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doi: 10.1192/j.eurpsy.2021.1973

Introduction: The most common cause of vascular psychosis is cerebrovascular disease. Typically a late-onset in the elderly is accompanied with multiple strokes (disruption of blood flow to the brain). Dementia is a clinical syndrome characterised by cognitive, neuropsychiatric, and functional symptoms. About neuropsychiatric symptoms there are multiple warnings concerning the use of antipsychotics in people with dementia due to an increased risk of death and stroke.

Objectives: Presentation of a case of vascular psychosis with a literature review of antipsychotic drugs used in these cases.

Methods: We carried out a literature review in Pubmed electing those articles focused on antipsychotic treatment options.

Results: A 81-year-old man was taken by his son seeking medical assistance due delusions of reference and auditory hallucinations. He believed that his family wanted to kill him. He had the sensation about how multiple voices were telling him about to scape from people who wanted to kill him. After a completely study and CT, chronic microvascular infarctions were found. After onset of non effective treatment with haloperidol 1.5 mg during 1 week, we switched into risperidone 1.5mg. Effective treatment was found and now patient is under control of symptoms.

Conclusions: Different antipsychotic treatments are described in the literature. Risperidone, quetiapine and olanzapine were found as most used antipsychotic for psychosis in vascular dementia. Comparison of side effect profile of antipsychotic and effectiveness must be the target for an adequate treatment.

Disclosure: No significant relationships.

Keywords: Treatment; vascular; psychosis; Elderly

EPV0426

Charles bonnet syndrome: A case report

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doi: 10.1192/j.eurpsy.2021.1974

Introduction: Faced with recent onset psychotic symptoms in patients over 60 years of age without a psychiatric history, it is important to carry out an adequate differential diagnosis.

Objectives: The objective is to carry out a review of Charles Bonnet syndrome through the presentation of a case

Methods: 75-year-old patient who suddenly began to present auditory hallucinations. The patient had no relevant psychiatric history or medical history. She reported that suddenly, two months ago, she had begun to listen to his neighbor through the walls of his home. She heard him talk about her, threatening and insulting her. Later, as a result of these hallucinations, she began to believe that in the bathroom he was spying on her through a camera, forcing her to shower in the dark. Weeks later, she thought that he was also chasing her down the street through a chip that had implanted

her. She was distressed and highly anxious. She had started not sleeping out of fear of this neighbor.

Results: In addition to the psychiatric evaluation, an MRI was requested to rule out incipient cognitive deterioration, as well as a hearing examination. It was found that he had severe hearing loss in the left ear. Given these findings, he was diagnosed with Charles Bonnet syndrome.

Conclusions: Charles Bonnet syndrome is normally associated with blindness, however, it is also described in deafness. It occurs with hallucinations of the lost sensory organ. It is a clinical picture that does not respond well to treatments.

Disclosure: No significant relationships.

Keywords: hallucination; psychosis; Charles Bonnet

EPV0429

A model of non-pharmacological intervention (Agorà model) on behavioural disorders in patients with Alzheimer's disease

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doi: 10.1192/j.eurpsy.2021.1975

Introduction: Cognitive deficits, behavioral disorders, neuropsychiatric symptoms (BNS) are characteristics in Alzheimer's disease (AD). Moreover, elderly patients often take multiple medications for their several chronic health conditions. Shared decision making is essential to deprescribing unnecessary or harmful medications in older adults. For these reasons, it may be useful to develop multiple strategies intervention not pharmacologically based and to raise the living standards of the patients, the healthcare professionals and the relatives directly or indirectly involved.

Objectives: To show application of the Agorà model in AD to improve the performance levels, to decrease the aggressive behaviours and wandering episodes.

Methods: Twelve inpatients (79-95 ys) affected by AD, were included in our observational study, recruited in Social Cooperative "Il filo di Arianna". We have applied in our patients the Agorà model (from the Gentlecare model). Were administered following scales: in inpatients: NPI; CDR, MMSE; in caregivers: CBI; at baseline (T0), after three (T1), six (T2) twelve months (T3). For statistical evaluation we used the EZAnalyze Version 3.0 software, on Excel.

Results: At T0 all patients showed high levels of behavioral and aggression disorders. After T3 with Agorà Model, there has been a significant reduction of previous levels. In addition, an improvement in CBI data was observed in caregivers.

Conclusions: The application of the Agorà model has triggered better performance levels in AD. Moreover, it determined a decrease of behavioural disorders, promoted higher levels of participation in the everyday care activities, improved family wellbeing and participation to the assistance activities, reduced health care professionals turnover and burnout levels.

Disclosure: No significant relationships.

Keywords: Behavioural disorders; old age psychiatry; Burnout caregivers

EPV0430

The bed smells like oil: About a case with diagnosis of epilepsy

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doi: 10.1192/j.eurpsy.2021.1976

Introduction: Olfactory hallucinations have been described since the 19th century as a particular, often unpleasant smell at the beginning or during the spell. The olfactory cortex are involved in temporal lobe epilepsy.

Objectives: The aim was analyze the relationship between the olfactory hallucinations and the previous diagnosis of epilepsy.

Methods: In this study, we present a clinical case and review the current literature showing the relationship between smell and epilepsy.

Results: A 69-years-old woman, with a medical history of epilepsy, went to the emergency department describing a recent episode of seizure, self-limited in time, after a sensation of an unpleasant smell in bed. A medical history of osteoarthritis, cholecystectomy and essential tremor is described. No unknown drug allergies. The neurological examination shows dysarthric speech, tremor in the right upper limb, isochoric and reactive pupils, preserved sensitivity and strength, and a positive Romberg's sign. The physical examination, blood test and vital signs were normal. The head CT scan showed signs of ischemic leukoencephalopathy, without acute ischemic or hemorrhagic lesions. The patient was medicated with 1000 mg of valproate daily, which was suspended a month ago due to an alteration in liver transaminases. Treatment with diazepam 10 mg daily was prescribed and referred for consultation. The sense of smell changes over time for anormal aging process, affecting abilities to detect, identify and discriminate odors. Several neurodegenerative diseases present certain alterations that help us determine their origin and progression (Vaughan and Jackson, 2014).

Conclusions: Olfactory auras occur before a seizure of the temporal lobe. Repeated stimuli in limbic regions can produce changes in the piriform cortex, with increased excitability and in epileptic discharges.

Disclosure: No significant relationships.

Keywords: old age psychiatry; Epilepsy; olfactory hallucinations; neuropsychiatry

Oncology and psychiatry

EPV0431

The practice of sedation in palliative care for oncologic patients: Fantasies reported by a nursing team in a specialized hospital in Brazil: A qualitative study

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doi: 10.1192/j.eurpsy.2021.1977

Introduction: CONTEXTUALIZATION: Palliative sedation is a resource used to control symptoms of terminal patients in general. It is considered that it should be discussed by the professionals involved in the process, based on the competence of each one, as well as with family members and patients when possible.

Objectives: AIM: To understand symbolic meanings attributed by nursing professionals who provide assistance to the terminal patient regarding to the act of the palliative sedation.

Methods: Strategies: Clinical-qualitative design, semi-directed interview of open questions in depth. Nine oncologist nurses participated in the study; sample closed by the criterion of theoretical information saturation. Interviews were audio recorded, transcribed fully, categorized by qualitative content analysis. The results were discussed by colleagues of the Laboratory of Clinical Qualitative Research at the University of Campinas.

Results: FINDINGS: The treatment of the data led to 6 emerging categories: (1) death maintains its ambivalent values in our culture; (2) serving the death symbolically on a tray; (3) the act of sedation and its "unfortunate coincidences"; (4) palliative sedation: agent of a pious death; (5) late sedation: cause for distress to the professional; (6) the professional's self-comfort considering certain psychological strength from the patient and family.

Conclusions: Final considerations: palliative sedation takes a general and individual meanings for the professional and even in case of experienced professionals regard to palliative sedation, the death phenomenon conduct them to express multiple and peculiar emotional issues, not ever perceived.

Disclosure: No significant relationships.

Keywords: nursing psychology; palliative care; sedation in oncology; Qualitative Research

EPV0432

Paving the way for the oncological process in patients with schizophrenia

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doi: 10.1192/j.eurpsy.2021.1978

Introduction: Oncologic patients with schizophrenia have a higher mortality, which could be explained by a delayed diagnosis and a poor quality of the oncologic treatment (1). Some of the potential reasons are related with patient's psychopathology, stigma, and barriers in access to medical care. An structured support during the oncologic treatment has been proposed to solve the difficulties that patients with schizophrenia can experience when handling with an oncologic process. (2).