

Objectives: the aim of this work is analyzing etiology, demographic characteristics, clinical features and treatment inpatients with AMD and visual hallucinations

Methods: a literature search using electronic manuscripts available in PubMed database published during the last ten years with further description and discussion of a single-patient clinical case.

Results: in different studies in patients diagnosed with AMD, the reported prevalence ranges between 15 up to 39 percent. Patients with more significant vision loss may be more likely to experience visual hallucinations. In large case series, mean age is 70 to 85 years. Hallucinations can last few minutes or several hours. On average, people experience these hallucinations on and off for about 3 years. Those who experience hallucinations tend to see multiple types of images, particularly people and faces. The diagnosis of CBS is made when visual hallucinations occur in patients with vision loss in the absence of psychosis, delirium, or other causes.

There is no specific treatment for CBS: optimal ocular care, education and different techniques to manage hallucinations (changing your lighting conditions and environment, blinking frequently or moving your eyes side-to-side rapidly while keeping your head still...). Antidepressants, anticonvulsants, anxiolytics and low-dose of antipsychotics have been used for CBS with positive effects in previous reports, but the efficacy of these drugs in the treatment is somewhat questionable and should be reserved for those who exhibit high levels of distress and have not responded to conventional intervention.

Case report: 80-years old woman who presented with a 4 month history of hallucinations and legally blind from AMD. A workup for other pathological causes of visual hallucinations was negative.

Conclusions: CBS is an under-recognized and under-reported disorder that involves visual hallucinations in visually impaired individuals. It requires a multidisciplinary approach from neurologists, psychiatrists, general practitioners and ophthalmologists. New studies are needed in order to understand its clinical presentation and to improve its management.

Disclosure of Interest: None Declared

EPV0670

Transcranial Pulse Stimulation (TPS®) as a method for treating the central nervous system of patients with Alzheimer's disease

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Introduction: Dementia - one of the most common diseases in old age - is often only diagnosed at a late stage. Therefore patients with dementia have often a 1.4 to 3.6 times greater risk of treatment as an inpatient. Consequently it is highly relevant within the caring system to identify and treat the onset of dementia at the earliest possible opportunity.

Objectives: Part of a new treatment center, a psychiatric clinic in the Hanover area (Wahrendorff) has concentrated on treating patients with a mild or moderate form of Alzheimer's disease as

early as possible on an outpatient basis. The method of transcranial pulse stimulation (TPS®) is used. Acoustic pulses generated outside the body are introduced specifically into the brain regions requiring treatment. The aim being the release of growth factors and an improvement in cerebral blood flow, as a means to maintaining and promoting cognitive performance for as long as possible. The poster contribution shows reports from clinicians, patients and relatives, using TPS®. The development of cognitive performance in the course of treatment is also considered.

Methods: The data collection for the quantitative study design will take place at the clinic in the period from 06/2021 to 10/2022 (N planned = 60). Cognitive performance is recorded using the Montreal Cognitive Assessment (MoCA test) and the experience reports via interview.

Results: Results of repeated measurement and analysis of the variance in terms of cognitive performance (MoCA test, baseline and follow-up measures) are presented. Field reports are considered and the suitability of TPS® as a method for treating the symptoms of dementia in Alzheimer's disease is discussed in the form of a best-practice example.

Conclusions: Field reports are considered and the suitability of TPS® as a method for treating the symptoms of dementia in Alzheimer's disease is discussed in the form of a best-practice example.

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EPV0671

Memory complaints and quality of life in a patient with mild cognitive impairment

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Introduction: Subjective memory complaints remain a relevant aspect to be considered in patients with mild cognitive impairment. Likewise, their association with depressive symptoms, quality of life and cognitive performance is also an objective to be studied in such patients.

Objectives: Our clinical case represents just one opportunity to study how memory complaints are related to depressive states and how they affect the quality of life of patients with mild cognitive impairment.

Methods: We conducted a bibliographical review by searching for articles in Pubmed.

Results: PERSONAL HISTORY: Male, 73 years old, separated, residing alone in Valladolid. He has home help, a person comes to help him with the household chores. Little social and family circle.

History in Mental Health: He has a history of an admission in 2013 to this Short Hospitalization Unit for ethanol detoxification. Since then, he has been followed up in the Mental Health Unit. According

to the reports, he has been diagnosed with depressive disorder and cluster B personality disorder.

Current psychopharmacological treatment: diazepam, olanzapine, duloxetine 60 mg, quetiapine.

Toxic habits: history of chronic ethanol consumption. Smoker. He denies other toxic habits.

Current Episode: The patient presents a worsening of his mood of 15 days of evolution, coinciding with a voluntary decrease of his psychopharmacological treatment that the patient has carried out on his own. He walks with the aid of a crutch. Hypomimic facies. Slowed language, circumstantial, with speech focused on current discomfort.

On assessment, he reports initial improvement after reducing his medication, but in recent days he has experienced a decrease in initiative accompanied by feelings of emptiness, sadness and loneliness. He refers to memory complaints for which he is awaiting evaluation by Neurology. The patient explains that at other times in his life he has presented self-harming ideas that he has been controlling. At this time he expresses desire for improvement and adequate future plans, and accepts plans to attend a memory workshop. He also reports visual hallucinations with no affective repercussions and preserved judgment of reality.

Therapeutic Plan: Treatment adjustment: Duloxetine 60 mg, 2cp/day. The patient is recommended to lead an active lifestyle and attend a day center or memory workshop.

Conclusions: In numerous patients with mild cognitive impairment, we have observed that memory complaints are closely related to depressive symptoms and to the patient's functioning in daily life.

In one study memory complaints were a negative predictor of quality of life in these patients.

Therefore, in addition to considering the importance of treating depressive symptoms, it is also important to address quality of life in patients with mild cognitive impairment.

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EPV0672

Psychosis in Parkinson's disease: a clinical biomarker of disease stage and prognosis

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Introduction: Parkinson's disease (PD) is a neurodegenerative disorder characterized by motor and nonmotor symptoms, the latter contributing significantly to morbidity, mortality, nursing home placement and quality of life.

Objectives: We present a literature review about the impact of psychosis on PD's prognosis.

Methods: A literature review is performed on PUBMED, using the next keywords: "Parkinson's disease", "psychosis" and "prognosis". We focused on data from systematic reviews, clinical trials and meta-analysis published in English on last 10 years.

Results: Psychosis is a common feature of Parkinson's disease, occurring in up to 30% of PD patients treated chronically with antiparkinsonian drugs. Visual hallucinations are the most

common psychotic symptom observed, delusions being considerably less common and affecting only 5% of treated patients.

Positive symptoms in PD vary across its course: early in the disease, passage hallucinations, illusions and presence hallucinations occur; later, complete visual hallucinations, initially with good insight, then without insight.

Psychosis spectrum symptoms in early PD predict a decline in cognitive function at 2 years, especially visual hallucinations. There is an association between visual hallucinations and the subsequent emergence of dementia.

Conclusions: Current evidence highlights the role of PD psychosis as a clinical biomarker of disease stage, distribution and future progression. Early recognition and treatment of psychotic symptoms improves disease's outcomes.

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EPV0673

Profile of substance use disorders in elderly psychiatric inpatients

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Introduction: Substance abuse is a common problem associated with significant morbidity and mortality, but is often underdiagnosed and unrecognized in geriatric patient populations.

Objectives: to determine the prevalence of substance use disorders geriatric inpatient population.

Methods: Data from 2010 to 2020 were retrospectively reviewed from a clinical database. 148 admissions of patients older than 60 years were identified. Descriptive statistics were used to group patients with and without a diagnosis of substance use, which included intoxication, withdrawal, abuse, dependence, and substance-induced disorders.

Results: There were 148 hospital admissions for patients over 60 years of age, with a mean age of 72.38 ± 5.64 years and a mean length of stay of 13.91 ± 14.15 days. Of all admissions, 44% (n=64) were associated with at least one substance use diagnosis. In this group of 64 patients, the most frequently used substance was tobacco with associated disorders (65% N=42). The prevalence of other substance use diagnoses was as follows: sedative-hypnotic abuse/dependence 32% (N=21), cannabis abuse 10% (N=6), alcohol-related disorder 12.5% (N=8). Compared with patients without a substance abuse diagnosis, these patients were significantly younger, had shorter lengths of stay, were less likely to be readmitted, and were more likely to be single men

Conclusions: Given the inherent difficulties in diagnosing substance use disorders and the retrospective nature of this study, the true prevalence of substance use disorders in elderly psychiatric inpatients is likely higher than found. Cross-sectional or cohort studies are more appropriate to shed light on this condition.

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