muscarinic receptor agonist that has previously been shown to have antipsychotic effects in subjects with AD (Bodick et al., 1997). While xanomeline had promising efficacy for potentially treating psychosis in AD, cholinergic adverse events limited further clinical development of xanomeline. Xanomeline and trospium is an investigational treatment that combines xanomeline with trospium, an FDA-approved non- specific muscarinic receptor antagonist. Unlike xanomeline, trospium does not measurably cross the blood-brain barrier, providing a mechanism to mitigate peripheral cholinergic effects of xanomeline while maintaining its muscarinic receptor agonist activities in the brain.

Methods: ADEPT-2 trial is a phase 3, randomized, double-blind, placebo-controlled, parallel group study to evaluate the safety and efficacy of xanomeline and trospium for the treatment of ADP. Subjects aged 55-90 years with moderate to severe psychosis associated with mild to severe AD dementia will be enrolled into the study. Eligible subjects will be randomized to receive either xanomeline and trospium or placebo in a double-blinded manner for 12 weeks and subjects who complete the study will be eligible to participate in a one-year, open-label safety extension study.

Results: The primary efficacy endpoint of the study is change from baseline to end of Week 12 in the Neuropsychiatric Inventory-Clinical (NPI-C): Hallucinations and Delusions (H+D) score and the key secondary efficacy endpoint is change from baseline to end of Week 12 in the Cohen- Mansfield Agitation Inventory (CMAI). The safety endpoints include the evaluation of safety and tolerability of xanomeline and trospium compared with placebo in subjects with ADP. The study started in 2023 and will enroll approximately 360 subjects with psychosis associated with AD dementia.

Conclusions: ADEPT-2 is designed to assess the safety and efficacy of xanomeline and trospium for the treatment of psychosis in patients with AD dementia. If ADEPT-2 is successful, xanomeline and trospium have the potential to be the first in a new class of pharmacologic treatment for AD psychosis based on muscarinic receptor agonism.

P20: Perceived cognitive failures, symptoms of bipolar disorder, and psychological well-being

Authors: Ophir Haglili, Norm O'Rourke

Introduction: Young and older adults with bipolar disorder (BD) commonly present with cognitive deficits. Many also report subjective or perceived cognitive failures.

Objectives: For this study, we identified four distinct clusters of adults with BD on the basis of both BD symptoms (depression and hypo/mania) and perceived cognitive errors (i.e., forgetfulness, distractibility, false triggering). We hypothesized that participants reporting more BD symptoms and cognitive errors would report lower psychological well-being (i.e., self-efficacy, life scheme, life satisfaction).

Methods: From the BADAS (Bipolar Affective Disorder and older Adults) Study, we identified 281 adults with BD (*M* = 44.27 years of age, range 19–81), recruited via micro-targeted social media advertising (vs. mass marketing to general samples). All clusters significantly differed across all grouping variables except symptoms of hypo/mania due to low frequency.

Results: Across clusters, perceived cognitive failures and BD symptoms increased in lockstep; that is, those reporting more cognitive errors also reported significantly higher symptoms of both depression and hypo/mania. As hypothesized, they also reported significantly lower psychological well-being.

https://doi.org/10.1017/S1041610224002539

Conclusions: Of note, age did not significantly differ across clusters in contrast to existing research in which cognition is Objectivesly measured. That is, perceived cognitive errors are significantly associated with lower psychological well-being for both young and older adults with BD.

P21: Cultural adaptations of an evidence-based mental health intervention for older adults with depression and anxiety in a low- resource setting in Peru.

Authors: Oscar Flores-Flores, Diego Otero-Oyague, Vanessa Patiño, Tatiana Cruz, Ivonne V. Carrión, Dafne Lastra, Alejandro Zevallos-Morales, Jose F. Parodi, PhD, Joseph J. Gallo, MD MPH, Suzanne Pollard, Lesley Steinman

Objectives: Effectively adapting innovative mental health evidence-based community interventions is critical, yet underdeveloped, for reducing the treatment gap among older adults with depressive and anxiety symptoms. The Program to Encourage Active, Rewarding Lives (PEARLS) is an evidence-based community intervention designed to reduce symptoms of depression and improve quality of life among older adults. PEARLS includes 6-8 sessions of in- home visits of trained social workers to deliver a multi-component intervention: problem- solving, behavioral activation activities, and psychoeducation. We used the Framework for Reporting Adaptations and Modifications-Enhanced (FRAME) to document process and changes made to adapting PEARLS, branded as VIDACTIVA (Vidas Activas y Valiosas) in an urban, low- resource community in Lima, Peru.

Methods: We obtained data in two stages. First, we conducted formative interviews with several stakeholders, including older adults, health professionals, community health workers (CHWs), city officials, and church leaders from the community. Second, during the iterative pilot phase, we used a mixed-Methods approach, integrating interviews with fidelity assessments, field notes, and training evaluations. We employed an iterative, rapid content analytic approach to triangulate findings from multiple sources and stakeholders, allowing us to identify needed adaptations.

Results: We made several adaptations. Most adaptations occurred during the formative phase focused on the training plan for CHWs (VIDACTIVA delivers). We also made adaptations of the components of the intervention (problem-solving) and in the way supervision sessions were conducted. Adaptations involved researchers, CHWs, health professionals and older adults. All adaptations were fidelity-consistent with PEARLS. Due to this is the early stage of implement VIDACTIVA, the most common goal across adaptations was increased feasibility and acceptability of the intervention.

Conclusions: The current study is an early effort to apply FRAME in the low-income urban context in Lima, Peru. FRAME guided systematic documentation of the adaptation decision- making process while successfully balancing fidelity. These observations lend insight to continue implementation efforts of VIDACTIVA intervention, which is undergoing a pilot clinical trial.

P22: Comparative Analysis of Efficacy of Intravenous Ketamine and Intranasal Esketamine in Treatment-Resistant Depression across Age Groups

Authors: Charles J. Hutchison, Adriana Patricia Hermida, MD, Anahit Keshishyan, MD, Brandon Kitay, Anthony Chatham, Rachel Hershenberg, Patricio Riva Posse, MD, Patricio Riva Posse, MD

https://doi.org/10.1017/S1041610224002539