task. Visits 3 and 4 repeated this protocol. T-tests were used to compare results between groups and visits.
Results: For aim (i), a greater activation in the left caudate nucleus was observed in older adults compared to aMCI when contrasting remembered items with not remembered ones (SVC, cluster-level pFWE-corr = 0.08). A significant increase in activation was also found in the locus coeruleus (SVC, cluster-level pFWE-corr = 0.018). However, after adjusting for LC integrity and global grey matter volume (GMV), these differences were no longer significant, suggesting structural changes contribute to LC activation differences between healthy controls and MCI participants. For aim (ii), inhibitory control improved slightly but was not statistically significant, while delayed memory decreased during the atomoxetine visit compared to the placebo visit ($p<.05$).
Conclusions: Our findings highlight the caudate nucleus's role in memory encoding in healthy older adults versus those with aMCI, linking LC dysfunction in aMCI to reduced LC integrity. The lack of improvement in executive functions and decreased memory during the atomoxetine visit may stem from individual differences in aMCI. Studies suggest atomoxetine is more effective in patients with high apathy and reduced LC integrity. In future analyses we will stratify participants by apathy and LC integrity to explore atomoxetine's potential benefits. This study contributes to understanding neural mechanisms in aging and aMCI and informs personalized interventions for cognitive decline in AD.

Disclosure of Interest: None Declared

EPV1090

Initial Psychiatric Manifestations in Lewy Body Dementia: A Case Report

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Introduction: Lewy Body Dementia (LBD) is the second most common neurodegenerative disease, after Alzheimer's disease. Initial neuropsychiatric manifestations such as depression, delusions and hallucinations are frequently observed and sometimes make it difficult to diagnose the neurocognitive disorder underlying the symptoms, so it is important to perform a proper clinical examination, as the use of certain neuroleptics may worsen neurological symptoms.
Objectives: This case aims to investigate the psychiatric clinical features of Lewy body dementia from a clinical and therapeutic perspective.
Methods: A comprehensive search on psychiatric manifestations that may cover up dementia.
Results: 71-year-old female with depressive symptoms for the last 8 years. She is admitted to a psychiatric inpatient unit due to worsening of depressive symptoms despite correct adherence to treatment. Her psychiatric history includes a diagnosis of specific phobia, obsessive-compulsive disorder and depressive episodes with inhibitory symptomatology.
During her stay at the hospital, the patient is inhibited, perplexed and experiences feelings of embarrassment and guilt, along with persistent insomnia and poor response to different lines of treatment. Initially, there is notable intolerance to antipsychotics, resulting in worsening of motor and cognitive functions, as well as hypotension, using risperidone and olanzapine. After the withdrawal of treatment, the patient begins to exhibit delusional ideas and visual hallucinations, leading us to consider that she may be suffering from depression associated with an undiagnosed organic brain pathology. Clinical tests (MoCA,MMSE) reveals cognitive symptoms which, along with the motor symptoms, suggests a Parkinson's-dementia complex.
A PET-CT scan with fluorodeoxyglucose-F18 reveals severe hypometabolism in the left parietotemporal and prefrontal regions. These findings are consistent with LBD.
Treatment is initiated with rivastigmine and quetiapine. However, due to the presence of hypotension, quetiapine is replaced with clozapine 25 mg, resulting in a slight improvement in rest and affective responses to the psychotic symptoms.
Conclusions: This case illustrates how depression and psychotic symptoms can serve as early indicators of dementia, stemming from the loss of dopaminergic and acetylcholinergic pathways as part of the neurodegenerative process.
These patients may present with a range of cognitive, neuropsychiatric, sleep, motor, and autonomic symptoms. Depression is prevalent in approximately 28% of these patients. Currently, clinicians diagnose LBD based on the presence of core clinical features and indicative biomarkers. Treatment can be complicated by patients' sensitivity to certain medications, needing careful evaluation of potential side effects. Current guidelines recommend the use of antipsychotics such as quetiapine or clozapine at low doses, as these have a reduced risk of extrapyramidal effects.

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EPV1091

Home-based non-invasive brain stimulation for treatment-resistant depression

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Introduction: Depression is a prevalent disease and 30% of affected patients are resistant to pharmacological treatment. Home-Based

transcranial Direct Current Stimulation (HB-tDCS) has been proposed as a treatment option due to its low cost, minimal invasiveness, and scalability.
Objectives: We present preliminary results on safety, feasibility and efficacy of a remotely supervised HB-tDCS intervention in patients with treatment-resistant depression.
Methods: 7 patients (5 women, age =55.67 ± 6.93) underwent a psychiatric evaluation, pre and post stimulation, that included the Montgomery-Asberg Depression Rating Scale (MADRS), the Beck Depression Inventory (BDI), and the Quick Inventory of Depressive Symptomatology (QIDS). HB-tDCS intervention consisted of 42 daily sessions administered through the Sooma tDCS™ device by a patients' companion, trained by the research team. The anode was placed on the left prefrontal cortex, the cathode on the right prefrontal cortex, and 2mA current was delivered for 30 minutes. After each session participants fulfilled an on-line survey for monitoring safety and feasibility.
Results: 86.73% of the sessions were completed. Due to impedance 7.84% of the sessions could not start on the first attempt, while 7.45% of the session were temporarily interrupted. Adverse effects included headaches (9.67%), sensations under electrodes (24.89%), and scalp dryness (7.88%).
We observed a significant reduction in depressive symptomatology as measured by the MADRS (-33.56%; t=-7.99, p<0.001). All patients showed partial response (>25%), and two a relevant response (>50%).
Self-reported scales indicated a reduction in symptomatology (QIDS:-21.66; t=-3.139, p=0.010; BDI:-13.92%; t=-1.780, p=0.063).
Conclusions: In line with previous studies, these results indicate that HB-tDCS is a feasible, safe, and potentially effective intervention for treatment of resistant depression.

Disclosure of Interest: None Declared

EPV1092

Simultaneous G9a inhibition and histamine H3 receptor antagonism modulate autism-like behaviours and neuroinflammation in BTBR T+tf/J Mice

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Introduction: Autism Spectrum Disorder (ASD) is a complex neuropsychiatric disorder characterized by deficits in social interaction, anxiety and the presence of repetitive-ritualistic behaviours. Recent studies suggest that epigenetic mechanisms, such as histone methylation, play a crucial role in the etiology of ASD by regulating gene expression linked to neuronal differentiation and proliferation. The enzyme, G9a is responsible for histone H3K9 methylation, and its inhibition has shown promise in altering epigenetic pathways associated with ASD onset and progression. Similarly, histamine H3 receptor (H3R) has long been recognized as a potential therapeutic target for ASD treatment
Objectives: This study aimed to investigate the dual action of A-366, a potent G9a inhibitor with high and selective H3R antagonistic affinity, on the ASD-like behaviours and neuroinflammation of male BTBR T+tf/J mice model.
Methods: Male BTBR T+tf/J mice were housed under standard conditions and treated chronically with A-366 (0.5-2 mg/kg, i.p.) for 21 days. ASD-like behaviors were assessed using the Marble Burying Test, Nestlet Shredding Test, Self-Grooming Test, Spontaneous Alteration Test, Elevated Plus Maze, Light Dark Box, and Three-Chamber Test. Following behavioral testing, cerebellar and hippocampal brain tissues were analyzed using ELISA to quantify pro-inflammatory markers (TNF-α, TNF-β, IL-6, IL-1β, TGF-β) and immunohistochemistry for Iba-1 expression to evaluate neuroinflammation.
Results: A dose dependent decrease of repetitive and anxiety-like behaviours as well as amelioration in social deficits was observed in response to the chronic systemic treatment of A-366 (0.5-2 mg/kg, i.p.). Moreover, A-366 decreased neuroinflammation in cerebellar and hippocampal brain tissues of treated BTBR mice, as evidenced by the reduction in proinflammatory markers TNF-α, TNF-β, IL-6, IL-1β and TGF-β, as well as the decrease in Iba-1 expression.
Conclusions: This in vivo study demonstrates the potential therapeutic value of A-366 as a dual-targeting agent for G9a and H3Rs, with modulatory role on epigenetic, neuroinflammation, and brain histaminergic neurotransmission. Therefore, A-366 is expected to provide a lead template for future design and synthesis of a novel, potent and selective class of drugs to target ASD features.

Disclosure of Interest: None Declared

EPV1093

Quality of life in patients with pituitary tumors: features of diagnostics

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Introduction: The term "quality of life" is widely used in the world community, has an interdisciplinary concept that characterizes the effectiveness of all aspects of human life. But it should be understood that its main component is the psychological and psychiatric part, which is based on self-perception. And in this regard, it is obvious that the degree of quality of life of patients with pituitary tumors, manifested by a complex clinical picture, sometimes a multi-component treatment strategy, is important for understanding, diagnostics and correction.
Objectives: to assess and compare the degree of quality of life in patients with pituitary tumors.
Methods: 120 patients (18-79 years old) after surgery for diencephalic tumor, 2019-2022. The following scales were proposed: 1) assessment of the severity of cognitive impairment and social maladjustment - the Global Deterioration Rating (GDR) scale (stages 1 to 7, where 1 is no impairment/deficit); 2) assessment of the general condition of cancer patients - the Karnofsky index (from 0% to 100%, where 100% is normal condition, no