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Introduction: Charles Bonnet Syndrome (CBS) is characterized by the presence of complex visual hallucinations, such as objects or people, triggered by vision deprivation in the absence of cerebral, psychiatric, pharmacological, or systemic disorders. It is believed to result from brain escape phenomena due to cerebral deafferentation. Most affected patients are elderly individuals, although cases have also been described in various age groups. It occurs in 15% of individuals with visual loss, with a predominance in females around 80 years of age.
Objectives: This case aims to analyze the clinical presentation in a patient with a suspected diagnosis of Charles Bonnet Syndrome.
Methods: A thorough review of the literature on CBS and the psychiatric symptoms that could complicate its diagnosis has been carried out to support the presentation of the case.
Results: We present the case of an 84-year-old woman with a long history of psychiatric illness due to persistent depressive disorder was recently diagnosed with mild cognitive impairment. She has no ophthalmological history beyond age-related changes. She presented to the Emergency Department with visual hallucinations in the form of "famous television presenters," which she partially criticizes while being mostly aware of their unreality. The hallucinations are not accompanied by significant somatic anxiety or affective impact. Delirium, substance intoxication, or medications causing the symptoms have been ruled out. She is currently under follow-up to exclude other causes. No pharmacological treatment has been administered.
Conclusions: The diagnosis of CBS is made by exclusion and is particularly challenging, as hallucinatory episodes can vary in content, duration, and frequency, even within the same patient, necessitating a multidisciplinary approach involving neurologists, psychiatrists, and ophthalmologists to avoid misdiagnosis. Differential diagnosis should include conditions such as delirium, Lewy body dementia, toxic substance intoxication, Parkinson's disease, endocrine-metabolic disorders, and migrainous aura, among others. It is important to involve the family in managing the syndrome to reinforce the recognition of the unreality of the hallucinations in patients. Antipsychotic treatment may be effective only if the condition causes significant distress.

Disclosure of Interest: None Declared

EPV983

Manic episode, delusional disorder or dementia: due to a case

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Introduction: Elderly patients pose a challenge in clinical practice. These patients may present symptoms that can be due to age-related cognitive impairment or may be due to other pathologies such as late psychosis, delusional disorder or manic episode with psychotic symptoms. It is for this reason that it is important to perform complementary tests and make a good differential diagnosis, with the aim of early treatment and improve evolution and prognosis.
Objectives: The objective is to perform a literature review based on a case of an elderly patient.
Methods: To perform a literature review based on a case of an elderly patient.
Results: Case: 70-year-old woman who lives with her husband and has two daughters. Currently retired. The patient has been in psychiatric consultations for approximately 30 years with a diagnosis of recurrent depressive disorder and under sertraline treatment. She goes to the emergency room with her daughter, as they have noticed a change in her behaviour over the last few days. The daughter reports that she is expansive, irritable, aggressive, who says that the neighbors are envious and watch him, performs many activities, etc. She comments that before her mother was the opposite, whiny and unwilling to do anything. The patient reports that her neighbors are envious of her and want to annoy her with great emotional repercussion and that she is aggressive with her husband because they do not get along. Hospital admission for clinical stabilization.
Examination and complementary tests: A neuropsychological evaluation of cognitive impairment was carried out, which resulted in the onset of cognitive impairment. Test of the watch with alterations and MOCA 25/30.
Evolution: During hospitalization, the patient is initially more expansive, irritable towards the family and with ideas of prejudice and self-referential to neighbors. She also has memory failures. Treatment with oral risperidone is adjusted with good tolerance, after which delirium symptoms are remitting.
Conclusions: The onset of cognitive decline may be accompanied or preceded by delusional symptomatology. It is recommended to perform differential diagnosis with mania, delirious disorder or onset of cognitive decline. Treatment with risperidone or quetiapine is useful.

Disclosure of Interest: None Declared

EPV985

Feasibility of Pastel Nagomi Art for Older Adults with Psychiatric Disorders and Dementia

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Introduction: Art therapy has been shown to enhance emotional expression and self-expression in patients with schizophrenia and mood disorders, improving symptom management. In addition, art therapy for older adults with dementia can increase engagement and feasibility in activities. Pastel Nagomi Art, a Japanese pastel technique applied with fingers, requires no prior artistic experience or special tools. It is easy to learn, promotes relaxation and attention span, and results in attractive artwork that fosters a sense of accomplishment.
Objectives: This study explored the feasibility of Pastel Nagomi Art sessions for older adults with psychiatric disorders and dementia.

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