine 150 mg/day, his psychotic symptoms persisted until Risperidone was increased to 6 mg/day, which resolved the hallucinations. Lithium was then added, allowing a reduction in Risperidone without relapse.

Objectives: This review, based on a case study, focuses on the challenges of treating Charles Bonnet Syndrome (CBS), early diagnosis, and the lack of clear diagnostic criteria. It explores the connection between CBS and visual loss, the emergence of psychotic symptoms, and the role of antipsychotics in managing them.

Methods: Literature was reviewed using the following keywords: (Charles Bonnet syndrome) AND (visual hallucinations OR hallucinations) AND (treatment OR management OR therapy OR pharmacotherapy). Databases such as PubMed were used to gather relevant studies.

Results: There are several challenges in diagnosing and treating CBS. Underdiagnosis is common, leading to misdiagnoses such as psychosis (Voit et al., 2021; Stojanov, 2016). Non-pharmacological

approaches, including improving vision aids, have shown effectiveness in reducing hallucinations (Yacoub & Ferrucci, 2011; Pang, 2016). However, pharmacological treatments, including antipsychotics and SSRIs, have shown inconsistent results (Voit et al., 2021; Rojas & Gurnani, 2023). Differentiating CBS from psychiatric disorders is crucial, as patients typically retain awareness of the unreal nature of their hallucinations (Stojanov, 2016). Emerging research on CBS neurobiology suggests potential for future targeted therapies (Weil & Lees, 2021; Collerton et al., 2023).

Conclusions: Charles Bonnet Syndrome (CBS) is frequently underdiagnosed due to limited awareness and patient underreporting. Non-pharmacological approaches, such as improving vision and social support, help alleviate symptoms, though no standardized pharmacological treatments exist. This case underscores the importance of distinguishing CBS from psychiatric disorders, especially when psychotic features are present. A multidisciplinary approach, involving ophthalmologists, psychiatrists, and neurologists, is essential for effective management, as seen in this case. Early diagnosis and ongoing research are crucial for developing more targeted treatments for CBS.

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EPV1165

Neuropsychiatric Disorders and Psychosis Induced by Chronic Toluene Exposure: Case Review and Antipsychotic Treatment Approaches

A. Romero Teruel^{1*}, A. Vives Luengo¹, P. Vazquez Giraldo², B. Franco Lovaco¹ and G. Vega³

¹Psychiatry, Hospital Dr. Rodríguez Lafora; ²Psychiatry, Hospital Universitario de La Paz and ³Subdirección General de Humanización de la Asistencia Sanitaria, Consejería de sanidad, Madrid, Spain

*Corresponding author.

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Introduction: This case of a 79-year-old patient with inferred past exposure to toluene and persistent paranoid delusions illustrates the potential neuropsychiatric consequences of solvent exposure. The patient's work as a car painter (1990-1992) aligns with literature highlighting the neurotoxic effects of organic solvents. Despite no direct evidence of exposure, treatment with Zuclopentixol 200 mg Depot every two weeks led to symptom improvement, reflecting findings on toluene-related neuropsychiatric disorders such as psychosis.

Objectives:

- Present a potential case of toluene-induced psychosis.
- Review the etiopathogenesis and treatment.
- Assess evidence linking chronic solvent exposure with neuropsychiatric disorders.

Methods: A literature search using PubMed databases was conducted with keywords: (toluene OR xylene OR volatile organic compounds OR organic solvents) AND (psychosis OR schizophrenia OR mental disorders). Case series and observational studies were reviewed. No randomized clinical trials on antipsychotic treatment for toluene-induced psychosis were found.

Limitations: The patient's exposure to toluene was inferred based on work history, without direct evidence such as biomarkers or occupational assessments. As most studies are case series, results must be interpreted with caution. There is a lack of randomized

controlled trials exploring antipsychotic treatments in solvent-induced psychosis.

Results: Chronic exposure to toluene is associated with cognitive impairment, memory deficits, personality changes, and psychosis. Neuroimaging often reveals white matter alterations and cerebral atrophy in chronic users. Rare cases of irreversible schizophreniform psychosis have been documented. Treatment with atypical antipsychotics like risperidone shows variable efficacy, but outcomes differ between patients. In this case, Zuclopentixol 200 mg Depot every two weeks led to significant symptom reduction.

Conclusions: Chronic toluene exposure can result in severe neuropsychiatric disorders, including psychosis, as demonstrated by this 79-year-old patient. Neuroimaging showed cerebral atrophy and white matter changes in long-term exposure cases. Treatment with Zuclopentixol effectively reduced symptoms, despite the limited literature, which is mostly based on case series. Randomized clinical trials are needed to develop standardized treatment protocols. Additionally, occupational safety measures are critical to preventing adverse effects from solvent exposure.

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EPV1166

Auditory Charles Bonnet Syndrome in a Geriatric Patient with Hearing Loss and Depressive History: A Case Report and Multidisciplinary Approach

A. Romero Teruel^{1*}, A. Vives-Luengo¹, M. Aledo-Serrano² and B. Franco-Lovaco¹

¹Department of Psychiatry, Hospital Dr. Rodríguez Lafora and ²Department of Neurology, Hospital Universitario La Paz, Madrid, Spain

*Corresponding author.

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Introduction: We present the case of an 88-year-old woman with severe hearing loss and a history of hypertension, non-valvular atrial fibrillation (AF), hypothyroidism, and depressive episodes, admitted following a medication overdose in a context of depressive ideation. The patient reported auditory hallucinations, hearing the voice of her deceased mother; however, she did not exhibit delusional interpretations regarding these experiences, suggesting auditory Charles Bonnet syndrome. This rare phenomenon is primarily described in older patients without psychotic disorder and requires an interdisciplinary approach for appropriate management.

Objectives: To describe the clinical progression of a probable case of auditory Charles Bonnet syndrome and analyze the importance of a multidisciplinary approach, particularly in coordination with neurology, to achieve optimal diagnosis and treatment in a geriatric context.

Methods: The case was addressed through a detailed psychiatric evaluation focused on psychopathological assessment and structured interviews to evaluate affective, cognitive, and behavioral symptoms. Neuropsychological assessment included the Phototest and Clock Drawing Test to rule out advanced cognitive impairment, as well as a cranial CT scan, which showed no significant abnormalities. The neurology consultation evaluated cognitive status, hearing loss, and its impact on the patient's psychological state, while also ruling out other neurological disorders.

Results: The patient showed favorable progress during admission, with mood stabilization and reduced anxiety. She exhibited