

psychotropic drugs. Pearson chi-square used to compare the equality of frequencies.

Results: Data was obtained for 1026 elderly patients. 56 (19,5 %) patients were diagnosed any form of depression and 10 (3,5%) were diagnosed any anxiety disorder. 48 subjects (72,7%) were previously using psychotropic drugs: 39 (59,1%) were using benzodiazepines, 7 (10,6%) antidepressants and 2 (3,0%) antipsychotics. Benzodiazepines were predominant drugs ($X^2=50,38$; $p=0,0001$) mostly prescribed by general practitioners. Just 7 (10,6%) subjects were previously consulted by psychiatrists and treated with antidepressants.

Conclusions: Despite sampling limitations of the study we can conclude that benzodiazepines are overused for the treatment of depression and anxiety disorders of elderly in Lithuania what can be due insufficient referrals to psychiatric evaluation.

P0349

A proposal of therapeutic activities in a residential psychiatric unit

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Background and Aims: The activities planning in a Residential Psychiatric Unit depends on psychopathological and biopathological profile of patients, and so we have to focus our therapies on three main items: Cognitive Impairment, Social Skills and Psychomotor Loss. In this work we propose an Activity Plan for those aging and psychiatric patients.

Methods: Psychiatric residential units show an usually old, poor collaborator, apathetic and cognitively impaired patient. We evaluated by psychological, medical and physical tests our residents in an attempt to change or palliate these conditions. According to results we assigned patients to activities. A new evaluation after six months was planned to control real achievements.

Results: Plan has four items:

- I. Cognitive Stimulation: List of activities to enhance memory, attention, concentration, logical and abstract thinking, gnosis and praxia.
- II. Psychomotor Training: we propose a plan overcoming usual apathy of these patients. It is also useful to improve social interaction.
- III. Creative Stimulation: A plan focused on fine psychomotor skills taking into account personal abilities as knitting, embroidery, painting or writing.
- IV. Leisure Time: play therapy, dancing, singing, trips and similar activities are proposed to complete leisure time. These are voluntary activities instead of three previous sections.

Conclusions: Residential Psychiatric Units are needed to plan some activities in order to palliate deficits and impairments proper of aging and psychiatric pathology.

Program shows to improve or stabilize social and cognitive skills, autonomy and environmental interaction.

After some initial resistance, our plan was well accepted and positively evaluated by patients and staff.

P0350

The concept of competency in medical settings — limitations and ethical challenges in contemporary societies — a personal view

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The old age psychiatrists are frequently asked to assess increasingly diverse elderly patients' competency. Often they are not sufficiently equipped to understand and assess such patients. Frequently patients' different health-illness beliefs and world view are marginalized or not addressed. There is an increasing need to develop culturally sensitive standards of such assessment.

The author believes that deep discussion to redefine the psychiatrist's role and expectations including increasing demands and pressure is urgently needed.

In this presentation, cognitive factors involved in medical information processing and decisions making are going to be discussed. Specific challenges to assess above factors in elderly population would be addressed. Literature regarding decision making and aging will be reviewed.

The focus will be on two points:

1. How are the patients' and assessors' values and cultural background relevant to proper assessment of competency
2. How recent sociological changes in modern societies (such as globalization, multicultural, aculturalisation, isolation, terrorism) influence emergence and evolution of the competency concept.

Finally limitations and ethical challenges with assessing elderly patients' competency in clinical settings will be discussed. The presentation will be based on personal clinical experience of a sole psychiatrist working with elderly patients in two medium size hospital boards in New Zealand.

P0351

Prejudices and attitude change among students who are completing their psychiatric praxis

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During their practice in psychiatric nursing, the bachelor students at the Bodø University College hand in a written reflection memorandum. The student is required to describe a self-experienced practical situation. We have utilised 56 anonymised reports from this practice. The students have analysed the reports themselves. The task was to search for central themes in the reflection memorandums that they believed to have personal relevance for them. In this way, they have developed an external perspective on their own activity.

The first part of practice is marked by a fear of not mastering the demands of the student role. This fear is first and foremost rooted in prejudices. Stereotypes are common and this leads to some of the students being afraid, and they worry about entering practice. Many of the students describe an attitudinal change during their practice period. They can see that they were controlled by their prejudices, and these prejudices prevented them from communicating effectively with the psychiatric patients. Being together with the patients caused the students to change their attitudes because the students were able to look beyond their prejudices and see real people instead.

The emotional component in the students' attitudes, that is, the fear of the unknown and uncontrollable, is most important. We choose to view the students' fear as a form of phobic anxiety, an irrational fear. Such a fear can hardly be changed by means of rational arguments. The feared situation has to prove itself safe.

P0352

Changing the inpatient setting for long-term psychiatric patients

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Beds in Israel's private psychiatric hospitals, where the standard of care is markedly lower than in state-run facilities, are being closed down. Their patients - many hospitalized for years - are being re-assessed and those still needing inpatient care transferred to state hospitals. The aim is to give a better quality of life, conduct a thorough psychiatric reappraisal and offer the latest therapeutic options.

The merged Be'er Ya'akov-Ness Ziona- Israel Prisons Service Mental Health Center set up a multidisciplinary team to conduct a coordinated process of reappraisal, preparation, reorganization and admission for these patients and their families. We found in the patients complex self-management problems, a high level of dependency, severe neglect, a range of tendencies to violence, and mistrust of the staff. The family members revealed high levels of anxiety and fear. Given this situation, a nursing staffer was appointed to liaise with the families, be freely available for consultation and act as patient advocate.

In this presentation we describe the core principles for this multidisciplinary reassessment and re-placement process, which began by assessing the patients in their setting of origin. We report on the planning of new interventions incorporating the latest therapeutic advances, exceptional incidents, changing the profile of the psychogeriatric ward, etc. We offer the conclusions and recommendations drawn from this change process, undergone equally by patients, family members and staff, and report on its results, which for many of the patients led to a more open care-setting in the community and for some a return home.

P0353

Compression of Nortriptyline and Bupropion in major depression disorder among elderly patients

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Background: The number of the elderly is rapidly growing and depression is known to affect this group of people aged 60 years and above quite seriously. Pharmacotherapy in this age presents many challenges. Both bupropion, and Nortriptyline, a TCA with mild anticholinergic effect have been prescribed for the old patients suffering from depressive symptoms.

Method: In a randomized double-blind study with 8 weeks of follow-up we selected 52 elderly outpatients who had non psychotic major depressive disorder according to DSMIV criteria and they were allocated into two groups who received nortriptyline (at a dose of up to 150 mg per day) and bupropion (at a dose of up to 225mg per day). Cognitive state was assessed using the Mini-Mental State Examination.

Setting: The out patient clinics at the Ghaem and Avicenna Hospital, Faculty of Medicine of the University of Mashad.

Results: Both treatments were efficacious, and there were no statistically significant differences between the two antidepressant classes with regard to efficacy (pvalue<0.05).

Conclusions: For elderly depressed patients who completed a 8 week treatment trial, both nortriptyline and bupropion exhibited good efficacy and few side effects. There was no significant difference between the two groups in their response rate or the severity of side effects resulting from medication.

P0354

Prevalence of depression in an elderly population in Iran

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Depression among elderly in Iran, has not been well studied. This research is part of a series examining health status of older people using the Geriatric Depression Scale (GDS-15).

Method: 1975older people living in Razavi Khorasan province were studied using the cluster sampling method. The Persian version of GDS was completed based on filling in questionnaires and after recognition of sample size of each city. Admission and data analyzing was followed by examining the relationship between depression and place of living (rural and urban), education, gender, type of living (alone or with family), occupation, source of income, supporting system (such as charities)

Result: The subjects' mean (\pm SD) age was 71.14 \pm 7.78 years (range: 60-98) and 52.9 of the subjects were women. According GDS score, 23.5% of the subjects were at risk of depression. The GDS score was significantly related to type of living (alone or with family) and source of income, and supporting system (such as charities). The percentage of depression was higher in subjects living alone than those living with others (P<0.01, respectively). There are significant differences between depression scores in elderly with family support, others, personal wealth and retirement salary (p<0.01).

Conclusion: Depressive symptoms are common among community-dwelling elders in Iran, and with its identical demographic characteristics, we suggest depression may be related to some factors including living alone and to source of income, and supporting system.

P0355

Associated factors with psychiatric symptoms in a Spanish community-residing elderly

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Background: There are various physical, functional, psychological and social factors associated with the appearance of mental symptoms in the elderly. Our objective was to determine the relationship and influence of these different variables in the psychiatric symptomatology of the elderly who reside in the community.

Methods: Cross-sectional study of a sample of 324 patients over 65 years, representative of the elderly who reside in the community in the province of Huesca (Spain). Symptoms of depression (Yesavage GDS), cognitive impairment (MMSE), anxiety (GADS), psychotic symptoms, obsessive symptoms and hypochondriacal ideas (GMS) were measured. Social-demographic, physical and somatic, functional and social data were evaluated. Analysis was carried out in 3 phases: univariate, bivariate and multivariate with logistic regression.

Results: At the time of the study, 46.1% of the elderly studied suffered from some psychiatric symptom. 16.4% had cognitive