

that spouse-carers experienced lower levels of sexual satisfaction than PwAD and healthy elderly couples. Moreover, PwAD sexual satisfaction was related to the level of cognitive impairment and spouse-carers' sexual satisfaction was related to gender and the presence of sexual activity.

P11: Empowering Caregivers and Older Adults through Educational Initiatives, Cognitive Stimulation Therapy (CST) and Eight Movement Patterns of Brain Dance

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Background and Aims: The growth of the elderly population poses challenges and opportunities in society. As we age, normal changes occur that can affect functionality and independence. Aging is associated with brain changes that result in cognitive decline. The most common cause of cognitive decline among the elderly is Alzheimer's disease (AD). It is characterized by a progressive spectrum of memory problems that affect the functional capacity of the elderly and their ability to perform activities of daily living, increasing the level of dependence and the social, emotional, and economic burden on caregivers. Alzheimer's disease is the 6th leading cause of death in the United States and the 4th leading cause of death in Puerto Rico. These challenges can only be addressed through clinical research for managing conditions, non-pharmacological treatments and therapies, and educational initiatives covering basic aspects of geriatrics aimed at healthcare professionals, direct service providers, and caregivers. These efforts will provide effective management alternatives when intervening with the elderly population and the public. The aims are: to discuss the educational initiative with Dominican caregivers, to review advances in Alzheimer's disease research, to present the translation and cultural validation of Cognitive Stimulation Therapy as a non-pharmacological intervention for patients in the early stages of MCI and Alzheimer's, and to raise awareness about the importance of physical literacy through the eight (8) Movement Patterns of Brain Dance for older adults.

P12: Promoting the Health of Older Adults through the BrainDance at the Multiple Activities Center for the Elderly (CAMPEA) in Santa Mónica, Bayamón (March-May 2023)

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Background and Aim: Puerto Rico is experiencing a rapidly aging society. In old age, it is common to experience one or more chronic diseases that require special attention. If not properly addressed, these health conditions can reduce functionality in daily activities. Some risk factors that can affect health and functionality include sedentary lifestyle, social isolation, and unhealthy lifestyles. To reduce these risk factors, it is necessary to implement health promotion measures aimed at improving the well-being of older adults. Brain Dance has a positive impact on the health of older adults. Its benefits include increasing circulation, reorganizing the neurological system, reducing stress, maintaining joint flexibility, and being aware of the communication between body and mind. The aim was to promote the health of older adults through the 8 Movement Patterns of Brain Dance at CAMPEA, Santa Monica, Bayamón, during the months of March to May 2023.

Methods: A collaboration agreement was established between the Geriatric Research and Education Center and CAMPEA to train older adults and service providers on the benefits of Brain Dance, and educational materials were provided to complement the activities.

Results: The program was implemented as designed. A total of 12 older adults, 60+ practiced Brain Dance and 6 direct services providers were trained on the benefits of Brain Dance in older adults. An infographic with the Eight Movements Patterns was designed and distributed to older adults and services providers.

Conclusions: Older adults reported that engaging in Brain Dance helped them to increase their confidence, bring back memories from the past, strengthen their group interactions, gain new knowledge, develop new skills, self-discover, pay greater attention to the connection between their mind and body, and achieve a state of joy.

Key words: older adults, health promotion, brain dance

P13: From Crisis to Care: Implementing Shared Decision-Making in Psychogeriatric Practice

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Objectives: Shared decision-making (SDM) is a promising approach to promote patient and person-centeredness in psychiatric clinical practice. Despite being an ethical requirement, implementing SDM might be challenging, particularly for patients with severe mental illnesses who may not always be recognized as having decision-making capacity, leading to physicians often taking control.

Methods: Case Report.

Results: Mrs. D, an 84-year-old Caucasian woman with a history of multiple depressive episodes since age 24 and hypertension, was brought to the Emergency Department by her daughters due to weight loss, depressed mood, hopelessness, anhedonia. She repeated that she had no heart and expressed fears of being hospitalized, believing doctors would remove her organs, which were no longer working, and described her arms as crumbling like sand. She was initially assessed for food refusal and delusional nihilistic thoughts, which started four months prior to presenting to the hospital after discontinuation of lithium carbonate due to intoxication and got progressively worse.

The patient met the criteria for MDD with Cotard Syndrome. Recommended treatments included ECT and pharmacotherapy. During her first ECT session, she presented a 10-second post-seizure asystole. After reevaluating her treatment, her daughters asked about alternatives. Although there were no contraindications to ECT treatment, the team, in collaboration with family members, explored options. A therapeutic strategy with venlafaxine, mirtazapine, olanzapine, aripiprazole, lithium carbonate, subcutaneous dextroamphetamine was implemented.

Two months later, following 15 dextroamphetamine infusions, she showed partial resolution of symptoms and was discharged with no delusional content in speech. She continued outpatient dextroamphetamine infusions and achieved complete symptom remission within six months, regaining her autonomy and returning to gardening. After remission, the patient expressed a desire to avoid ECT if possible, should it be indicated in the future.

Conclusions: This report highlights the potential of SDM to explore and discuss scenarios during the informed consent process and gather information on the patient's preferences in the event of a temporary decrease in capacity. SDM with elderly can be supported by advance care planning and directives, decision aids, training clinical staff, encouraging patient questions. Key steps include creating decision aids, training staff, and familiarizing older adults with SDM.