

**Conclusions:** This work provides full characterization of mirtazapine safety in older people, which may help healthcare providers better anticipate, prevent and manage adverse events in this population.

### **P27: Suicide in Chilean elderly and deconfinement policies.**

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**Objectives:** Describe the relationship between suicide rates and deconfinement government policies in Chilean elderly.

**Methods:** Information on elderly deaths by suicide during de 2021–2023 period was taken from the Health Statistical Information Department of Chile (open access). Suicide rates were calculated, and monthly basis trends built. Government quarantine- deconfinement measures were reviewed for describing the relationship between policies and suicide rates.

**Results:** In the three-year period analyzed, suicide rates increased from 9.1 per 100,000 inhabitants to 11.4% during 2022 and decreased during 2023 to 10 per 100,000 inhabitants. Monthly suicide rates by each year are shown in Figure 1.

**Conclusions:** Between 2021–2023, the highest suicide rates occurred in 2022. When analyzing the trend on a monthly basis, it can be seen that there might be a relation with government quarantine-deconfinement measures. The most restrictive ones (March–June) seemed associated with the lowest rates. On the contrary, lower social restrictions (July and November) increased the deaths by suicide in the elderly.

### **P28: Exploring Attitudes towards Sexuality and Their Impact on Sexual Satisfaction among Older Adults in a Psychogeriatric Clinic in Mexico City**

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**Summary:** Sexuality, often one of the least understood aspects of human behavior, encounters numerous prejudices, particularly in Latin American countries characterized by a repressive and machismo-infused education influenced by religious values, such as Catholicism. This cultural backdrop places women at a distinct disadvantage. According to the World Health Organization (WHO), sexuality encompasses various dimensions including sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Attitudes toward sexuality are shaped by past experiences, including affective, cognitive, and behavioral aspects. Societal norms for sexual activity, in the context of older adults have changed significantly. Research emphasizes the crucial role of sexual satisfaction in older adults' overall health. The interaction of sexuality, communication, and relationship conflicts directly affects partnership satisfaction and well-being. Lack of sexual satisfaction is linked to emotional distress and physical issues, highlighting the need for medical attention and overcoming reluctance to seek help. These findings emphasize the complexity of older adults' sexuality and the importance of a comprehensive approach considering social, cultural, and gender factors.

**Objectives:** To understand the attitudes of older adults receiving care at a Psychogeriatric clinic and to contrast them with the degree of sexual satisfaction they experience.

**Methods:** An observational, prospective, cross-sectional, descriptive, and non-comparative study was carried out to explore the attitudes of older adults with psychiatric comorbidities receiving care at a specialized clinic in Mexico City. Two questionnaires were employed to investigate biases and attitudes regarding the practice of sexuality, as well as satisfaction with their life and sexual expression: the Questionnaire of Attitudes towards Sexuality in Old Age and the Sexual Satisfaction Inventory, respectively.

**Results:** Participants were recruited from the Psychogeriatrics clinic of the National Institute of Psychiatry ( $n = 52$ ). The average age of participants was  $69.4 \pm 6.4$  years, with an average of  $10.4 \pm 5.1$  years of education. Two questionnaires were utilized to assess attitudes and sexual satisfaction (Questionnaire of Attitudes Towards Sexuality in Old Age and the Sexual Satisfaction Inventory, respectively).

A statistically significant difference was found in sexual satisfaction between men and women. Men exhibited higher levels of overall sexual satisfaction ( $X^{\bar{}} = 109.2$ , S.D. = 25.0) compared to women ( $X^{\bar{}} = 87.0$ , S.D. = 35.7), with  $W = 424$ ,  $p = 0.01$ . Women tended to harbor more negative attitudes ( $X^{\bar{}} = 15.5$ , S.D. = 6.8) towards sexuality than men ( $X^{\bar{}} = 19.5$ , S.D. = 6.6), with  $W = 399$  and  $p = 0.01$ .

The correlation between sexual satisfaction and attitudes towards sexuality in older adults was analyzed using the Spearman correlation coefficient. A result of  $-0.1$  was obtained, indicating a weak and negative correlation between the two variables evaluated ( $p = 0.5$ ).

A linear regression analysis was conducted using the sexual satisfaction score (dependent variable), attitudes score (independent), and sex as a dichotomous independent factor (male or female). The contribution of sex to the model was statistically significant ( $p = 0.01$ ), with an expected Sexual Satisfaction Inventory score 26.5 points lower in women compared to men. The proposed model accounted for approximately 14.0% of the variability.

**Conclusions:** Despite not finding a correlation between attitudes and sexual satisfaction, the gender disparities in satisfaction levels indicate that attitudes may exert differential influence on men and women. These findings underscore the significance of integrating the gender dimension when addressing sexual satisfaction in older adults. Moreover, there appears to be a restricted perspective on individual sexuality, emphasizing the imperative to overcome cultural and religious stigmas that could impact the mental health and sexual well-being of this demographic.

## **P29: Anti-dementia drugs and Repetitive Transcranial Magnetic Stimulation in neurocognitive disorders**

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**Objectives:** The Objectives of this study is to demonstrate the response of patients with neurocognitive disorders to a combination of antedementia drugs and repetitive transcranial magnetic stimulation (rTMS).

**Methods:** We conducted a descriptive and retrospective study with a sample of 13 geriatric patients, randomly selected from the private psychogeriatric clinic at the Nina Institute of Clinical Neurosciences in Santo Domingo. These patients were presented with various neurocognitive disorders: 3 with mild cognitive impairment, 3 with Alzheimer's dementia, 2 with vascular dementia, and 5 with mixed dementia. All patients signed an informed consent form. Prior to starting rTMS treatment, they underwent EEG, laboratory analysis, and neuropsychological