

and researchers should be aware of these challenges when using and interpreting scores derived from proxies. Moreover, understanding why different raters reach different conclusions regarding the same residents is important for interpreting the meaning of proxy-reported scores.

P81: Anticholinergic Burden of Patients Assessed by UK Memory Clinics: An Audit

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Objective: It is estimated that there are 55 million people living with dementias globally. With so few effective treatments available for dementias, it is vital that services optimise the management of risk factors for patients to slow their disease progression as much as possible. Commonly prescribed medications with anticholinergic effects can cause iatrogenic cognitive impairment and lead to faster decline in people living with dementia. United Kingdom (UK) national guidelines recommend minimising their use when assessing people with suspected dementia or during medication reviews of people with dementia. We proposed to audit how many people were being referred to memory assessment services in two UK locations with a significant anticholinergic burden, which medications were responsible, and whether this impacted on diagnosis.

Methods: We developed an audit tool based on national guidelines to gather data on the age, gender, medications, diagnosis and cognitive impairment of the first 50 patients assessed in the Memory Assessment Services in Wolverhampton and Walsall in 2022. We used the anticholinergic effect on cognition scale (AEC) to measure patients' anticholinergic burdens and identify the most frequently prescribed medications.

Results: We collected data from 30 patients from Wolverhampton and 20 patients from Walsall. Across the two locations, only 10% presented with a significant anticholinergic burden, with 24% having some anticholinergic burden that was not considered significant.

Every patient with a significant anticholinergic burden was later diagnosed with dementia.

Most of the anticholinergic medications that were prescribed are generally prescribed for psychiatric or neurological indications and the most frequently prescribed drug was amitriptyline.

Conclusion: The prescription of anticholinergic medications was not as prevalent as predicted in our sample. It may be that anticholinergic medication are less prescribed for physical illnesses as alternatives that do not cross the blood-brain barrier are available. Psychogeriatricians are well placed to review the anticholinergic medications that are commonly prescribed during the assessment of suspected dementia, due to their familiarity with these medications. In response to our findings, we plan to update our memory clinic assessment tools to highlight the need for clinicians to review patients' anticholinergic burden during assessment.

P87: A Case of Very-Late-Onset Obsessive Compulsive Disorder (OCD) comprising Religious and Somatic Obsessions... is the latter a distinct and overlooked phenotypic subtype of OCD?

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Background: Very-late-onset obsessive-compulsive disorder (VLO-OCD) is rather rare. Although VLO-OCD should prompt a thorough workup, most cases do not evidence an underlying medical illness nor structural brain abnormality. A subset manifests somatic obsessions, bringing about diagnostic challenges.

Objective: Critical literature review based on a case study.

Case presentation: A 73-year-old male patient, was hospitalized for intrusive, repeated, distressing mental images and thoughts about hell, describing difficulty to disengage from these obsessions, alongside secondary mystical and ruin delusion-like ideas, modulated by the pathoplastic effect of core religious beliefs, and inflated sense of responsibility. He had previously experienced those intrusive mental images, yet not in a recurrent nor uncontrollable manner.

Preceding the OCD, he presented mild depressive symptoms triggered by financial hardships. After the emergence of OCD, depressive disorder aggravated, with psychomotor retardation, hopelessness, insomnia, anorexia. Obsessive hyperawareness of autonomic processes, distressing body-focused preoccupations raised by interoceptive stimuli, became noticeable, with overestimation of threatening consequences, day-long swallowing rituals/compulsions, avoidance of nutritional intake, general unease, and even panic. Yale-Brown Obsessive Compulsive Scale (*Y-BOCS*) scored 25. Ancillary tests were unremarkable. Transglutaminase antibodies were negative, ruling out gluten-sensitive enteropathy, hence tryptophan-serotonin metabolism impairment. Neuroimaging did not evidence structural disruption of cortico-striatal circuitry. Therapeutic regimen comprised sertraline 200 mg/day, augmented with mirtazapine 45 mg/day, aripiprazole 15 mg/day. Additionally, trazodone, buspirone and benzodiazepines were used to manage anxiety and insomnia. At the fourth week of treatment the anxiety burden driven by religious obsessions ameliorated. Meanwhile lamotrigine 100 mg/day and gabapentine 200 mg/day were added with further improvement (60% *Y-BOCS score reduction*, at seventh week).

Discussion: This case highlights the clinical relevance of the OC spectrum concept, wherein at the compulsive end are OCD-related disorders which feature high degrees of harm avoidance, intolerance to uncertainty, anticipatory anxiety, engagement in repetitive behaviors. We hypothesize that somatoform variant of OCD constitutes a distinct phenotypic subtype, stemming from a complex interplay of neurobiological substrates, psychosocial, and genetic factors, shared with hypochondriasis. This assumption might be addressed in future studies.

Furthermore, this case illustrates the fact that VLO-OCD might exhibit prodromic periods of subclinical OC symptoms before the manifestation of full-blown OCD.

P88: Individuals with Mild Cognitive Impairment (MCI) have poorer social networks than cognitively normal individuals from rural India

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Introduction: In recent years, the significance of robust social networking is being increasingly recognized due to its association with better cognitive performance. On the other hand, social isolation is linked to higher risk of developing dementia in mid-life and in older age groups. Only few studies have examined social networking in