

EW0199

Psychotropic use in elderly with cognitive impairment living in nursing homes

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Introduction Elderly patients in nursing homes (NH) are often prescribed medications for many physical and mental health problems, with polypharmacy. There is a considerable number of studies documenting this extensive prescription of psychotropic medication, despite the raised concerns about their overuse/misuse, due to serious adverse effects, including increased rate of cognitive decline associated with antipsychotics.

Aims To characterize the prescription of psychotropics in elderly sample with cognitive impairment living in NH.

Methods Elderly living in three Portuguese NH were included in this cross-sectional study. All residents were eligible, unless they were unwilling or unresponsive. Participants' medication was obtained from medical records. Guidelines of ATC were used to categorize the drugs. Participants were assessed with MMSE and GDS.

Results The sample included 172 elderly, mostly women (90%), with average of 81(sd=10) years and median lengths of stay of 3 years. Overall, 79.1% used ≥ 1 nervous system-acting drugs. Anxiolytics (54.7%), antidepressants (29.1%) and antipsychotics (23.3%) were the most frequent. The majority (58%) presented cognitive impairment (MMSE). Among those, 46.2% presented depression (GDS) and 79.6% took at least one drug for the CNS and 41.9% ≥ 3 . Antipsychotics were received by 26.5%, while 57.1% used anxiolytics, 31.6% antidepressants and 16.3% anti-dementia drugs. No significant relation between GDS and antidepressants was found.

Conclusion This study confirms the high usage of CNS drugs in patients with cognitive impairment in NH. These rates were comparable with previous studies. Antidepressants appear to be under-used, which can be related to the under-recognition of depression. Also, potential harmful psychotropic drugs such as anxiolytics and antipsychotics are overused.

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EW0200

A systematic review of association between pain and suicidal behavior in elderly people

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Introduction Suicide rates worldwide are highest in elderly people compared to younger ages. The recognition of risk factors for late life suicide may be crucial, since one in four attempts is consummated. In this context, pain has been identified as a major event raising the probability for suicide in elders although very little research has examined this association.

Objective To conduct a systematic review to examine whether pain is a risk factor for suicidal behaviour (suicide ideation/attempt/suicide) in elderly people.

Methods The Cochrane Collaboration's guidelines and PRISMA statement were used. The electronic databases considered were MEDLINE, ISI Web of Knowledge, Scopus and PsycARTICLES. Search terms were "pain", "suicide" and "elderly". Studies that assessed the relation between pain and suicidal behavior among people aged ≥ 60 years were included.

Results Of the 2655 references founded, only 41 articles met the inclusion criteria. Most of the quantitative studies concluded that there is a relationship between pain and late life suicidal ideation, in particular severe and chronic pain. Physical or psychological pain was also reported as the cause of attempting suicide in two studies and was considered an important risk factor for committed suicide in eight of them.

Conclusion The results suggest that pain is a risk factor for suicidal behaviour in elderly people, especially suffering from severe and chronic pain, which are in accordance with previous reviews in this field. Future studies are needed to clarify this association and highlight about the importance of pain in suicide prevention initiatives for elders.

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EW0201

Predictive factors of hospitalization related to the caregiver burden in older adults presenting to the emergency department

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Background Long-term care for the elderly by their family members represents a serious burden in Italy. The physical and psychological health of informal caregivers is a growing public health issue. Old patients often seek urgent medical attention in the Emergency Department (ED) and hospitalisation is frequent event among the elderly.

Aim Aim of the study was (1) to investigate the burden of care among the caregivers of old patients; (2) to examine the influence of the burden experienced by the caregivers on ED and hospital admissions of the elderly.

Methods We conducted a descriptive study of patients aged 75 years or older and their caregiver admitted to the ED from 10/1/15 to 6/10/15 (77 patient-caregiver pairs). The caregivers were evaluated using the Caregiver Burden Inventory (CBI). A case manager collected the patient's data.

Results CBI score is the highest among patients seeking ED evaluation due to caregiver's concern. The majority of the elderly admitted to the ED whose caregiver shows elevated emotional burden at the CBI do not present with serious or urgent medical condition and are not hospitalised. Emotional burden is the high-

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.

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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 prodementia 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.