unspecified type of delusional disorder present in the spectrum of schizophrenia and other psychotic disorders This type of delusion, which can affect both sexes, may have numerous determinants to its genesis and may last decades to resolve.
Objectives: We aim to present a case and review of DP and its association with dementia/MND, hyperprolactinemia and galactorrhea.
Methods: Non-systematic literature review and case report, based on the search for titles and/or abstracts of articles that address both DP and dementia, and DP and hyperprolactinemia/galactorrhea, including articles published between 2010 and 2022 in English.
Results: A 71-year-old female patient was admitted to the Psychiatric unit due to a change in usual behavior in the past 6 months: insomnia, anterograde amnesia, delusions of ruin and persecutory and, for the past month, the belief of being pregnant with twins, supported by the galactorrhea she presented after starting Risperidone prescribed by her Family Doctor weeks prior. Shortly after admission, the patient also revealed hearing her fetuses' voices. DP vanished briefly after admission due to the combination between the change of Risperidone to Aripiprazole (a prolactin-sparing antipsychotic) and psychotherapy to help deconstruct the patient's cognitive misinterpretations. She was furthermore diagnosed with Alzheimer's disease and Memantine was started.
Conclusions: This patient, according to Bera et al. (Bera *et.al.* Indian J Psychol Med 2015;37:131-7) is part of the 28.6% of patients more than 50 years of age who present DP, 6.0% that report having twins and 8.3% that report hearing voices of their fetuses. No data was found correlating DP and MND directly. Hyperprolactinemia and its consequent galactorrhea represent one of the many explanations behind DP, especially in suggestible demented patients that easily misinterpret somatic sensations, in which delusional thoughts are frequent and contribute to the morbidity.

Disclosure of Interest: None Declared

EPV0678

ANTIPSYCHOTICS IN ELDERLY PEOPLE:TO PRESCRIBE OR TO BAN ?

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doi: 10.1192/j.eurpsy.2023.1991

Introduction: The prescription of psychotropic drugs is a major health problem , especially in the elderly. In fact, many studies highlight the misuse of psychotropic drugs and in particular the over-prescription of antipsychotics in the elderly which would be deleterious and not indicated.
Objectives: To evaluate the prescription of antipsychotics in hospitalized elderly people in a psychiatric environment and to compare them with data from the literature.
Methods: This is a retrospective descriptive study of patients aged over 65, hospitalized in the psychiatry department between January 2017 and December 2021 and who received first- or second-generation antipsychotic treatment during their hospitalization.
Results: Our sample consisted of 20 patients. More than half of our sample (55%, N=11) had at least one somatic history. More than 20% of subjects, was polymedicated; and for only one patient, the ECG showed an elongation of the space QT counter indicating the use of antipsychotics. The most common diagnosis found was schizophrenia with a rate of 35%,followed by paranoia (20%), and chronic hallucinatory psychosis (15%). More than a quarter of our sample (30%, N=6) received antipsychotic treatment of first generation (AP1G), 10 patients (50%) received antipsychotic treatment of second generation(AP2G) and three patients (15%) received a combination of AP1G and AP2G. More than a quarter of our patients (30%, N=6) reported adverse effects due to neuroleptic treatment.
Conclusions: The results of our study highlighted different indications for which an antipsychotic treatment was prescribed for an elderly person despite a ground often flawed, polymedicated and where the undesirable effects are superimposed.

Disclosure of Interest: None Declared

EPV0679

Delirious Mania in an elderly person?: a case report.

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doi: 10.1192/j.eurpsy.2023.1992

Introduction: Delirious mania is a potentially fatal neuropsychiatric syndrome of unknown etiology often characterized by the acute onset of delirium, symptoms of mania, and psychosis. The presentation is often punctuated by catatonia.
Delirious mania may constitute up to 15% of all acute mania cases. When delirious mania is unrecognized or improperly treated, it can progress rapidly in severity and can become life-threatening.
Despite being relatively prevalent, literature on delirious mania is sparse, and there are no formal diagnostic criteria or treatment guidelines.
Objectives: Review delirious mania as an entity, its symptoms, type of patient and treatment.
Methods: Presentation of a patient's case and review of existing literature regarding delirious mania and its characteristics.
Results: In delirious mania symptoms present abruptly, within hours. Symptomatology varies from psychotic (hallucinations, delusions…), maniac (agitation, dysphoria…) and altered sensorium (desorientation, fluctuation of symptoms…). A differential diagnosis has to be done, as well as discarding an organic origin, which in the end, as illustrated in this case, was the etiology of the symptomatology in this patient.
Conclusions: Delirious mania is a clinical entity very underdiagnosed given that patients exhibit an array of different symptoms, making diagnosis very challenging for professionals. It should always be considered in differential diagnosis when these symptoms are present, especially in elderly people, given that early treatment is key. However, discarding an orgnanic origin should always be the first thing to do in clinical practice.

Disclosure of Interest: None Declared