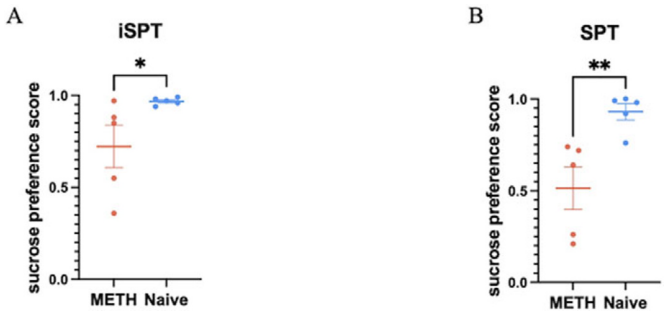
Image 3:



Conclusions: These results show reductions in natural reward consumption during long-term methamphetamine abstinence.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry

EPP148

Alzheimer's disease and architectural topologies of residential care facilities

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Introduction: It is now well established that the architectural design of residential care facilities for people with cognitive decline must meet both the specific needs of patients and the requirements of the nursing staff. For patients with Alzheimer's disease (AD), a new residential typology has emerged over the past 40 years, based on person-centered care and shaped by advances in neuroscience, gerontology and environmental psychology.

Objectives: The objective of this study is to identify potential recommendations and reference models in architectural design for residential care facilities, with a particular focus on environments adapted to the needs of people with AD.

Methods: We conducted a comprehensive review of the scientific literature using the following keywords: Alzheimer's disease and architecture design.

Results: Our analysis confirms that residential environments designed specifically for people with AD must go far beyond mere functionality and aesthetics. We identified eight fundamental architectural features that, combined, improve the behavior, emotional well-being, and cognitive abilities of people with AD: small scale, simple domestic units, clear spatial organization, adapted sensory stimulation, safety, accessibility, environmental comfort (lighting and temperature), and technological integration. These architectural features align with international recommendations for dementia- and AD-friendly architecture. Guidelines from organizations such as the Alzheimer's Association (United States) and the Dementia Services Development Centre (DSDC) at the University of Stirling (Scotland) converge towards a typology based on: small-scale units that facilitate orientation and create a familial atmosphere; simple and secure circulation paths with looped routes and minimal decision points; sensory spaces and access to nature to stimulate the senses and promote emotional well-being; integration of safety measures without stigma, ensuring autonomy while preventing risks; spaces dedicated to social interaction and participation in daily activities; and the adaptation of environments to meet the needs of caregivers and families, fostering a comprehensive support system. In addition, the WHO advocates for "dementia-friendly" environments focused on maintaining autonomy, spatial orientation, and social integration, which corresponds closely to our typology centered on the cognitive and emotional needs of people with AD. Innovative models such as the Green House Project in the United States exemplify the effectiveness of organizing spaces as "houses within a house," promoting a familiar and warm atmosphere.

Conclusions: Designing residential environments for this population demands a holistic, multidisciplinary approach that prioritizes cognitive, emotional, and sensory needs, positioning architecture not necessarily as a container but as a therapeutic tool to enhance autonomy, well-being, and quality of life.

Disclosure of Interest: None Declared

EPP149

Towards a cyber-physical framework for crime prevention: An architect's Perspective

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Introduction: Architectural design plays an essential role in creating safe and inclusive urban environments. While the CPTED (Crime Prevention Through Environmental Designprinciples) provide fundamental strategies for crime prevention through environmental design, the rise of digital modeling platforms such as Building Information Modeling (BIM) and City Information Modeling (CIM) offers new opportunities to simulate and predict crime dynamics before implementation. The integration of behavioral data, in particular from psychiatric and social sciences, can further improve the understanding of territorial social behaviors, essential for an effective deterrence of crime.

Objectives: This study aims to propose a formalized interdisciplinary framework that integrates BIM, CIM, CPTED principles and behavioral information to allow architects to predict, evaluate and design crime-resilient environments. The objective is to establish a systematic approach to integrate physical, social and psychological factors into the architectural design process in order to optimize the safety and well-being of the community.

Methods: The development of the framework involves a literature review of CPTED, BIM, CIM and behavioral sciences models,

followed by a conceptual mapping of data flows and interactions. Hypothetical modeling scenarios show how architectural design parameters can be linked to agent-based social simulations and predictive analytics. The interdisciplinary collaboration between architects, urban planners and psychiatrists sheds light on the design of integrated workflows.
Results: The preliminary formalization reveals that the coupling of BIM /CIM data with CPTED strategies and psychosocial behavioral modeling allows an improved spatial analysis of risk areas, a better prediction of crime hotspots and optimized environmental interventions. The model supports iterative design changes based on simulated social dynamics and safety outcomes, suggesting an important potential of improvement in design efficiency compared to traditional CPTED-only approaches.
Conclusions: The integration of BIM, CIM and CPTED with psychiatric and social behavioral data offers architects a powerful data-driven tool to design safer and more adaptive urban environments. This formalized framework encourages multidisciplinary collaboration and provides a basis for future empirical validation and practical implementation in various urban contexts.

Disclosure of Interest: None Declared

EPP150

Psychosocial concerns regarding male HPV vaccination

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Introduction: The human papillomavirus (HPV) is a widespread sexually transmitted infection affecting both sexes, but vaccination rates for men remain significantly lower than for women. Despite the increasing inclusion of boys in national HPV vaccination programs, numerous psychosocial obstacles continue to hinder acceptance.
Objectives: This study explores the psychosocial concerns influencing the acceptance of the HPV vaccine in boys, young men, their parents and health care providers.
Methods: A comprehensive literature review was conducted using peer-reviewed studies from several countries and cultural contexts. The analysis focused on the knowledge levels, attitudes, beliefs and external influences of parents and healthcare providers. Socio-demographic, cultural and religious factors were also examined.
Results: The low level of awareness and knowledge of HPV in boys and young men contributes to poor uptake of the vaccine, many perceiving a low personal risk. Parents' misconceptions, such as HPV being a women-only concern or fears of promoting promiscuity-limit vaccination intention, despite generally favorable attitudes. Fathers are generally less informed than mothers, and cost is a constant obstacle in disadvantaged groups. Health professionals support the vaccination of men, but report difficulties in discussing sexual transmission and often prioritize girls in vaccination recommendations. Cultural and religious norms further shape attitudes, especially in communities where sexual health is taboo or abstinence is emphasized. Psychosocial concerns significantly affect HPV vaccination decisions in men. Increased education, culturally appropriate communication and stricter recommendations are essential to overcome these obstacles.
Conclusions: To increase HPV vaccination rates in men, strategies must address the psychosocial dimensions influencing acceptance. Targeted interventions that take into account knowledge gaps, gender norms, cultural sensitivities and health care dynamics are essential for equitable implementation of vaccines.

Disclosure of Interest: None Declared

EPP151

Architectural design as a catalyst for healthy aging: An overview of the NCT05031273 study

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Introduction: The global demographic aging presents urgent challenges for the design of environments that actively support health and well-being later in life. The NCT05031273 clinical trial, conducted by the University of Alberta, is a pioneering initiative that aims to determine if architecture, when intentionally designed to promote movement, nutrition and social connections, can directly influence the lifestyle and health outcomes of older adults.
Objectives: This study aims to present this clinicaltrial as a fundamental model demonstrating how architectural design can function as a form of health intervention for aging populations, and call for the development of similar interdisciplinary studies that unite medical and design expertise using clinicaltrials.gov.
Methods: Using a robust mixed-methods approach, the study combines objective data (accelerometers, GPS, environmental audits, etc.) with in-depth interviews to assess changes in behavior, health and perception after resettlement in housing for the elderly specially designed to promote health.
Results: The study aims to show that the architectural design itself-including walkable layouts, access to communal kitchens and green spaces, natural light and spatial configurations that encourage interaction, plays an essential role in enabling healthier routines. The built typology and characteristics are not simply passive backdrops, but active determinants of behavior, potentially leading to improved levels of physical activity, eating habits, mental wellbeing and social engagement.
Conclusions: This essay marks a turning point in research on aging: recognizing the built environment as a modifiable determinant of health. To translate this knowledge into broader design policies and practices, further trials are needed, based on a strong collaboration between architects, physicians, public health researchers and urban planners. Only through such integration we will be able to develop evidence-based, inclusive and adapted to the realities of aging housing typologies for the elderly.

Disclosure of Interest: None Declared

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