

Methods: We conducted a search in electronic databases including Medline (OVID) and CINAHL (EBSCOhost). The search was conducted using the following keywords: “mental disorders”, “hospitalization”, “patient readmission”, “home visit nursing”, “home nursing”, “home health care”, “home care services”, and “house calls”. The review included original articles and research reports. Conference reports and articles about other professions, and interventions conducted in hospitals or facilities were excluded.

Results: A total of 205 articles were extracted, with 109 from Medline and 96 from CINAHL. We retrieved 13 studies, including three randomized controlled trials, two interventional studies, and eight retrospective studies. Most participants were post-discharge individuals with mental disabilities, but some studies included individuals prior to hospital admission. Most studies reported that home-visit interventions reduced psychiatric rehospitalization, the duration of hospitalization, and medical costs. One study reported that community-based treatment for older persons with severe mental illness decreased depressive symptoms and psychiatric hospitalization at 6 months. Additionally, telephone follow-ups were reported to be more effective than regular interventions in some studies. However, the intervention and effectiveness measurement Methods varied among the studies.

Conclusions: Home-visit interventions appear to be effective in preventing hospitalization for individuals with mental disorders. However, it is difficult to make simple comparisons as the content of home-visit interventions varies according to the background system and the region. Further research and systematic reviews are necessary.

Keywords: Coping, caregivers, Alzheimer’s

P40: Memantine effects on resting-state EEG sources in Alzheimer’s disease

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Objectives: Several studies have shown that acetylcholinesterase inhibitors (AChEIs) decrease delta or theta activity, increase alpha activity on Electroencephalography (EEG) in Alzheimer’s disease (AD) patients. The effects of memantine on EEG in AD patients are not as well understood as those of AChEIs. The present study investigated the electrocortical effects of 3 months memantine medication in AD patients.

Methods: EEG was recorded in 28 patients with AD (mean age 83.3 ± 4.6 years, 19 females) before and 3 months after the onset of memantine medication. Source localization was applied to the EEG using exact low-resolution brain electromagnetic tomography (eLORETA) in 8 frequency bands (delta, theta, alpha-1, alpha-2, beta-1, beta-2, beta-3, gamma). Differences in source strengths from before to after memantine treatment were compared per frequency band using t-statistics (corrected for multiple testing over frequency bands and voxels).

Results: Theta activity significantly decreased in bilateral anterior cingulate gyrus, bilateral posterior cingulate gyrus, right parahippocampal gyrus, right insula, right fusiform gyrus, bilateral precuneus, right uncus and right temporal gyrus. Alpha-1 and alpha-2 activity decreased in the anterior cingulate gyrus. Beta-1 activity significantly decreased in the anterior and posterior cingulate gyrus. There were no areas of increased EEG activity in any frequency bands.

Conclusions: We found that memantine reduced theta activity similarly to AChEIs. This finding may be related to the cognitive improvements of memantine. Whereas the decrease of beta-1, alpha-1 and alpha-2 activity in the anterior cingulate gyrus was different from AChEIs. Further studies are required to elucidate these differences.

P41: Effectiveness of Brief Interventions for Reducing Alcohol Consumption in Older Adults: A Systematic Review and Meta-Analysis

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Introduction: Brief interventions (BIs) are strategies involving screening for at-risk drinkers, followed by a short intervention providing information about alcohol and personalized feedback. BIs are cost-effective for the general population, but less is known about their potential effectiveness in the older adult population.

Objectives: To conduct a systematic review (SR) on the effects of BI in people aged 50 and above on alcohol consumption (primary outcome), cognitive performance, and depressive symptoms (secondary outcomes).

Methods: Searches were conducted in the MEDLINE, EMBASE, and LILACS databases to identify randomized controlled trials (RCTs) in English, Spanish, and Portuguese, published up to June 2023. A risk of bias assessment (Rob 2.0) was performed, and a direct meta-analysis (RevMan version 5.4.1) was conducted for all available primary outcomes. The SR protocol was registered in PROSPERO (CRD42023436908).

Results: Eight studies were initially identified, and five of them which met the inclusion criteria were included in the meta-analysis. All studies were conducted in high-income countries and varied in relation to the outcome measures. There was a statistically significant reduction (SMD = 0.21; 95% CI: 0.07 – 0.34) in alcohol consumption among older adults at 3 months follow-up. However, at 6 and 12 months, there was no statistically significant difference between the control and intervention groups. None of the eligible studies presented results on the secondary outcomes, cognition, or mood.

Conclusions: BIs show promise as an intervention for addressing and reducing at-risk drinking in older adults. However, there is limited research in this area, and the lack of standardized Methodological criteria makes it difficult to compare the results of studies. Therefore, further studies are required, using standardized Methodologies, to better understand the long-term effects, in respect of both primary and secondary outcomes, of these interventions.

P42: Late-life drinking in primary care users in Brazil: a cross-sectional study

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Background: With the aging of the population, alcohol consumption among older adults presents a growing public health concern. Recognizing the prevalence and determinants of at-risk drinking among older adults is crucial for the development of effective interventions and improved healthcare outcomes.