propranolol was increased to 80 mg/day, and lorazepam was tapered and discontinued. During the follow up with this treatment, there was an improvement in her restlessness and anxiety symptoms, but her memory problems were persistent.
Conclusions: Frontotemporal dementia may overlap and be confused with other psychiatric disorders. Therefore, a comprehensive history, physical and neurological examination are required to differentiate each clinical entity (Khan I, De Jesus O. (2023).Frontotemporal Lobe Dementia. In: StatPearls). Additionally, the use of functional neuroimaging, such as 18F-FDG PET/MRI, enables the different distribution of pathology in dementing disorders to be highlighted, as can be seen in our case. This case report highlights the importance of re-evaluating patients with psychiatric diseases, especially when symptoms are resistant to treatment.

Disclosure of Interest: None Declared

EPV1175

Lyme neuroborreliosis presenting as rapidly progressive dementia - a case report

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Introduction: Lyme borreliosis is one of the most common vector diseases transmitted by tick bites; it is caused by Borrelia burgdorferi. Mostly it manifests on the skin, in the nervous system or joints. It involves the nervous system in 10-15% of cases, of which 2-4 % affect the central nervous system. The most common manifestation is encephalitis, which has a diverse clinical picture.
Objectives: We aim to describe a rare case and discuss the diagnostic challenges of a rapidly progressive disease.
Methods: A detailed description of the patient based on our interview and clinical findings, including blood work, imaging, microbiological testing, lumbar puncture, and treatment.
Results: A 67-year old female patient came to the psychiatric emergency room in March 2024, because of persistent anxiety and unexplained somatic disorders, including weight loss, tremor and unstable gait, which began a few months ago. She had some somatic diagnostic procedures done, with no abnormal findings. 2 weeks before being admitted she was sent to the emergency neurological unit because of fatigue and tremor. They excluded focal neurological signs and concluded that she had an adjustment disorder and suggested psychiatric treatment. In March 2024 she was admitted to the geriatric psychiatry ward, where at first our main differential diagnosis was pseudodementia. In the next few days her condition worsened. She appeared psychotic, with ideas of persecution and reference. On the psychological exam she had moderate cognitive decline with a focus on impaired attention, memory and executive systems, misinterpretations of past and current events, misidentifications of people and possible complex visual hallucinations. At that time we suspected she might have prolonged delirium. Because of an uncommon clinical picture, we pursued further diagnostics. The lumbar puncture showed cerebral spinal fluid (CSF) pleocytosis, which confirmed the diagnosis of encephalitis. Blood tested for multiple infectious causes was positive for Lyme borreliosis. The brain CT scan showed an inflammatory or infiltrative process in both cerebral hemispheres. We then transferred her to the infectious disease clinic where she had a brain MRI with contrast and her CSF was tested for Borrelia and other possible causes. On the MRI they suspected she had rhombencephalitis with leptomeningitis. After the diagnosis of neuroborreliosis was confirmed, she received a 4-week parenteral treatment with ceftriaxone. Two months after completing the treatment she has fully recovered.
Conclusions: When faced with a patient with rapidly progressive dementia a wider range of possible diagnoses has to be considered. We have to be aware of the importance of recognising the cause of the disease sooner, as the patient may have a treatable condition.

Disclosure of Interest: None Declared

EPV1176

Older LGBTQIA+ adults: Analyzing shame and double stigmatization

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Introduction: Discriminatory and abusive behaviors may strongly affect older LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more) adults, and poorer health is linked to discriminating practices. Shame is associated with ageism and sexual orientation-based discrimination and may be a significant impediment to aging well by undermining older adults' sense of agency, health, and well-being. However, little is still known about older LGBTQIA+ adults who encounter double stigmatization.
Objectives: This study aims to explore the dimensions of shame and double stigmatization of older LGBTQIA+ adults.
Methods: The significant psychological challenges and relevant themes experienced by older LGBTQIA+ adults, as related to shame and double stigmatization, were illustrated by semi-structured interviews with 329 older adults in a qualitative study through content analysis.
Results: The results highlight four themes of shame and double stigmatization among older LGBTQIA+ adults, encompassing (1) ageism (86.5%), (2) sexual orientation-based discrimination (81.1%), (3) stereotyping (76.8%), and (4) social exclusion (72.3%).
Conclusions: The study reveals the profound negative effects of shame and double stigmatization on older LGBTQIA+ adults, emphasizing the need for inclusive policies and interventions to address multiple forms of discrimination and promote equitable treatment in aging populations.
Keywords: Shame; Ageism; double stigmatization; LGBTQIA+; multiple discrimination; older adults.

Disclosure of Interest: None Declared

EPV1177

Pets, intimacy, and mental health: A study with older couples

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