**Results:** The patient had previously received multiple high-dose psychotropic drugs (Gabapentin, trazodone, Zolpidem, Quetiapine), which had reduced the agitation but had not resolved the problem. Organic causes were treated in a multidisciplinary team (pressure ulcers), together with a gradual tapering of medication. Although underlying vascular dementia was diagnosed, the patient’s gait and cognitive status improved, with a significant impact on her autonomy and quality of life.

**Conclusions:** Despite an extensive literature on the subject, delirium in the elderly remains an under-diagnosed medical condition, especially the hypoactive subtype, just as cascade prescribing remains common. It is important to raise awareness among specialists in training to prevent and diagnose it.

**Disclosure:** No significant relationships.

**Keywords:** delirium; De-prescribing; prescription cascade; Polypharmacy

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**EPV0938**

**BDNF and cognitive function in Alzheimer’s disease**

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**Introduction:** Alzheimer’s disease (AD) is a neurodegenerative pathology that develops mainly in elderly and senile people. Disruption of BDNF transport or suppression of its production appears to be typical for people of old age. Objective: To investigate the influence of Alzheimer’s disease on the secretion of brain factors and correlate with neuropsychological profiles.

**Objectives:** 12 men (2) and women (10) with Alzheimer’s disease were examined. The average age of the subjects was 76.25 ± 4.89. Methods: MMSE, ADAS-COG, laboratory - BDNF was performed using the G7611 BDNF Emax (R) ImmunoAssaySystem 5 x 96 wells, BDNF Emax® Immunological test.

**Methods:** 2 patients have mild dementia, 8 patients have moderate dementia, 2 patients have severe dementia. The average age of patients with mild dementia was 72.0 ± 1.0. The average MMSE score is 16.7 ± 3.4.

**Results:** Correlation analysis showed a close relationship between a pronounced decrease in memory in memory tests (ADAS-COG) and a pronounced decrease in blood BDNF content (r = 0.676). A close statistically significant relationship was found between a low result of the recognition test and a low blood BDNF content (r = 0.598).

**Conclusions:** We assume that blood BDNF is a marker of pathologically accelerated aging of the central nervous system, since low test results for mnemonic function are an indicator of severe degeneration in Alzheimer’s disease.

**Disclosure:** No significant relationships.

**Keywords:** cognitive function in Alzheimer’s disease; bdnf; neurotrophic parameters; neuropsychological parameters

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**EPV0940**

**Catatonia and dementia: a case report**


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**Introduction:** Catatonia is a neuropsychiatric disorder characterized by motor, behavioral and autonomic changes. It is associated with several psychiatric disorders, including dementia. Catatonia is an underdiagnosed syndrome, so it is important to draw attention to it. Here, we review a case of a patient admitted to our psychiatric department with a clinical presentation compatible with catatonia. After proper treatment, further assessment revealed dementia.

**Objectives:** This work aims to describe a case of catatonia in a patient with dementia.

**Methods:** Bibliographic research using Pubmed*. Clinical file consultation and patient interviews.

**Results:** Catatonia is a disorder that was already been described as part of several types of dementia. We present a 69-year-old female
Depression and quality of life in Tunisian institutionalized elderly subjects

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Introduction: Depression in the elderly is common and closely interrelated with the deterioration of the quality of life, especially in the institutionalized elderly.

Objectives: In this work, we propose to determine the prevalence of depression in the elderly in institution, to assess their quality of life and to evaluate the correlations between depression and the quality of life.

Methods: Our study concerned 30 elderly subjects institutionalized at the retirement home (Sousse, Tunisia). Three validated Arabic version scales were used: The 30-item GDS (Geriatric Depression Scale), the MMSE (Mini Mental State Examination) and the SF36 (assessing the quality of life).

Results: The mean age of our population was 75±7.3 years, the sex ratio was 1.73. The prevalence of depression was 37%. The elderly had a cognitive impairment in 16.7%. The mean global SF36 score were 11.2, attesting an altered quality of life in all our subjects: the physical score of SF36 (r=0.08). No correlation was found. Depression was significantly correlated with the presence of a medical history (p=0.05). Depression had a negative and statistically significant correlation with the physical score of SF36 (r=-0.41, p=0.02) and tended towards significance for the "general health" dimension of SF36 (r=-0.32, p=0.08).

Conclusions: Our study shows a high frequency of depression in the institutionalized elderly as well as a deterioration in their quality of life. Depression is strongly linked to deterioration in physical condition. Our results underline the influence of somatic diseases as a major risk factor for depression in the elderly.

Disclosure: No significant relationships.

Keywords: Depression; quality of life; elderly subject; institution.