patients with PD, considering the patient's age and lack of response to standard therapeutic guidelines. Clozapine, with a more favorable profile regarding motor effects, presents as the preferred option compared to other antipsychotics that may exacerbate parkinsonism.

Disclosure of Interest: None Declared

EPV1132

The role of humor in the psychosomatic health of older adults

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Introduction: Humor is widely recognized for its potential to improve psychosomatic health, enhancing both physical and mental well-being.

Objectives: To investigate the correlation between humor styles and psychosomatic health in older adults.

Methods: A cross-sectional study was conducted with 83 older adults (41 females, 42 males), aged 65 to 94 years (mean age: 74.1, SD = 8.1). Participants completed a sociodemographic questionnaire, the 32-item Humor Styles Questionnaire, and the 36-Item Short Form Survey (SF-36). Linear regression analysis was used to examine the relationship between humor styles and psychosomatic health outcomes.

Results: Self-Enhancing Humor. For Aggressive Humor, the mean was 22.7 (SD = 7.95), and for Self-Defeating Humor, 26.3 (SD = 8.70). The mean scores for Physical Health and Mental Health were 277 (SD = 84.5) and 272 (SD = 70.6), respectively. Self-Enhancing Humor had a significant positive effect on Mental Health (B = 3.458, SE = 0.893, $p < 0.001$), RF (B = 0.7659, SE = 0.375, p = 0.044), GH (B = 0.7113, SE = 0.234, p = 0.003), MH (B = 0.9711, SE = 0.228, $p < 0.001$), and SF (B = 0.7165, SE = 0.329, p = 0.033). Additionally, Self-Defeating Humor showed a significant negative effect on RE (B = -1.093, SE = 0.474, p = 0.024).

Conclusions: The findings suggest that positive humor styles, particularly Self-Enhancing Humor, are strongly associated with better psychosomatic health in older adults. Incorporating humor-based interventions could be a valuable approach to enhancing psychosomatic health in this population.

Disclosure of Interest: None Declared

EPV1133

Let's Talk About Potentially Modifiable Risk Factors for Dementia

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Introduction: Dementia is a syndrome usually chronic and progressive, in which cognitive deterioration occurs at a rate greater than what is expected due to natural aging. (WHO). Because it has a major impact on functional levels, dementia is a major cause of dependence and loss of autonomy in the elderly population.

As the population ages, the prevalence of dementia disorders is expected to increase over the years. This will lead to serious problems in the healthcare sector and social welfare. As populations age, the prevalence of dementia will increase, with the number of people with dementia worldwide expected to rise to 150 million by 2050. This group of neurocognitive disorders has multiple possible aetiologies, constituting a highly heterogeneous group. However, several studies within this area have been searching for and studying modifiable risk factors, to predict and reduce its incidence.

Objectives: The authors propose a review of the various modifiable risk factors involved in developing dementia syndromes.

Methods: Review of the existing literature about modifiable risk factors for dementia, using the keywords: dementia, modifiable risk factors, prevention. The results were selected taking into account the degree of relevance.

Results: Several studies argue that several modifiable risk factors may be involved in the development of dementia, from early to late life, such as less education, mental illnesses such as depression, hearing, and vision loss, high LDL cholesterol, and social isolation, among others.

Conclusions: Dementia has a significant mortality rate and is responsible for great disability and dependence in older populations. The implementation of global health measures, focusing on prevention and reducing risk factors, could be an important link in reducing the prevalence of dementia in the future.

Disclosure of Interest: None Declared

EPV1134

Emotions and perceptions of elderly patients during the care pathway in healthcare settings

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Introduction: The number of elderly people requiring social and health care support in the last years of life is constantly increasing. The consequence is a significant increase in the number of guests in assisted nursing homes. The elderly patient, collaborating with healthcare professionals, becomes the protagonist of the entire care process. The places and times of care, together with the lived experience and the emotions felt, are just some dimensions of humanization, dignity of care and dignified care. This recognition of the patient experience within the definition of quality of care is associated with better clinical outcomes and patient safety. Patient Reported Experience Measures (PREM) are psychometrically validated questionnaires returned directly by patients and aim to provide a standardized assessment of individual care experiences.