

**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.

**Objectives:** To estimate the prevalence of at-risk drinking and associated factors among older adults in primary care in Brazil.

**Methods:** A cross-sectional study with 1,639 participants aged 60 and above from fourteen primary care units in the city of the state of Sao Paulo, Brazil, between December 2023 and April 2024. At-risk drinkers were defined by the Alcohol Use Disorders Identification Test - Consumption (AUDIT-C scores  $\geq 4$ ), and/or binge drinking ( $\geq 3$  drinks on a single occasion). Logistic regression was used to assess the association between sociodemographic characteristics, smoking, depression (PHQ-2 scores  $\geq 3$ ), and chronic diseases. A gender interaction test was conducted for all positive associations.

**Results:** The mean age of the 1,639 participants was 68.6 (SD  $\pm 6.2$ ; range: 60–95), with 52.6% reporting current alcohol consumption, 21.3% were at-risk drinkers (AUDIT-C plus binge), and 26.8% regular smokers. Men (OR: 2.94; 95% CI: 2.21–3.90), those with high education (OR: 1.53; 95% CI: 1.10–2.14), were employed (OR: 1.50; 95% CI: 1.02–2.19), and current smokers (OR: 2.36; 95% CI: 1.73–3.23) were more likely to be at-risk drinkers. While older participants (70+) (OR: 0.96; 95% CI: 0.93–0.98), and those with depression (PHQ-2) (OR: 0.96; 95% CI: 0.93–0.98) were less likely to be at-risk drinkers. Having a higher level of education was associated with a greater likelihood of at-risk drinking for men but not for women. Conversely, the presence of chronic diseases was associated with a reduced probability to be an at-risk drinker for women, but not for men.

**Conclusions:** This study revealed a significant prevalence of alcohol consumption, at-risk drinking, and binge drinking among older adults in primary care. Gender differences were observed in drinking behavior. These findings could aid health professionals in identifying at-risk drinkers and inform the development of targeted interventions for the most vulnerable groups.

### **P43: The pattern of social cognition impairment in young-onset and late-onset Alzheimer's disease**

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**Introduction:** People with young-onset Alzheimer's disease (YOAD) are diagnosed when the neurocognitive process begins before the age of 65 and often present with more global impairments and a more rapid course of the disease. In contrast, in late-onset Alzheimer's disease (LOAD), the loss of short-term memory is most pronounced. Therefore, the age of onset may affect global functioning in different ways.

**Objectives:** This study examines the relationship between Social Cognition, global cognition, and other clinical variables in young and late-onset people with Alzheimer's disease and their caregivers.

**Methods:** Using a cross-sectional design, we included 48 people with YOAD and 118 with LOAD and their carers. We assessed social cognition, global cognition, quality of life, dementia severity, mood, functionality, neuropsychiatric symptoms, and caregiver burden.

**Results:** Our results showed that the YOAD group had more global cognitive impairment, lower MMSE scores ( $P = 0.018$ ,  $d = 0.41$ ), higher Adas cog ( $P = 0.002$ ,  $d = 0.06$ ), poorer quality of life (QoL-AD) ( $P = 0.036$ ,  $d = 0.36$ ), and more neuropsychiatric symptoms (NPI) ( $P = 0.044$ ,  $d = 0.35$ ). However, social cognition showed a stable pattern of impairments in YOAD that did not follow the global deficits. The multifactorial regression analyses further showed that in both groups functionality was significantly related to Social Cognition, YOAD ( $P = 0.035$ ), and LOAD ( $P = 0.001$ ).