FC43: Particularities of late-life psychosis: from epidemiology to treatment option

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Objective: Psychotic disorders are not infrequent in late life and involve massive costs to society, affecting individuals and their caregivers. The epidemiology of late-life psychosis remains imprecise and despite its high prevalence, it remains a diagnostic and treatment dilemma. The aim of this article is to review the current literature regarding late-onset psychosis and whether it is recognized as a clinical entity on itself, differing from early-onset psychosis.

Methods: Review of the most recent literature regarding late-onset psychosis its clinical and epidemiological particularities. The research was carried out through the PubMed and UptoDate databases, using the terms “late-onset psychosis”, “late-life psychosis”, “dementia” and “elderly”.

Results: Late-life psychotic disorders may originate in an intricate interaction between several biological, psychological, social, and environmental factors. These may include functional status, other physical diseases, hospitalizations, physical activity, and stability of care. Some authors refer that older age, and the presence of suicidal ideation were associated with incident late-life psychosis. Assuming the significant load associated with psychotic disorders in late life, their assessment should identify the potential causes and distinguish predictive factors. Treatment should include a combination of nonpharmacological approaches and psychotropic medications, used cautiously.

Conclusion: Late-life psychosis differs from early-onset psychosis on several characteristics. The treatment must be directed towards the cause and adapted to each individual. Non-pharmacologic interventions are frequently used as first line treatment, and pharmacotherapy must be used carefully. The crescent number of senior population must alert to this entity and the specificity of its approach.

FC44: Prevalence of mental health outcomes and the impact of sex and mood or cognitive comorbidity in older adults during the COVID-19 pandemic

Authors: Linda Mah, Benoit Mulsant, Tarek Rajji, Nicolaas Paul Verhoeff, Nathan Herrmann

Introduction: Older adults are at greater risk for developing severe illness from SARS-COV2 infection and may be more vulnerable to negative mental health outcomes as a result of public health guidelines that increase social isolation. We assessed mental health outcomes in older adults with normal cognition (NC), past history of major depressive disorder (i.e., remitted; rMDD), or mild cognitive impairment (MCI) to determine the prevalence of

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depression, anxiety, general stress, and post-traumatic stress during the COVID-19 pandemic and the impact of diagnosis and sex.

Methods: The sample included 108 older adults (37 males, mean age=72.1 years): 71 older adults with normal cognition (NC) based on normal neuropsychological test performance and no psychiatric history, 21 rMDD participants based on DSM5 criteria, and 16 MCI participants based on NIA-AA criteria. Participants completed self-report measures of depression [Patient Health Questionnaire-9 (PHQ-9)], anxiety [Patient-Reported Outcomes Measurement Information System (PROMIS)], general stress [Perceived Stress Scale (PSS)] and post-traumatic stress [Impact of Events Scale Revised (IES-R)] through video- or teleconferencing. Prevalence rates of clinically significant psychiatric symptoms were expressed as the percentage of participants with total scores that exceed the normal cut-offs. Separate MANOVAs were used to examine the effects of diagnosis and sex. Non-normally distributed data (PHQ-9 and PROMIS total scores) were rank-transformed.

Results: Approximately 1/3rd of participants endorsed clinically significant symptoms based on scores exceeding the cut-off for normal: 33.7% on PHQ-9, 31.3% on PROMIS-Anxiety, 35.5% on PSS, 38.3% on IES-R. rMDD participants scored higher on all measures compared to NC participants (p's < .005) while MCI participants scored higher on the PSS compared to NC (p=.035). Women scored higher on all measures compared to men.

Conclusions: These rates of approximately 1/3rd reporting clinically significant symptoms of depression, anxiety, general stress, and post-traumatic stress are higher than those described in population surveys of older adults but are comparable to prevalence rates of psychiatric symptoms in the general adult population. The effects of diagnosis and sex indicate that older adults with previous depression or current MCI, as well as women overall, are particularly vulnerable to developing clinically significant psychiatric

FC45: Clinical profiles for motoric cognitive risk syndrome in rural-dwelling older adults: the MIND-China study

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Objective: Motoric cognitive risk syndrome (MCR), which is defined as a pre-dementia syndrome characterized by subjective cognitive complaints and slow gait in older individuals free of dementia and mobility disability, has

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