

**Introduction:** Takotsubo cardiomyopathy, or broken heart syndrome, is a rare condition characterized by a temporary decrease in the left ventricle ejection fraction. Takotsubo was first described in Japan in 1990. 90% of cases occur in women over 67 years of age. Although the clinical presentation is similar to acute myocardial infarction, normal coronary arteries are usually detected upon cardiac catheterization. The etiology is not defined yet, but all the studies conclude that physical or emotional stress generates a release of catecholamines that produces a transient left ventricular apical dysfunction.

Obsessive-compulsive disorder (OCD) is characterized by recurrent intrusive thoughts, images or impulses. These obsessions provoke distress (typically anxiety) and compulsions which can be described as repetitive behavioral or mental acts that the person feels compelled to perform. If they don't perform the compulsions, the anxiety rises.

**Objectives:** To highlight the importance of treating mental illness to promote health in a multidimensional way.

**Methods:** We review the currently available literature on Takotsubo cardiomyopathy and its emotional triggers. We also study OCD as a stress factor and the characteristics of this pathology. Finally, we present a case report of a 37-year-old woman, with no previous contact with Mental Health Services. She had developed since the Covid 19 pandemic a severe obsessive-compulsive disorder, which was neither diagnosed nor treated. In the 36th week of pregnancy, after several days without leaving her home due to the limitations of her OCD, she went out into the street, which caused her considerable stress. The next day she suffered from Takotsubo cardiomyopathy or broken heart syndrome, with added analytical signs of preeclampsia, for which a cesarean section was also performed.

**Results:** In this case, the patient had been suffering from severe obsessive-compulsive symptomatology for approximately 4 years, which had worsened during pregnancy. This caused her a significant level of stress and anxiety, which in the absence of psychiatric treatment, could have endangered her life and that of the baby.

**Conclusions:** Mental illness tends to have serious medical consequences for patients, that could be prevented with proper treatment of their psychiatric pathology.

**Disclosure of Interest:** None Declared

## Old Age Psychiatry

### EPV1125

#### Depression or Dementia? The Development of Frontotemporal Dementia in the Shadow of Pseudodementia

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**Introduction:** Pseudodementia presents with symptoms resembling dementia but with cognitive dysfunction improving after depression treatment. Dementia is a progressive, irreversible disorder causing impairment in multiple cognitive domains and daily activities. In the elderly, depressive disorders can manifest as pseudo-forgetfulness due to deterioration of attention functions,

while cognitive decline and behavioral changes in dementia may mimic depression. Distinguishing between elderly depression and dementia is challenging because depression often co-occurs with cognitive impairments, and dementia frequently presents with depressive symptoms.

**Objectives:** This case report aims to highlight the importance of differential diagnosis in cognitive impairments among the elderly by presenting a case where frontotemporal dementia insidiously developed on a background of pseudodementia.

**Methods:** A 62-year-old woman with a recent history of treatment for depressive symptoms exhibited a gradual decline in planning abilities and behavioral changes over time. Following a non-suicidal jump attempt, she was admitted to the psychiatric ward for diagnostic clarification and treatment. A thorough evaluation of her socio-demographic data, family history, and medical and psychiatric history was conducted.

**Results:** The patient's initial complaints began after a psychosocial stressor, including headaches, depressed mood, loss of interest, sleep disturbances, attention difficulties, and increasing forgetfulness. Struggling with daily tasks led her to consult neurology, where age-appropriate atrophy was observed. She was prescribed migraine medication and metformin. Referred to psychiatry, she received sertraline with a preliminary diagnosis of depressive disorder but missed follow-up due to limited social support. Over the next five months, she developed reduced planning abilities, behavioral changes, aimless wandering, inappropriate mood shifts, weakness, and significant functional decline. After a non-suicidal jump attempt, she was admitted to psychiatry. Observations revealed persecutory thoughts and agitation. MRI showed pronounced frontal lobe atrophy inconsistent with her age. Diagnosed with frontotemporal dementia, she was discharged on olanzapine 5 mg and donepezil 10 mg.

**Conclusions:** This case demonstrates how confounding factors in dementia can adversely affect clinical progression, emphasizing the importance of social support and regular follow-up for accurate diagnosis and treatment. In patients with irregular follow-ups and low social support, conditions like dementia can have dramatic and irreversible courses. Therefore, performing differential diagnosis for dementia in elderly patients with depressive symptoms and reassessing dementia etiologies during follow-ups are vital.

**Disclosure of Interest:** None Declared

### EPV1126

#### Socio-demographic Characteristics and Psychiatric Disorders of Patients Aged 60 and Over Admitted to the Psychiatry Department at Razi Hospital, Tunisia

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**Introduction:** Psychiatric issues are prevalent among the elderly, and as people age, they often face both medical and psychiatric comorbidities, creating significant challenges. However, there is a notable lack of literature on inpatient studies focused on this demographic.