**427 - Psychoeducation Program for the Prevention of Older Adults’ Infantilization in Professionals working in Nursing Homes**

**Introduction**
Kayser-Jones (1981) described infantilization as one of the four most frequent types of violence in nursing homes. Older people perceive infantilization as disrespectful and patronizing. In professionals, it can lead to protective behaviors that reduce autonomy and generate more dependency. Despite the importance of this phenomenon, the interventions are scarce and show methodological limitations.

**Objective**
This study analyzed the efficacy of a psychoeducation program for the prevention of infantilization in professionals working in nursing homes. The sample included 154 direct-care workers. The experimental group (N=111) attended a psychoeducational group intervention program while the control group (N=43) did not attend any intervention program. We assessed the infantilized practices the professionals recognized they conducted and the ones observed in the institution before and after the intervention. The intervention lasted 6 hours and included four sessions distributed in two days. These sessions aimed to reduce negative stereotypes, preventing infantilized communication patterns and the use of behaviors or practices that are frequently used with children. We also offered professionals alternative practices that recognize autonomy, decision-making and respect older adults’ dignity and uniqueness. To analyze data, we conducted Repeated measures of ANOVA and one-way ANCOVAs.

**Results:**
The scores of infantilization in the experimental group significantly decreased from pre-intervention to post-intervention in the professional, $F(1, 85) = 37.184, p = .01$, partial $\eta^2 = .030$, and in the institution, $F(1, 84) = 32.128, p = .01$, partial $\eta^2 = .277$, while the control group did not show any changes. There was a statistically significant difference in post-intervention between the experimental and the control group when participants scored their infantilization practices, $F(1, 115) = 5.175, p = .03$, partial $\eta^2 = .043$, and infantilization practices observed in the institution, $F(1, 115) = 5.810, p = .018$, partial $\eta^2 = .048$.

**Conclusion:**
These results reflect the importance of developing interventions focused on preventing infantilization, methodologically rigorous, in which professionals’ training and education are considered key pieces to generate a culture of change. More research is needed to understand this problem in greater depth to develop programs that address this problem at different levels.

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**428 - Reflections on geriatric psychopharmacology in Portugal**
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**Background:** The most common psychiatric illnesses include depressive and anxiety disorders. However, the gap between therapeutic indication and pharmacological consumption is evident, with anxiolytics and antidepressants being some of the most prescribed drugs for the general population and, in particular, for the elderly. However, several of these psychotropic drugs are
part of the list of potentially inappropriate medications for the elderly. Thus, the question arises: is the appropriate care being given to older patients, in this domain?

**Research objective:** This work aims to reflect on the current structure of the mental health care network for elderly patients, focusing on consumption patterns among the various categories of psychotropic drugs and their physiological impact, taking into account the particularities of the target population.

**Method:** A non-systematic review of the literature is presented. Bibliographic selection was carried out through keyword research in MEDLINE, Google Scholar and also by cross-referencing between articles.

**Results:** In Portugal it was possible to infer that the consumption of anxiolytics and antidepressants increased ans was in line with the European trend. On the other hand, there has been a downward trend in the consumption of sedatives and hypnotics, opposite to the general trend in Europe. Due to changes related to pharmacokinetics and pharmacodynamics, older patients are more susceptible to the development of adverse reactions, the prevalence of potentially inappropriate medications is high in the context of mental health care. Switching drugs such as benzodiazepines, certain antipsychotics, tricyclic antidepressants and first-generation antihistamines significantly reduced the risk of adverse reactions.

**Discussion:** Mental health care policies must be aligned with the conscious use of psychotropic drugs in the elderly population, at risk of the main objective, their well-being and care, being compromised.

429 - Human rights crisis for older people during the COVID-19 pandemic in India:
**Psychosocial cohesion as a mitigating strategy**
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It has been more than a year of the global unprecedented Coronavirus disease 2019 (COVID-19) crisis. The pandemic has exposed and exploited risks not only related to health, but also the societies, economies and our future. India, being one of the worst hit nations during this outbreak, has faced a significant economic fallout with certain vulnerable populations enduring major humanitarian crisis. The frontline workers, age and gender minorities, socio-economically impoverished and migrant workers have been disproportionately affected in India, with the disparities being widened further in the subcontinent with the second largest population and a marked socio-ethnic diversity.

COVID-19 is in no way a “great equalizer”, contrary to its popular term. Older adults are at disproportionate risk of severe infection, mortality as well as loneliness, seclusion, abuse and neglect during the pandemic. Age and ageism have both factored as risks for physical and psychosocial burden of the elderly. Besides the medical factors, lack of social security, isolation, stigma, sexism, elder abuse, loss of autonomy and restricted healthcare access are crucial in the pandemic situation. Among the proposed pathways to restore human rights and societal balance during such a global crisis, social cohesion is a potential strategy. A multi-dimensional driver of long-term prosperity and collectivism, social cohesion refers to the extent of connectedness and solidarity among various groups. Interpersonal relationships within the community and sense of belongingness are the twin pillars on which social cohesion stands. This presentation reviews psychosocial vulnerabilities of older adults during infectious disease outbreaks in light of the present pandemic and proposes strategies to mitigate this marginalization through the WHO’s concept of healthy ageing based on social cohesion and