

## EPV0674

**Bipolar disorders diagnosed in the elderly: Clinical and therapeutic particularities.**

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**Introduction:** Data on the differences between young and elderly patients with bipolar disorder and between elderly patients with early and late age of onset are limited.

**Objectives:** to study the clinical differences between bipolar patients with an onset in old age and other bipolar patients.

**Methods:** This is a retrospective study of 420 bipolar patients. In this study, patients with onset after age 60 (n=37) were compared to other patients with early-onset bipolar (EOB) (<50 years; n=383).

**Results:** In the year before recruitment, older patients more frequently reported a rapid course of the illness, but fewer suicide attempts, more often a single psychotropic medication and had less severe manic and psychotic symptoms, atypical antipsychotics were administered less frequently, but no difference in depressive symptomatology was observed.

**Conclusions:** Elderly bipolar patients differ from younger bipolar patients in course and treatment. Medication use and the occurrence of rapid cycling in elderly bipolar patients deserve careful investigation.

**Disclosure of Interest:** None Declared

## EPV0675

**Residents' Perspectives on Geriatric Psychiatry: A Tunisian Survey.**M. Karoui<sup>1\*</sup>, H. Nefzi<sup>2</sup>, R. Kammoun<sup>1</sup> and F. Ellouze<sup>1</sup><sup>1</sup>Psychiatrie, Faculté de médecine de Tunis, Tunis, Tunisia and<sup>2</sup>Psychiatrie, Faculté de médecine de Tunis, Tunis

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**Introduction:** Despite the projected growth of the geriatric population, there is currently no clear treatment framework for these patients. This treatment requires specific training for psychiatrists in the field of geriatric psychiatry.

**Objectives:** to evaluate the attitudes of psychiatric residents in Tunisia with regard to gerontopsychiatry.

**Methods:** All psychiatry residents at Razi Hospital in Tunis in April 2022 were asked to complete an anonymous online survey with questions related to previous experience with the elderly, exposure to geriatric psychiatry patients during medical school, future career plans and interest in pursuing a geriatric psychiatry rotation, and factors involved in their decision.

**Results:** 55 of 72 (76%) residents responded, of whom 63 (n=34)% were in their second year of residency. 69% (n=38) of residents reported no exposure to geriatric psychiatry patients during medical school, but of those who had, 70% (n=24) had a positive experience. Only four residents (7%) reported considering a career in geriatric psychiatry. With respect to the geriatric psychiatry curriculum, all residents felt that changes were needed in geriatric psychiatry education and career path.

**Conclusions:** Residents' interest in further training in geriatric psychiatry is low. The most common reason is the perception of a poor prognosis for this patient population. Future studies are needed to develop strategies to increase interest in this field.

**Disclosure of Interest:** None Declared

## EPV0676

**Comorbid somatic conditions among older patients with major mental illness: A retrospective inpatients study.**

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**Introduction:** Psychiatric admissions of elderly subjects with mental disorders is a difficulty in management and treatment. This problem is essentially related to somatic comorbidities of this population.

**Objectives:** To compare the demographic characteristics, comorbid conditions and functional status of younger and older individuals with major mental illnesses admitted to psychiatry.

**Methods:** Using the records of patients admitted between 2015 and 2020 to the psychiatric department "G" of Razi Hospital, we collected the demographic characteristics, comorbid conditions and functional impairments for patients admitted to psychiatry and aged over 65 years. We compared these characteristics to those collected in the total population of admitted patients.

**Results:** The study population consisted of 75 elderly patients. Compared to the youngest patients there was a greater male majority, a higher rate of severe cognitive impairment, higher rates of chronic medical illnesses, such as congestive heart failure.

**Conclusions:** Our findings suggest an urgent need for integrated psychiatric and medical care for elderly subjects with major mental illness. Future research is needed to adapt evidence-based integrated models of collaborative mental health care.

**Disclosure of Interest:** None Declared

## EPV0677

**DELUSION OF PREGNANCY IN PATIENT WITH MAJOR NEUROCOGNITIVE DISORDER: A CASE REPORT**

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**Introduction:** Delusion of pregnancy (DP) is a heterogeneous symptom that can emerge from different neuropsychiatric syndromes, including schizophrenia, bipolar disorders, but also major neurocognitive disorder (MND). According to the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), DP is an

unspecified type of delusional disorder present in the spectrum of schizophrenia and other psychotic disorders. This type of delusion, which can affect both sexes, may have numerous determinants to its genesis and may last decades to resolve.

**Objectives:** We aim to present a case and review of DP and its association with dementia/MND, hyperprolactinemia and galactorrhea.

**Methods:** Non-systematic literature review and case report, based on the search for titles and/or abstracts of articles that address both DP and dementia, and DP and hyperprolactinemia/galactorrhea, including articles published between 2010 and 2022 in English.

**Results:** A 71-year-old female patient was admitted to the Psychiatric unit due to a change in usual behavior in the past 6 months: insomnia, anterograde amnesia, delusions of ruin and persecutory and, for the past month, the belief of being pregnant with twins, supported by the galactorrhea she presented after starting Risperidone prescribed by her Family Doctor weeks prior. Shortly after admission, the patient also revealed hearing her fetuses' voices. DP vanished briefly after admission due to the combination between the change of Risperidone to Aripiprazole (a prolactin-sparing antipsychotic) and psychotherapy to help deconstruct the patient's cognitive misinterpretations. She was furthermore diagnosed with Alzheimer's disease and Memantine was started.

**Conclusions:** This patient, according to Bera et al. (Bera *et al.* Indian J Psychol Med 2015;37:131-7) is part of the 28.6% of patients more than 50 years of age who present DP, 6.0% that report having twins and 8.3% that report hearing voices of their fetuses. No data was found correlating DP and MND directly. Hyperprolactinemia and its consequent galactorrhea represent one of the many explanations behind DP, especially in suggestible demented patients that easily misinterpret somatic sensations, in which delusional thoughts are frequent and contribute to the morbidity.

**Disclosure of Interest:** None Declared

## EPV0678

### ANTIPSYCHOTICS IN ELDERLY PEOPLE: TO PRESCRIBE OR TO BAN ?

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**Introduction:** The prescription of psychotropic drugs is a major health problem, especially in the elderly. In fact, many studies highlight the misuse of psychotropic drugs and in particular the over-prescription of antipsychotics in the elderly which would be deleterious and not indicated.

**Objectives:** To evaluate the prescription of antipsychotics in hospitalized elderly people in a psychiatric environment and to compare them with data from the literature.

**Methods:** This is a retrospective descriptive study of patients aged over 65, hospitalized in the psychiatry department between January 2017 and December 2021 and who received first- or second-generation antipsychotic treatment during their hospitalization.

**Results:** Our sample consisted of 20 patients. More than half of our sample (55%, N=11) had at least one somatic history. More than

20% of subjects, was polymedicated; and for only one patient, the ECG showed an elongation of the space QT counter indicating the use of antipsychotics. The most common diagnosis found was schizophrenia with a rate of 35%, followed by paranoia (20%), and chronic hallucinatory psychosis (15%). More than a quarter of our sample (30%, N=6) received antipsychotic treatment of first generation (AP1G), 10 patients (50%) received antipsychotic treatment of second generation (AP2G) and three patients (15%) received a combination of AP1G and AP2G. More than a quarter of our patients (30%, N=6) reported adverse effects due to neuroleptic treatment.

**Conclusions:** The results of our study highlighted different indications for which an antipsychotic treatment was prescribed for an elderly person despite a ground often flawed, polymedicated and where the undesirable effects are superimposed.

**Disclosure of Interest:** None Declared

## EPV0679

### Delirious Mania in an elderly person?: a case report.

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**Introduction:** Delirious mania is a potentially fatal neuropsychiatric syndrome of unknown etiology often characterized by the acute onset of delirium, symptoms of mania, and psychosis. The presentation is often punctuated by catatonia.

Delirious mania may constitute up to 15% of all acute mania cases. When delirious mania is unrecognized or improperly treated, it can progress rapidly in severity and can become life-threatening.

Despite being relatively prevalent, literature on delirious mania is sparse, and there are no formal diagnostic criteria or treatment guidelines.

**Objectives:** Review delirious mania as an entity, its symptoms, type of patient and treatment.

**Methods:** Presentation of a patient's case and review of existing literature regarding delirious mania and its characteristics.

**Results:** In delirious mania symptoms present abruptly, within hours. Symptomatology varies from psychotic (hallucinations, delusions...), maniac (agitation, dysphoria...) and altered sensorium (desorientation, fluctuation of symptoms...). A differential diagnosis has to be done, as well as discarding an organic origin, which in the end, as illustrated in this case, was the etiology of the symptomatology in this patient.

**Conclusions:** Delirious mania is a clinical entity very underdiagnosed given that patients exhibit an array of different symptoms, making diagnosis very challenging for professionals. It should always be considered in differential diagnosis when these symptoms are present, especially in elderly people, given that early treatment is key. However, discarding an organic origin should always be the first thing to do in clinical practice.

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