Protein misfolding and aggregation are pathological processes underlying neurodegeneration, as seen in dementia. This coupled with oxidative stress, disrupted ubiquitin-proteosome system and neuroinflammation may contribute to neuronal damage. Lewy body dementia (LBD) collectively refers to Parkinson's disease (PD), Parkinson-disease dementia and dementia with Lewy bodies (DLB) (Delenclos, Moussaud, & McLean, 2017). It is characterised by Lewy body (LB) deposits in the CNS, predominantly compromised of misfolded α-synuclein protein. Disease-modifying therapy (DMT) targets underlying protein misfolding and promotes LB clearance.

Objectives:

- To review international trial data on DMT safety, tolerability and efficacy in DLB.
- To consider molecular basis for protein misfolding and DMT in DLB.

Methods: Two international registries (ClinicalTrials.gov; EU clinical trials register) were consulted to identify agents being tested in completed, ongoing and recruiting trials. Both databases were searched by disease "Lewy body dementia" or "LBD" or "alpha-synuclein pathology" and study type "interventional" for phase I-III trials. Trials solely investigating diagnostic biomarkers, approved symptomatic DLB treatment or PD without dementia symptoms were excluded from final analysis.

Results: 11 trials were found studying DMTs for DLB. 10 out of the 11 trials were in phase II and one in phase I. The main agents investigated were tyrosine-kinase inhibitors (TKIs), phosphodiesterase-9 inhibitors, β-adrenergic agonists, and β-GCase chaperones. Primary and secondary outcome measures were "safety/tolerability of agent", "changes in cognitive function" or "changes in serum/CSF α-synuclein". Results from a phase I trial demonstrated a 3.85 and 3.5-point increase in mini-mental state examination scores at 6 months with nilotinib doses 300mg and 150mg, respectively (Pagan *et al.,* 2016). Slight reduction was observed in CSF/plasma α-synuclein levels. Phase II trials for bosutinib versus placebo showed no significant difference in cognitive function (Pagan *et al.,* 2022). Ambroxol trials, a β-GCase enzyme enhancing inhibitory chaperone, remain in recruiting stages but have proven drug tolerability. Data on CSF biomarker changes in DLB was unavailable.

Conclusions: Current understanding of protein misfolding in α-synucleinopathies suggests that a single DMT may be insufficient in mixed pathology. Cocktail therapy targeting various misfolded proteins may be necessary for a cure. DMTs have limited use as most patients are diagnosed with advanced DLB. Sensitive diagnostic biomarkers with high specificity are required for accurate DLB diagnosis in the prodromal phase, a critical window for protein misfolding reversal with DMT. TKI cardiotoxicity may also limit clinical use of this DMT, especially in the elderly.

Disclosure of Interest: None Declared

EPP683

Elderly patients in psychiatry: Evolution and social challenges after a first hospitalization at an advanced age

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Introduction: Due to longer life expectancies, improvements in psychiatry, and reduced stigma about mental health in Tunisia, we are seeing more elderly people hospitalized for the first time in our department. Caring for this group presents both social and clinical challenges. While we are getting better at handling the clinical aspects, we often forget the social factors, which are crucial for the progress, follow-up, and mental well-being of older patients. These social issues can also lead to relapses or new mental health problems in this population.

Objectives: Determine the evolution of elderly patients hospitalized for the first time in the psychiatric department.

Methods: This is a retrospective study. We examined the records of all patients aged over 65 who were admitted to the Avicenne Psychiatric Department at Razi Hospital from September 2022 to September 2024.

Results: A total of 22 patients were identified, including 16 men and 6 women. The average age of these patients was 68 years, with ages ranging from 64 to 80 years. The majority came from an urban background (81%). The educational level of our patients was primary at 19%, an university level at 34% and a secondary school education at 47%. Among our patients, 13% are still professionally active and 57% retired. The socioeconomic level of our patients was affluent in 42%, average in 34%, and low in 24%. Within our patient population, 61% were married, 24% divorced, 10% were single and 4% widow or widower. 23% of our patients were living alone and 77% were living with one or more family members. Concerning the diagnosis, we observed mental confusion caused by an organic pathology in 9%, a purely neurological cause of the disorder in 14% (dementia in 10% and Parkinson's disease in 4%), a depressive episode in 31%, a manic episode within the context of bipolar disorder in 37%, and schizophrenia in 9%. During hospitalization, 27% of the patients experienced family rejection from their relatives. After leaving the hospital, a significant number of patients were lost to follow-up (63%), 22% had regular follow-up and 13% attended appointments irregularly.

Conclusions: This study shows that more elderly patients are being hospitalized for the first time in psychiatry. Many face social challenges, such as family rejection and losing contact after leaving the hospital.The creation of retirement homes and social support systems may be a solution to provide safe living and support for these patients, helping them stay healthy and connected after hospitalization.

Disclosure of Interest: None Declared

EPP685

The Effectiveness of Multi-Component Support Programs for Alzheimer's Caregivers on Burden: A Systematic Review and Meta-Analysis

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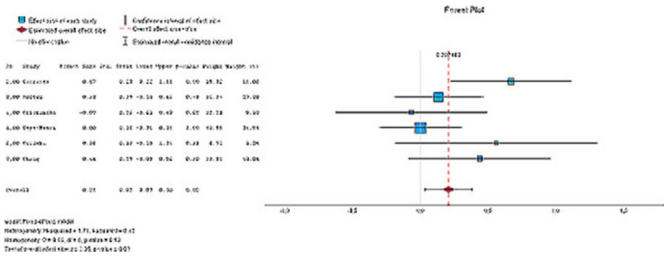
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Introduction: Alzheimer's disease, necessitates continuous, long-term care primarily provided by family members. As the disease progresses, caregivers experience increasing stress and burden. Research indicates that caregivers of Alzheimer's patients are at higher risk for depression, social isolation, and health problems. In order to help the caregivers, multi-component support programs, which integrate approaches such as education, psychoeducation, and social support, have shown more positive outcomes. However, systematic reviews and meta-analyses examining the impact of these programs remain limited.

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Objectives: This systematic review and meta-analysis aimed to evaluate the effectiveness of multi-component support programs on the caregiver burden of individuals caring for Alzheimer's patients.
Methods: The research was conducted through searches in five databases (CENTRAL, CINAHL, PsycINFO, PubMed, WOS), focusing on randomized controlled trials that met the inclusion criteria. Two researchers independently evaluated the full texts, assessing risk of bias with the Cochrane 'Risk of Bias-2' tool and evidence quality using the GRADE tool. Participants included individuals aged 18 and older who were the primary caregivers for those diagnosed with Alzheimer's disease and had provided care for at least three months. The intervention included at least two types of support, such as skill training, education, counseling, or therapy. The primary outcome was caregiver burden.
Results: The review included 8 studies overall. Among the 1147 participants, only one study was web-based, while the other seven interventions were conducted face-to-face. The components of the interventions were mainly educational, supportive, and skill-building, with only one intervention including respite care. Overall risk of bias assessment recorded one study with high risk, four with unclear risk, and one with low risk. The effect sizes of the interventions were calculated based on the means and standard deviations of caregiver burden scores before and after the intervention, as well as follow-up measurements. The multi-component intervention programs were found to have an uncertain short-term effect (Cohen's d = 0.12; 95% CI: -0.06 - 0.29; p = 0.39) but were effective in the long term (Cohen's d = 0.21; 95% CI: 0.03 - 0.38; p = 0.02). The certainty of evidence for caregiver burden outcomes was determined to be low before the intervention and follow-up, and very low from pre-intervention to post-intervention measurements. The data is current as of 12/12/2023.

Image 1:



Conclusions: Multi-component support programs are effective in reducing caregiver burden for Alzheimer's caregivers in the long term; however, more high-quality studies are needed to confirm this effectiveness.

Disclosure of Interest: None Declared

EPP686

Sexuality in the Elderly: Challenges and Opportunities

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Introduction: Sexuality in the elderly has become an increasingly important topic in healthcare as the global population continues to age, raising new challenges and considerations related to the quality of life and well-being of older adults.
Objectives: This work aims to explore the barriers faced by the elderly regarding sexuality and propose strategies for promoting healthy and fulfilling sexuality at this stage of life.
Methods: A narrative review was employed on the topic, aiming to broadly and exploratorily understand the main aspects related to sexuality in the elderly population.
Results: Recent studies suggest that sexual activity can remain an important part of life for older individuals, positively influencing both mental and physical health. The main obstacles to healthy sexuality in old age can be broadly categorized into physiological, psychological, and sociocultural factors. **Physiological changes** include a natural decline in hormone levels, such as estrogen in women and testosterone in men, leading to reduced libido, vaginal dryness, and erectile dysfunction. Chronic illnesses like cardiovascular disease, diabetes, and arthritis, along with medications for these conditions, can further impact sexual function. **Psychological factors**, such as anxiety, depression, and reduced self-esteem due to aging-related body changes, also play a significant role in diminishing sexual desire and activity. **Sociocultural factors** include long-standing societal taboos around older adults and sexuality, which can lead to embarrassment, reluctance to discuss sexual health issues, and feelings of shame. Healthcare professionals can adopt several strategies to improve sexuality in aging such as o**pen communication.** Regular sexual health assessments should be integrated into routine care, including questions about sexual function, relationship satisfaction, and any challenges faced. **Medical interventions**, such as hormone replacement therapy or treatments for erectile dysfunction can address physiological barriers. **Psychosocial support** can improve communication, body image issues, and mental health factors like anxiety or depression that often accompany aging.
Conclusions: The approach to sexuality in the elderly should be multifaceted, integrating biopsychosocial perspectives, with an emphasis on promoting sexual education and providing appropriate treatments that address individual challenges. Healthcare professionals shouldadopt a welcoming and open attitude, encouraging dialogue on this topic to improve the quality of life of older adults.

Disclosure of Interest: None Declared

EPP687

Cluster analysis of aging and sexual well-being: Insights from Portuguese and Spanish older adults

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Introduction: Aging well in a cross-cultural perspective may encompass pertinent challenges in terms of adjustment, sexual well-being and satisfaction with life in the late years.
Objectives: Considering the paucity of empirical data concerning cultural diversity of experiencing aging, this study aims to help fill this gap by assessing the specific patterns of sexual satisfaction,