

est among the caregivers of demented subjects who share the same house.

Conclusion Our findings indicate that the burden experienced by caregiving family members plays a role in elderly people avoidable ED visits.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0202

The differential cognitive deficits between patients with early stage Alzheimer's disease and patients with early stage vascular dementia

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Background The study aims to examine whether cognitive deficits are different between patients with early stage Alzheimer's disease (AD) and patients with early stage vascular dementia (VaD) using the Korean version of the CERAD neuropsychological battery (CERAD-K-N).

Methods Patients with early stage dementia, global Clinical Dementia Rating (CDR) 0.5 or 1 were consecutively recruited among first visitors to a dementia clinic, 257 AD patients and 90 VaD patients completed the protocol of the Korean version of the CERAD clinical assessment battery. CERAD-K-N was administered for the comprehensive evaluation of the neuropsychological function.

Results Of the total 347 participants, 257 (69.1%) were AD group (CDR 0.5 = 66.9%) and 90 (21.9%) were VaD group (CDR 0.5 = 40.0%). Patients with very mild AD showed poorer performances in Boston naming test (BNT) ($P=0.028$), word list memory test ($P<0.001$), word list recall test ($P<0.001$) and word list recognition test (WLRcT) ($P=0.006$) than very mild VaD after adjustment of T score of MMSE-KC. However, the performance of trail making A (TMA) was more impaired in VaD group than in AD group. The performance of WLRcT ($P<0.001$) was the worst among neuropsychological tests within AD group, whereas TMA was performed worst within VaD group.

Conclusions Patients with early-stage AD have more cognitive deficits on memory and language while patients with early-stage VaD show worse cognitive function on attention/processing speed. In addition, as the first cognitive deficit, memory dysfunction comes in AD and deficit in attention/processing speed in VaD.

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EW0203

The effectiveness and long-term prognosis of the intravenous course of cerebrolysin in patients with the amnesic MCI

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Early diagnosis and treatment in the predementia stage of Alzheimer's disease, i.e. in amnesic MCI (aMCI) may improve patient quality of life and promote slowing of conversion to dementia. The purpose of the study was to analyze the effectiveness

and long-term prognosis of the course of cerebrolysin therapy in aMCI patients. Twenty elderly aMCI patients were included in the study and treated with a 20-day course of therapy with daily intravenous infusions of 30 mL cerebrolysin. Cognitive functions were assessed by the battery of neuropsychological scales and tests: MMSE, MoCA-test, MDRS, the Boston naming test, the Clock Drawing Test, Frontal Assessment Battery, the test "10 words", the Digit Repetition Test. The level of the auto-antibodies to a short peptide fragment of the neurotrophins P75 receptor has been investigated by ELISA in the patient blood serum 3 times per 6 months (0, 10 and 26 weeks). Analysis of the data showed a statistically significant improvement in psychometric tests at the therapy end and also at 10 and 26 weeks of the study. Long-term therapeutic effect (5 months) proved to be significantly correlating with the following parameters: patient's age older than 70 years, basic indices of the MoCA-test and the test "memory" of the dementia Matisse scale. The decline serum level of autoantibodies to the fragment 155–164 receptor of neurotrophins P75 also provided to be an indicator of the long-term effectiveness of the therapy. These results could determine those aMCI patients who could have positive long-term therapeutic effect following cerebrolysin treatment.

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EW0204

Risk factors of increased mortality during hospitalization in acutely-ill elderly patients with altered state of consciousness

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Introduction A significant proportion of acutely ill hospitalised elderly patients have impaired consciousness and this has been associated with increased mortality. It remains unclear which factors underlie this relation. Identification of mortality predictors in this population is important to improve care.

Objectives Determine if advanced age, cognitive impairment, high burden of co-morbidities and poor functional status are predictors of increased mortality during hospitalisation in acutely-ill medical hospitalised elderly patients with altered state of consciousness.

Methods All male patients (>65 years) admitted to a medical ward (>48 h) between 01/03/2015 to 31/08/2015 with delirium or RASS lower than -2 were included in the study. Patients were excluded if unable to be assessed due to sensorial deficits, communication problems or medical condition precluding the evaluation. Baseline evaluation included socio-demographic variables, RASS, CAM, IQCODE-SF, DSM-IV-TR criteria for dementia, Charlson Comorbidity Index and Barthel Index. The variables were entered in a logistic regression model (significance level <0.05).

Results The final sample consisted of 75 male subjects with altered state of consciousness, 14 of them died during hospitalisation. Dementia and Barthel Index were significantly associated with mortality during hospitalisation ($P=0.01$ and $P<0.01$, respectively). On the other hand, age and Charlson Co-morbidity Index were not associated significantly with mortality during hospitalisation ($P=0.22$ and $P=0.1$, respectively).

Conclusions Acutely ill elderly patients with altered state of consciousness at admission have higher risk of death during hospitalisation if they have prior dementia or poor functional status.

Health care should be improved to provide better response to this type of patients.

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EW0205

Effects of smartphone-based memory training for older adults with subjective memory complaints

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Introduction Brain health has garnered increasing attention as a requisite condition for healthy aging. The rapid growth in mobile health and increasing smartphone ownership among older adults has paved the way for smartphones to be utilized as effective tools for improving mental fitness.

Objectives There are few studies that have explored the efficacy of smartphone-based cognitive training. The present study examined the memory-enhancing effects of smartphone-based memory training for older adults.

Aims We explored whether newly developed application “Smartphone-based brain Anti-aging and memory Reinforcement Training (SMART)” improved memory performance in older adults with subjective memory complaints.

Methods A total of 53 adults (mean age: 59.3 years) were randomized into either one of two smartphone-based intervention groups (SMART vs. Fit Brains[®]) or a wait-list group. Participants in the intervention groups underwent 15–20 minutes of training per day, five days per week for 8 weeks. We used objective cognitive measures to evaluate changes with respect to four domains: attention, memory, working memory (WM), and executive function (inhibition, fluency, etc.). In addition, we included self-report questionnaires to assess levels of subjective memory complaints.

Results The performance on WM test increased significantly in the SMART group ($t[17]=6.27, P<0.0001$) but not in the control groups. Self-reports of memory contentment, however, increased in the Fit Brains[®] group only ($t[18]=2.12, P=0.048$).

Conclusions Use of an 8-week smartphone-based memory training program may improve working memory function in older adults. However, objective improvement in performance does not necessarily lead to decreased subjective memory complaints.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0206

Drug–drug interactions between antibiotics and psychopharmaceuticals in Slovenian nursing homes: A retrospective observational cohort study from a national perspective

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Background Drug–drug interactions (DDIs) between antibiotics and psychopharmaceuticals in large national data have not been described yet.

Objectives In most European countries, there is no national data on DDIs in patients within nursing homes.

Aim To present the most important DDIs in the Slovenian nursing homes to avoid serious DDIs in the future.

Methods A retrospective study was carried in 2015 and with 233 patient on antibiotic treatment. All study data from the patients' records were obtained from the patients' charts. DDIs were determined by different interaction classes with Lexicomp Online[™] 19.0 version and only X (major interactions) and D (minor interactions) were included.

Results A total of 233 patients (age = 83.5, SD = 9.8) were treated with antibiotics (only 2 without psychopharmaceuticals). The number of patients with at least 1 interaction was: 72 (30.9%) for X and 172 (73.8%) for D and the average number of medication/patient was 10.9 (SD = 3.9). Twenty-seven patients (11.5%) were treated with at least 1 X DDIs (17 patients ciprofloxacin, 6 moxifloxacin, 3 azithromycin and 1 levofloxacin). Quetiapine and ciprofloxacin was most frequent DDIs occurred in 12 patients. Twenty-seven DDIs were pharmacodynamic (QTc prolongation) and 3 pharmacokinetic (ciprofloxacin-tizanidine, ciprofloxacin and duloxetine in 2 patients; $n=3$). Quetiapine was most frequent prescribed psychopharmaceutical in X DDIs.

Conclusions DDIs between these two groups are seen very often. If an antidepressant should be used in these patients, we recommend sertraline instead of escitalopram and venlafaxine instead of duloxetine and mirtazapine instead of quetiapine. We also recommend a use of penicilins instead of ciprofloxacin and azithromycin.

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EW0207

Efficacy of rivastigmine on loss of appetite in patients with Alzheimer's disease

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Introduction It has been said that nearly 30% of the patients with Alzheimer' disease (AD) manifest loss of appetite, which might increase cognitive impairments and the incidence of neuropsychiatric symptoms, and malnutrition. As a result, a vicious cycle decreases functionality and quality of life in patients with AD. Cholinesterase inhibitors (ChEIs) is the first-line drugs in the treatment of AD. On the one hand, appetite or weight loss can be seen due to gastrointestinal side effects in the treatment of ChEIs. On the other hand, there are some reports in clinical-settings that patients with AD treated with rivastigmine transdermal patch showed the improvement of appetite loss.

Objectives To evaluate the efficacy of rivastigmine transdermal patch in AD patients with poor appetite.

Methods In this 16-weeks, multicenter prospective study, patients with mild to moderate AD, who manifest loss of appetite and began to receive rivastigmine transdermal patch therapy, were enrolled. The amount of food, total time-eating, body weight, Mini Mental State Examination (MMSE) and Neuropsychiatric Inventory (NPI) were evaluated.