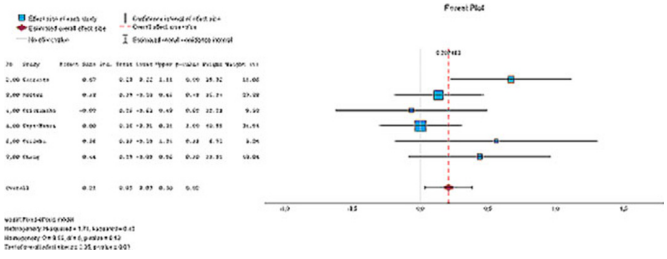
Objectives: This systematic review and meta-analysis aimed to evaluate the effectiveness of multi-component support programs on the caregiver burden of individuals caring for Alzheimer's patients.
Methods: The research was conducted through searches in five databases (CENTRAL, CINAHL, PsycINFO, PubMed, WOS), focusing on randomized controlled trials that met the inclusion criteria. Two researchers independently evaluated the full texts, assessing risk of bias with the Cochrane 'Risk of Bias-2' tool and evidence quality using the GRADE tool. Participants included individuals aged 18 and older who were the primary caregivers for those diagnosed with Alzheimer's disease and had provided care for at least three months. The intervention included at least two types of support, such as skill training, education, counseling, or therapy. The primary outcome was caregiver burden.
Results: The review included 8 studies overall. Among the 1147 participants, only one study was web-based, while the other seven interventions were conducted face-to-face. The components of the interventions were mainly educational, supportive, and skill-building, with only one intervention including respite care. Overall risk of bias assessment recorded one study with high risk, four with unclear risk, and one with low risk. The effect sizes of the interventions were calculated based on the means and standard deviations of caregiver burden scores before and after the intervention, as well as follow-up measurements. The multi-component intervention programs were found to have an uncertain short-term effect (Cohen's d = 0.12; 95% CI: -0.06 - 0.29; p = 0.39) but were effective in the long term (Cohen's d = 0.21; 95% CI: 0.03 - 0.38; p = 0.02). The certainty of evidence for caregiver burden outcomes was determined to be low before the intervention and follow-up, and very low from pre-intervention to post-intervention measurements. The data is current as of 12/12/2023.

Image 1:



Conclusions: Multi-component support programs are effective in reducing caregiver burden for Alzheimer's caregivers in the long term; however, more high-quality studies are needed to confirm this effectiveness.

Disclosure of Interest: None Declared

EPP686

Sexuality in the Elderly: Challenges and Opportunities

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Introduction: Sexuality in the elderly has become an increasingly important topic in healthcare as the global population continues to age, raising new challenges and considerations related to the quality of life and well-being of older adults.
Objectives: This work aims to explore the barriers faced by the elderly regarding sexuality and propose strategies for promoting healthy and fulfilling sexuality at this stage of life.
Methods: A narrative review was employed on the topic, aiming to broadly and exploratorily understand the main aspects related to sexuality in the elderly population.
Results: Recent studies suggest that sexual activity can remain an important part of life for older individuals, positively influencing both mental and physical health. The main obstacles to healthy sexuality in old age can be broadly categorized into physiological, psychological, and sociocultural factors. **Physiological changes** include a natural decline in hormone levels, such as estrogen in women and testosterone in men, leading to reduced libido, vaginal dryness, and erectile dysfunction. Chronic illnesses like cardiovascular disease, diabetes, and arthritis, along with medications for these conditions, can further impact sexual function. **Psychological factors**, such as anxiety, depression, and reduced self-esteem due to aging-related body changes, also play a significant role in diminishing sexual desire and activity. **Sociocultural factors** include long-standing societal taboos around older adults and sexuality, which can lead to embarrassment, reluctance to discuss sexual health issues, and feelings of shame. Healthcare professionals can adopt several strategies to improve sexuality in aging such as o**pen communication.** Regular sexual health assessments should be integrated into routine care, including questions about sexual function, relationship satisfaction, and any challenges faced. **Medical interventions**, such as hormone replacement therapy or treatments for erectile dysfunction can address physiological barriers. **Psychosocial support** can improve communication, body image issues, and mental health factors like anxiety or depression that often accompany aging.
Conclusions: The approach to sexuality in the elderly should be multifaceted, integrating biopsychosocial perspectives, with an emphasis on promoting sexual education and providing appropriate treatments that address individual challenges. Healthcare professionals shouldadopt a welcoming and open attitude, encouraging dialogue on this topic to improve the quality of life of older adults.

Disclosure of Interest: None Declared

EPP687

Cluster analysis of aging and sexual well-being: Insights from Portuguese and Spanish older adults

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Introduction: Aging well in a cross-cultural perspective may encompass pertinent challenges in terms of adjustment, sexual well-being and satisfaction with life in the late years.
Objectives: Considering the paucity of empirical data concerning cultural diversity of experiencing aging, this study aims to help fill this gap by assessing the specific patterns of sexual satisfaction,

adjustment to aging (AtA), and life satisfaction with life (SwL) of older adults in Portugal and Spain.
Methods: This cross-national study included 443 older adults, aged 65 and older, from Portugal and Spain. Five instruments were applied: (a) Adjustment to Aging Scale (ATAS); (b) Satisfaction with Life Scale (SwLS); (c) New Sexual Satisfaction Scale - Short (NSSS-S); (d) Mini-Mental State Exam; and (e) Sociodemographic, health and lifestyle questionnaire. K-means cluster analysis was employed to identify and characterize the clusters considering adjustment to aging, sexual satisfaction and life satisfaction. One-way ANOVAs were conducted to analyze differences for sexual-well-being among clusters.
Results: Findings indicated three clusters, which explained 79.3% (*R-sq* = 0.793) of the total variance: Cluster #1: "Well Adapted" (*n* = 37, 8.8%), Cluster #2: "Struggling to Adapt" (*n* = 141, 31.8%), and Cluster #3: "Active Agers" (*n* = 265, 59.8%). Participants in Cluster #1 were mostly Portuguese, with high levels of AtA, sexual satisfaction, and SWL. Conversely, Cluster #2 integrated mostly Portuguese participants with moderate sexual satisfaction, and lower levels of AtA and SwL. Participants from Cluster #3 were mostly Spanish with moderate levels of AtA and reduced sexual satisfaction and SwL.
Conclusions: This study innovates by exploring the elaborate interplay among sexual satisfaction, AtA, and SwL in a cross-cultural perspective, with implications for tailoring interventions, service planning, development and evaluation of culturally-diverse older populations.
Keywords: Adjustment to aging; cluster analysis; older adults; satisfaction with life; sexual satisfaction.

Disclosure of Interest: None Declared

Psychosurgery and Stimulation Methods (ECT, TMS, VNS, DBS)

EPP688

Noninvasive Neuromodulation Therapies: The Cure For Depression?

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Introduction: Depressive disorder is a common mental disorder, with an estimated 3.8% of the population experiencing it. Despite the advent of new antidepressant medication, many patients presenting with Major Depressive Disorder (MDD) do not recover after multiple trials. Although the prevalence of treatment-resistant depression (TRD) is not clear due to the lack of a standard definition, its prevalence ranges from approximately 30 to 70 percent.
Objectives: Considering the high prevalence of treatment-resistant depression, this work aims to evaluate the effectiveness of alternative treatments, namely Noninvasive Neuromodulation Therapies in the treatment of MDD.
Methods: Non-systematic literature review, using Pubmed as database, with the keywords "depression treatment", "neuromodulation" and "noninvasive neuromodulation".
Results: We can divide non-invasive neuromodulation into convulsive therapies (CV) and therapies that do not involve inducing a seizure. Additionally, we can also divide them into clinically available therapies and others only available in investigational settings. Regarding clinically available CV, we have Electroconvulsive Therapy (ECT), the oldest neurostimulation procedure. Being heavily studied, ECT is superior to pharmacotherapy for MDD based upon meta-analyses of randomized trials and is generally considered the most efficacious treatment for depression, albeit recurrence following remission is common.
Other CV, but still in investigational stages, are Magnetic seizure therapy (MST) and Focal electrically administered seizure therapy (FEAST) both showing positive results in prospective studies and MST in a small head-to-head randomized trials with ECT, that showed a similar efficacy between these two therapies.
Other clinically available, but not convulsive therapies, are Repetitive Transcranial Magnetic Stimulation (rTMS) and Cranial Electrical Stimulation (CES). Meta-analyses of randomized trials indicate that rTMS is beneficial for treating TRD, being also approved by the FDA. In its turn, multiple reviews indicate that no high-quality studies have demonstrated that CES is efficacious for MDD or TRD.
Additional non-convulsive therapies, available in investigational settings, include Transcranial Direct Current Stimulation, Transcranial Low Voltage Pulsed Electromagnetic Fields, Trigeminal Nerve Stimulation, Low Field Magnetic Stimulation and Transcutaneous Vagus Nerve Stimulation, with all of them showing positive effects in the treatment of MDD or TRD, except for Low field magnetic stimulation.
Conclusions: With this review, we were able to verify that clinically available non-invasive neurodomulation therapies, such as ECT and rTMS, present robust results in the treatment of MDD and TRD, however, resistance to these therapies also exists.
Considering the positive results of multiple novelty therapies, these could be the solution to this scourge.

Disclosure of Interest: None Declared

EPP689

Comparative Analysis of Postictal Delirium Following ECT and Post-Anesthesia Delirium

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Introduction: Postictal delirium (PD) following Electroconvulsive Therapy (ECT) and Post-Anesthesia Delirium (PAD) are significant postoperative cognitive disturbances often encountered in the post-anesthesia care unit (PACU). While both manifest with cognitive impairments, their etiologies, clinical features, and management strategies differ. Recognizing these distinctions is essential to enhance patient care and outcomes, particularly in critical recovery settings where prompt recognition and intervention are paramount.
Objectives: This study compares delirium's onset, duration, and course following ECT-induced seizures and general anesthesia. It aims to elucidate the clinical features of PD and PAD and offer evidence-based recommendations for distinguishing and managing these conditions in the perioperative setting.