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Introduction: Frontotemporal dementia (FTD) is common in presenile population. The overlapping symptoms with other psychiatric disorders can lead to wrong/late diagnosis which cause delays/difficulties regarding case-management. Especially, long-standing and/or late-onset depression can descriptively envelop bvFTD (behavioral-variant) and leads to unnecessary treatments and increased distress. It's important to implement a descriptive diagnostic algorithm which will help clinicians to distinguish the phenomenology of these disorders.

Objectives: This presentation aims to call attention of the clinicians/researchers to an elaborated effort concerning differential diagnosis of two common disorders with overlapping features through a case-study of a 59-year-old male patient.

Methods: One case from an inpatient unit of a psychiatric clinic in Lower Saxony, Germany will be reported.

Results: Case: The patient was referred to our acute-psychiatric-ward from the day-clinic-unit because of treatment-resistant, severe and long-lasting depressive symptoms. He was depressed, desperate, hopeless, listless and had suicidal thoughts. During the first days of treatment, symptoms like apathy, bad hygiene, weird eating-behavior, urinary incontinence, lack of empathy, language disorders and other behavioral symptoms were evident. Brain-MRI yielded frontotemporal lobar atrophy. Trail-Making-Test and Frontal-Assessment-Battery showed pronounced impairment of executive functions. Mini mental state examination and DemTect yielded light to moderate memory dysfunction. Diagnostic Criteria for Probable bvFTD (International-Consensus-Criteria) were fulfilled.

Conclusions: The diagnosis of bvFTD enabled a rapid assignment of a legal representative and relieved the long-lasting discomfort of the patient and his family that was caused by multiple unsuccessful treatment trials against depression. The differential diagnostic frame between bvFTD and depression will be discussed in view of the current literature.

 $\textbf{Disclosure:} \ No \ significant \ relationships.$

Keywords: differential diagnosis; Depression; frontotemporal

dementia

EPV0928

Estimate of the prevalence of depression among older people in Africa: a systematic review and meta-analysis

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Introduction: Among non-communicable diseases, depression is a leading cause of morbidity in elderly people with varying magnitude across countries. No systematic review and meta-analysis has yet examined the pooled prevalence of depression among elderly in Africa.

Objectives: The current systematic review and meta-analysis aimed to estimate the pooled prevalence of depression among elderly people in Africa.

Methods: We have searched CINAHL, PubMed, SCOPUS and Psych-iNFO databases to identify observational studies which reported the prevalence of depression among the elderly. We used a random-effects model due to reported heterogeneity among the studies. The publication bias was examined by using egger's test, visual inspection of the symmetry in funnel plots and adjusted using Trim and Fill analysis. We used Cochran's Q and the I2-tests to measure heterogeneity across the studies.

Results: A total of 23 studies conducted in Africa were included in the current systematic review and meta-analysis, representing a total of 14, 350 elderly population. The pooled prevalence of depression among elderly people in Africa was estimated to be 26.3% (95% Ci; 22.2, 30.4%). The estimated pooled prevalence of depression among the elderly in Africa was much higher (43.1%) in studies that used a screening tool to measure depression when compared to studies that used a diagnostic tool (24.2%). Also, the prevalence of depression among female elderly participant (43.10%) was higher than that of male elderly participant (30.90%). Conclusions: One in five elderly population in Africa were depressed. Timely and targeted screening of depression among the elderly and evidence-based interventions were highly recommended.

Disclosure: No significant relationships.

Keywords: Elderly; Africa; Prevalence; Depression

EPV0929

Autism spectrum disorder in older adults: The case study of a 65-year-old man

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Introduction: Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized with ritualized behavior, difficulties in communication/ social interaction, restricted interests, and sensitivity to external stimuli. The ASD has gained attention in recent years, however it's still difficult in geropsychiatric setting to identify high-functioning ASD, especially when patients' coping mechanisms are successful. Not to determine high-functioning ASD structure in older age can lead to wrong diagnosis and inappropriate treatment trials.

Objectives: The aim of this presentation is to emphasize the importance of the evaluation of ASD-structure in old-age-psychiatry through the case study of a 65-years-old man.

Methods: One case report from the inpatient unit of a psychiatric clinic in Lower Saxony, Germany will be presented.

Results: Case: The patient was referred to our acute-psychiatric-ward due to delusional thoughts, depressive symptoms and loraze-pam dependency. Delusional disorder was diagnosed in the outpatient-setting since he had interpreted some external stimuli in an eccentric way. During the therapeutic process, some features