EPV1172

Socioeconomic Status and Psychosomatic Health in Older Adults: Evidence from the Greek Population

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Introduction: Previous research suggests that individuals with lower socioeconomic status are frequently exposed to more health risks and emotionally stressful conditions compared to those with higher status. There is a clear link between income and poor quality of life, with disadvantaged older adults lacking key resources. This study explores the relationship between the economic profile of older individuals and their psychosomatic health within the Greek population. It continues a previous investigation on the impact of socioeconomic status on health, offering a deeper understanding of long-term effects.

Objectives: This study investigates how socioeconomic status affects the physical and mental health of older adults in Greece, focusing on income levels' influence on health quality and disparities in health outcomes.

Methods: This cross-sectional study was conducted among 516 Greek participants (214 men, 302 women, average age 73.47 ± 7.72). The participants' average monthly income was €796.72 ± 621.82 (p=0.002). Psychosomatic health was evaluated using the Other As Shamer Scale (OAS), Experience of Shame Scale (ESS), and Cardiac Anxiety Questionnaire (CAQ). A one-way MANOVA analyzed the impact of income on health quality, focusing on both physical and mental health using the 36-Item Short Form Health Survey (SF-36).

Results: Our findings revealed that individuals with a monthly income above €1,500 reported significantly higher quality of life scores. In contrast, those with lower economic profiles exhibited increased levels of shame (measured by OAS and ESS), anxiety about their heart health (measured by CAQ), and a tendency to somatize stress. The analysis indicated that for every additional €100 of monthly income, physical health quality increased by 4.4 points on the SF-36 Physical Health Scale, and mental health quality improved by 2.9 points on the SF-36 Mental Health Scale. These results underscore the statistically significant impact of monthly income on overall physical and mental health scores.

Conclusions: The study highlights a strong link between lower economic status and poorer physical and mental health among older Greek adults. Addressing these effects requires political and societal efforts, with mental health policies that focus on economically vulnerable populations to mitigate the health impacts of low income and improve overall well-being.

Disclosure of Interest: None Declared

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AI in Personalized Learning for Older Adults and Intergenerational Engagement: A Systematic Review

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Introduction: Artificial Intelligence (AI) is increasingly recognized as a powerful tool for customizing learning experiences, fundamentally transforming traditional teaching methods.

Objectives: This systematic review aims to evaluate and synthesize current research on AI learning tools and their role in enhancing educational experiences for older adults, as well as in promoting intergenerational learning and engagement.

Methods: Following PRISMA guidelines, a comprehensive review of both quantitative and qualitative data was conducted. Electronic databases such as PubMed, Scopus, and ERIC were searched up to October 20, 2024. The reference lists of included studies and relevant review articles were also thoroughly examined. The quality of the eligible studies was assessed using the Mixed Methods Appraisal Tool (MMAT).

Results: Nine studies met the inclusion criteria. Findings indicate that personalized education for older adults can be delivered through various approaches, including interactive, user-friendly learning environments, training via virtual conversation agents and digital assistants, and automatic adjustments of pace and content to meet user needs (Figure 1). These approaches also facilitate and promote intergenerational learning (Figure 2).

Image:

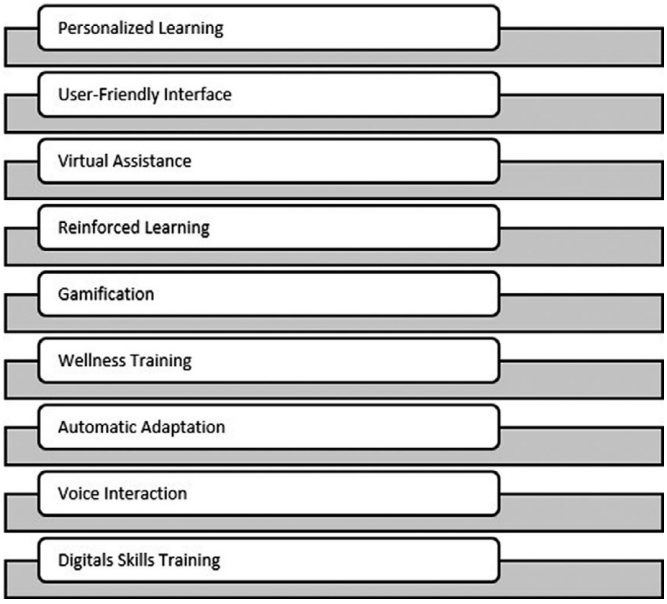


Image 2:



Conclusions: Personalized education through artificial intelligence can significantly enhance older adults' quality of life by promoting autonomy, expanding knowledge, supporting psychosocial well-being, and fostering intergenerational connections.

Disclosure of Interest: None Declared

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The Mediating Role of Loneliness in the Association Between Oral Health and Mental Health in Older Adults

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Introduction: Loneliness is widely recognized as a significant risk factor for psychosomatic issues in older adults, potentially impacting various aspects of health, including oral health.
Objectives: This study aims to investigate the relationship between loneliness and oral health in older adults.
Methods: This cross-sectional study was conducted with a sample of 84 older adults (41 females and 42 males), aged between 65 and 94 years (mean age: 74.1 years, SD = 8.1). Participants completed a sociodemographic questionnaire, the 12-item Geriatric Oral Health Assessment Index (GOHAI), and the Emotional and Social Loneliness Scale. Multivariate analysis was used to assess the impact of loneliness on oral health outcomes.
Results: The analysis revealed that emotional and social loneliness had a significant negative impact on oral health. Furthermore, the overall loneliness score was strongly associated with poorer oral health quality, independent of marital status or the presence of children. In other words, the relationship between loneliness and oral health was not moderated by these demographic factors.
Conclusions: As loneliness increases in older adults, their susceptibility to poor oral health rises, which can have significant implications for their psychological well-being. This study underscores the need to consider oral health as an integral component of overall well-being, particularly in the context of mental health in older populations.

Disclosure of Interest: None Declared

EPV1174

Differential diagnosis of restlessness in a middle-aged woman from akathisia to frontotemporal dementia: A Case Presentation

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Introduction: Frontotemporal dementia (FTD) is the second most common cause of early-onset dementia and is clinically characterised by progressive behavioural changes, executive dysfunction and language difficulties. FTD is often confused with Alzheimer's disease and other psychiatric disorders. Clinical features of FTD include personality changes, agitation, loss of inhibition, apathy, social withdrawal and impulsivity. In some cases, the disease is accompanied by mood or psychotic symptoms, resulting in the diagnosis of an additional psychiatric disorder. (Gliebus G. (2014). *SAGE open medical case reports*,*2*, 2050313X13519977.). This article presents the case of a middle-aged woman who was diagnosed with an anxiety spectrum disorder before developing and being diagnosed with FTD.
Objectives: A 57-years-old right handed female with previous history of anxiety disorder admitted to psychiatry clinic with restlessness, decreased sleep, and complain of constant non-purpose walking. Physical examination revealed bradymimia and grabellar reflex. Additionally in her psychiatric evaluation she had short-term memory impairment, disinhibition and verbal perseverations. She had been given multiple combinations of medications by outpatient providers and her restlessness only increased. At the time of admission she was taking mirtazapine,olanzapine and clonazepam. The initial impression was that she had akathisia, and her medications were tapered. She was then started on propanolol and lorazepam. After several days her symptoms had not changed.
Methods: In routine biochemical and hematological tests, electroencephalogram (EEG) were within normal limits. 18F-FDG PET/MRI revealed hypometabolism in the bilateral temporal-frontoparietal region, more pronounced in the frontal region which is consistent with FTD.
Results: Trazodone was started to control behavioural symptoms and the dose was gradually increased to 150 mg/day. The dose of