to the one reported to date, possibly because DSM-5 criteria are mainly focused on the grandiose dimension. Potential explanatory links between ASD phenomenology and vulnerable narcissism, such as the personality dimension of neuroticism, are discussed, together with the possible role of narcissistic vulnerability in mediating internalizing symptoms (e.g., anxiety, depression) in individuals with ASD.

Disclosure of Interest: None Declared

O0056

Mental Disorders in patients hospitalized due to Neurologic Disorders: a nationwide study

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Introduction: The presence of psychiatric comorbidity significantly impacts the quality of life for patients and often goes unnoticed within the realm of neurology.

Objectives: This study's objective was to elucidate and characterize psychiatric comorbidity among patients hospitalized for neurological disorders in mainland Portugal.

Methods: This retrospective observational study analyzed hospitalizations categorized with a primary diagnosis of neurological disorders, defined by Clinical Classification Software (CSS) for ICD-9-CM codes 76, 77, 79-85, 95, and 109, occurring in adult patients (≥18 years) between 2008 and 2015. Psychiatric comorbidity was determined by the presence of secondary diagnoses falling under CCS categories 650-670.

Results: A total of 294,806 hospitalization episodes were documented with a primary diagnosis of neurological disorders in adult patients between 2008 and 2015 in Portuguese public hospitals. Approximately 26.9% (n=79,442) of these episodes were associated with documented psychiatric comorbidity (22.1% for female hospitalizations and 32.2% for male hospitalizations). Patients with recorded psychiatric comorbidity were younger (66.2±16.2 vs. 68.6 ±17.2 for those without psychiatric comorbidity, p<0.001), exhibited a lower overall in-hospital mortality rate, and experienced significantly longer mean hospital stays. Among these comorbidities, 'Delirium, dementia, amnestic, and other cognitive disorders' were documented in 7.4% (n=21,965) of hospitalizations, followed by alcohol-related disorders in 6.5% (n=19,302) and mood disorders in 6.1% (n=18,079). Epilepsy/seizures had the highest recorded psychiatric comorbidity rate among neurological disorders (39.9%).

Conclusions: Psychiatric comorbidity is present in more than a quarter of hospitalizations with a primary diagnosis of neurological disorders. The prevalence of psychiatric comorbidity varies across different neurological disorders and is associated with distinct demographic and clinical characteristics.

Disclosure of Interest: None Declared

Old Age Psychiatry

O0058

Evidence-Informed Approach to De-Prescribing of Atypical Antipsychotics (AAP) in the Management of Behavioral Expressions (BE) in Advanced Neurocognitive Disorders (NCD): Results of a Retrospective Study.

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Introduction: Diagnosis of behaviors in advanced neurocognitive disorders (aNCD) is one of exclusion, and the framework has been laid out in DSM-V. However, clinical assessments in aNCD become increasingly unreliable, and commonly used psychometric tools for clinical assessments lack reliability and validity, thereby making outcomes unreliable. Consequently, the syndromic and symptom management approaches for behaviors in aNCD behaviors have yielded poor results. To address this, the focus has shifted towards understanding the 'meaning' of behaviors in aNCD, recognizing them as a 'mode of communication'. To date, there are no existing frameworks to ascribe 'meaning' to behaviors in aNCD.

Objectives: LuBAIR™ paradigm is the first step in offering such a framework for understanding the 'purpose' and 'meaning' of behaviors in NCD. The 'meaning' ascribed to each behavioral category was used to guide the use of atypical antipsychotics in their management. De-prescribing was attempted on patients who qualified to enter this retrospective study. De-prescribing was defined as successful if individuals were completely withdrawn from AAP and remained off them for 60 days without the re-emergence of behaviors.

Methods: The data collected on the second occasion, in the successful and failed de-prescribed groups, were compared in this retrospective study. MANOVA, Chi-Square paired *t*-test statistical analyses were used to detect the differences in the behavioral categories between the two cohorts. Cohen d was used to measure effect size.

Results: Patients who did not have Mis-Identification and Goal-Directed Expressions were more likely to successfully de-prescribe: $X2\ (1, N = 40) = 29.119\ p < 0.0001$ and $X2\ (1, N = 40) = 32.374, p < 0.0001$, respectively. Alternatively, the same behavioral categories were more likely present in patients who failed de-prescribing: MANOVA and paired *t*-test ($p < 0.0001$). Atypical antipsychotics, in their role as an antipsychotic and mood stabilizer, may be used to manage Mis-Identification and Goal-Directed Expressions, respectively.

Conclusions: LuBAIR paradigm has the potential to guide the development of specific behavioral care plans and the use of AAP in managing individual behavioral categories. AAP use can be justified for managing Misidentification and Goal-Directed Expressions. Vocal expressions may warrant the use of AAP, pending further study. The LuBAIR paradigm offers guidance for de-prescribing AAP for all other behavioral categories in the LuBAIR Inventory. This study is also a preliminary step in validating the psychological theories used to support the individual categories. This workshop will educate the participants on the LuBAIR paradigm and its application in developing person-centered interventions for behaviors in a NCD.

Disclosure of Interest: None Declared

O0059

A thematic analysis of the introduction of smart-hub technology to a rural Psychiatry of Old Age Service during Covid-19 lockdowns.

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Introduction: The use of smart technology in supporting older adults is a growing field of research. However, there is little qualitative research on the experiences of patients utilizing this technology, particularly those attending psychiatry services.
Objectives: To explore the experiences of staff and patients utilizing smart-hubs implemented during the Covid-19 pandemic to provide remote audio/visual communication and smart AI personal assistant technology for the management of patients in a rural Psychiatry of Old Age service.
Methods: Smart hubs were installed in patient homes and in the Psychiatry of Old Age base during the Covid-19 pandemic when lockdown restrictions limited in-person service provision. Patients and staff utilized the smart hubs for its assistive technology and to engage with each other. Semi-structured qualitative interviews were conducted of 10 staff and 15 patients at 6-12 months following the introduction of the smart hubs and thematic analysis was conducted to generate themes.
Results: Three themes were generated from the thematic analysis: 1) Openness to SMART hub technology, 2) Getting set-up and 3) Keeping SMART. The majority of participants did not have much experience using smart technology prior to the intervention. However, many participants reported that they would be comfortable using technology. The Covid-19 pandemic contributed to the rapid adoption of this intervention within the service with mixed views regarding the smart hub prior to implementation. The role of key individuals such as staff and family was highlighted in supporting older persons with setting-up the smart hub. Technical needs included the need for a strong internet connection and technical limitations were driven by privacy, cost and regional considerations. Many patients were able to utilize the smart hub independently to access interests, therapeutic activities and as a memory aid. The smart hub offered a novel way to connect to services and families and was also seen as a companion by some patients and staff to help address loneliness and isolation. The majority of participants found the use of smart hubs acceptable and were willing to utilize the smart hub in the future as an adjunct to face to face psychiatric interventions. However, suggestions for future use included the need for additional training as users felt that there was more they could do with the smart hub, continued support to manage any challenges and improved information leaflets to better engage users.
Conclusions: Smart hub technology offers an alternate means of providing remote and inclusive psychiatric care to older patients unable to access services in person and at risk of deterioration without intervention in the community.

Disclosure of Interest: None Declared

O0060

Temporal Dynamics of Depressive Symptoms and Cognitive Decline in the Oldest Old: Dynamic Time Warp analysis of the Leiden 85-plus Study

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Introduction: The prevalence of depressive symptoms and cognitive decline increases with age, reducing quality of life. However, the temporal relationship between the two remains elusive.
Objectives: We aimed to explore the temporal relationship between depressive symptoms and cognitive decline in individuals aged 85 years, during up to 5 years follow-up.
Methods: Participants eligible for this study were selected from the Leiden 85-plus Study, who participated for at least 3 follow-up measurements. Depressive symptoms were assessed at baseline and at follow-up in a period of 6 yearly assessments, utilizing the 15-item Geriatric Depression Scale (GDS-15). Cognitive decline was measured through various tests including the Mini Mental State Exam (MMSE), Stroop Test, Letter Digit Coding Test, and immediate and delayed recall using the 12-word learning test. Dynamic Time Warping (DTW) analysis was employed to model their temporal dynamics, in undirected and directed analysis, to ascertain whether depressive symptoms precede cognitive decline, or vice versa.
Results: The study included a total of 325 (54.2%) of 599 patients, of whom 68.0% were female, 45.0% with intermediate to higher education, and all aged 85 years. Depressive symptoms and cognitive functioning significantly covaried in time, and directed analyses showed that depressive symptoms preceded most of the parameters of cognitive decline in the oldest old. Of the 15 GDS