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Objective: The Intensive Initial Support Team for Dementia (IPIST) is a multidisciplinary outreach team that provides intensive initial assessment and support for dementia in Japan, introduced based on the Memory Service in the UK. All municipalities are required to establish at least one team, which consists of at least one physician and two professional staffs such as public health nurses and care workers. IPIST usually complete the work within approximately six months, including consultation with medical specialists and introduction of public supports. IPIST sometimes faces "complex case" that is difficult to manage. Because complex cases often have psychiatric problems, accessibility to psychiatric resources is important for IPIST. This study investigated the percentage of psychiatric professionals among IPIST members and the characteristics of complex cases they face.

Methods: Through all 1741 municipalities in Japan, a questionnaire was distributed to each IPIST regarding the complex cases they experienced during April-September 2020. The questionnaire asked for the characteristics of each IPIST (e.g., specialty of the team physician, availability of staff with psychiatric expertise, etc.) and which of the 12 categories each complex case fit into, allowing multiple choice.

Results: We could collect responses from 1291 IPISTs. 43.3% of IPISTs had a psychiatrist, 43.1% had an internal medicine physician, 13.4% had a neurologist, and 17.0% had some other physician as their team physician. In addition, 59.4% of the teams had medical staff members with psychiatric experience, including psychiatrists. A total of 7340 cases were reported as complex cases. While the most common category for difficulties in case management was "refusal of services" (19.5%), factors requiring psychiatric intervention such as "behavioral and psychological symptoms of dementia" (16.0%), "co-occurring mental illness" (7.3%), "complaints from neighbors" (7.1%), and "trash-house" (4.3%) were also frequently observed.

Conclusion: The survey revealed that many IPISTs already had psychiatrists and other professionals with clinical psychiatric experience, and that they managed a lot of complex cases with issues that would be the target of psychiatric intervention. We believe early psychiatric engagement is important in many complex cases in outreach support for community residents with suspected dementia.

P14: "Invisible hence inexistent?": Sexual violence in older adults

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Objective: Although sexual violence (SV) is increasingly recognized as a major public health problem, older people are ignored in policies and practices on SV. Research on prevalence and impact of SV in older adults is limited and Belgian figures on the subject are non-existent. This mixed-methods study aimed to better understand the nature, magnitude and mental health impact of SV in older adults in Belgium.

Methods: We conducted face-to-face interviews through structured questionnaires with 513 older adults (70+) across Belgium and 100 old age psychiatry patients. Quantitative data were triangulated with qualitative data from 15 in-depth interviews with older SV victims.

Results: Over 44% of Belgian older adults and 57% of old age psychiatry patients experienced SV during their lifetime, 8% and 7% respectively in the past 12-months. Lifetime exposure to SV was associated with depression ($p=0.001$), anxiety ($p=0.001$) and PTSD in older adults with chronic disease/disability ($p=0.002$) or lower education level ($p<0.001$). A minority of victims (40%) disclosed their experiences to their informal network and 4% sought professional help. Older victims are willing to share their experiences, but ask health care workers to initiate the conversation.

Conclusions: This study highlights the importance of recognizing older adults as a risk group for SV and the need for tailored care for older victims. Health care professionals working with older adults need to be qualitatively trained to initiate a conversation around SV and its mental health impact in old age through training, screening tools and care procedures.

P18: Frailty and Long -COVID in a elderly population living with dementia:a observational study in a cohort of people with dementia in charge of Memory Clinic in Modena

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Background: A significant number of patients with COVID-19 experience prolonged symptoms well known as Long-COVID that can occur between 3 to 24 weeks after acute phase. Most frequent symptoms expressed are fatigue, and cognitive dysfunction, but few studies have investigated the effect in outpatients 'elderly population. A recent Study followed hospitalized seniors for COVID-19; 22% complain "Brain Fog" one year later correlated with cognitive impairment. It is a challenge to recognize symptoms as "Brain Fog" or fatigue in a frail population affected by dementia (pwd) that yet experience cognitive impairment and disability. This observational study wants to evaluate the effect of COVID on clinical, cognitive, functional and frailty indices before infection and after in a sample of older pwd matching with control group in outpatients setting.

Methods: We collected 67 pwd and COVID infection between March 2020 and 2022 followed by Memory Clinic with pre and post geriatric assessment compared with 41 older people with dementia in control group without COVID-19. The geriatric assessment describes comorbidity (CIRS), cognitive performance (MMSE), functional assessment (IADL, ADL), psychological and behavioral symptoms (NPI) and frailty evaluation (CFS) at baseline T0 (within 6 months before COVID infections), at T1 (4-6 months after) and T2 (12 months after). Death is recorded for both groups