

Among reasons leading to early identification, memory complaints (76.4%) was the most mentioned by GPs surveyed. the Mini Mental State was the most used (34.5%) by general practitioners. Twenty-nine point one percent (29.1%) of physicians conducted a comparative assessment 6 to 12 months later if the initial evaluation was normal and 83.6% send the patient to a specialist in case of a detected disorder. For GPs, in 58.2% of the cases, the major impediment is the lack of time, in 32.7% of the cases it is patient's and family's denial and in 23.6% of the cases it is the absence of effective medical treatment. A cross analysis shows that GPs who have had further training in geriatrics have a better approach.

**Conclusion** Our study shows a lack in the early identification of cognitive impairment in the elderly by GPs. Develop simple cognitive tests, reinforce training of doctors and promote research to develop new drugs would improve early diagnosis and management of dementia.

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

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#### EV0780

### Cardiac issues raised by an examination of the antipsychotic prescribing practices in the elderly of St. James's hospital (SJH), Dublin

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**Background** Antipsychotic medication use may be associated with prolongation of the QTc interval, increasing the risk of potentially fatal arrhythmias [1]. This is particularly pertinent in the elderly due to comorbid cardiovascular disease and polypharmacy. Attention to the ECG and co-prescribed medications is essential to minimise cardiac risk when prescribing antipsychotics.

**Methods** On 23rd February 2016 all inpatients aged over 65 who were prescribed antipsychotic medications were identified as part of a hospital-wide survey. Data was collected from medical and electronic patient notes and medication kardexes.

**Results** Complete data was obtained for 36 patients aged over 65 who were newly-prescribed an antipsychotic or had their antipsychotic changed. Of these, 39% (n = 13) had a cardiac history. One quarter did not have an ECG in the 12 months preceding antipsychotic initiation. Of the 28 patients with an ECG, 57% (n = 16) had a QTc > 450ms before starting antipsychotic treatment. Only 11% (n = 4) had an ECG within 24 hours of starting the antipsychotic. The average change of the QTc interval in those with a repeat ECG was 30msecs. 42% (n = 15) were co-prescribed another QTc-prolonging medication.

**Conclusion** Current monitoring of QTc interval in an elderly population newly prescribed antipsychotic medications is inadequate and a cause for significant safety concerns. Education and clear guidance is warranted to improve safety and minimise risk in this population.

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

#### Reference

[1] Alvarez PA, Pahissa J. QT alterations in psychopharmacology: Proven candidates and suspects. *Current Drug Safety* 2010;5(1):97–104.

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#### EV0781

### Acute catatonic syndrome associated with hyponatraemia

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**Introduction** A 71 year old gentleman presented with two discrete episodes of delirium with prominent psychotic features and catatonia, over a 3-year period. Symptomatically, he was suffering from fluctuating consciousness, paranoid ideation and both auditory and visual hallucinations. He went on to develop catatonia, demonstrating negativism and mutism and he also exhibited pseudo-seizures. His symptoms resolved entirely after three weeks. He re-presented 3 years later with profound psychosis and hyponatraemia. On this occasion, he exhibited catalepsy, negativism, echolalia and mutism, which resolved when his sodium was corrected.

**Objectives/aims** To illustrate 2 episodes of acute catatonia temporally associated with hyponatraemia in an otherwise healthy elderly gentleman.

**Methods** This is a case study. Consent was sought from the patient to write up his case and distribute it for educational purposes. His medical inpatient notes, psychiatric inpatient notes, correspondence and bloods pertaining to both admissions were reviewed and analysed. A literature review was carried out using Pubmed.

**Results** Low sodium levels were a common factor in his presentations and normal sodium levels were associated with a return to normal consciousness.

**Conclusions** While medical issues confounded his first presentation of hyponatraemia associated catatonia, his second presentation was directly related to hyponatraemia. Given the coincidence of hyponatraemia during his first admission, it would strongly suggest that low sodium levels were an important factor in this gentleman's presentation. Importantly, this is the first case in the literature to demonstrate catatonia related to hyponatraemia on two separate occasions in the same individual.

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#### EV0782

### Psychological and physical problems in elderly people with problems of falls

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**Introduction** Falls of the elderly to a degree been associated with poor mental health, poor social support and poor physical health.

**Objectives** To investigate the falls of elderly people in relation to their mental and physical healthy.

**Aims** To compare the effects of falls in the elderly in the areas of mental and physical health.

**Methods** The current study used purposive sampling compromised from 48 people that visited the emergency department at the Patras University Hospital in 2016. The inclusion criterion for participation was age (> 65 years). Data was collected using WHO's questionnaire, the WHOQUOL-BREF. Finally, data was analyzed using the test t test for independent samples.

**Results** The sample constituted by 39.6% of male and 61.4% of female. The average age of the sample was  $M = 75.89$  years. In relation to mental health, the average of the elderly with a history of falls found  $M = 57.26$  ( $SD = \pm 22.87$ ), while the other was found  $M = 74.45$  ( $SD = \pm 15.81$ ). The difference between the two groups was statistically significant ( $P < 0.05$ ), while physical health although again the first group found to have a smaller average ( $M = 56.65$ ,  $SD = \pm 22.13$ ) relative to the second group ( $M = 63.78$ ,  $SD = \pm 12.59$ ) no statistical difference was observed.

**Discussions** These results demonstrates that falls beyond the physical damage that are immediately visible can as well create significant issues in the psychological state of the elderly exacerbating anxiety, fear and social isolation, which has been associated with depression event.

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### EV0783

#### **Effects of the person-centered environment program (Belmont village's memory care) on behavioral and emotional problems in Mexican senior living residents, six week trial**

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Behavioural and psychological symptoms of dementia include agitation, depression, apathy, repetitive questioning, psychosis, aggression, sleep problems, wandering, and a variety of inappropriate behaviors. One or more of these symptoms will affect nearly all people with dementia over the course of their illness. These symptoms are among the most complex, stressful, and costly aspects of care, and they lead to a myriad of poor patient health outcomes, healthcare problems, and income loss for family caregivers. The complexity of these symptoms means that there is no "one size fits all solution, and approaches tailored to the patient and the caregiver are needed". Non-pharmacologic approaches should be used first line, although several exceptions are discussed.

The current pilot study examined the effects of the Person-Centered Environment Program (Memory Care<sup>®</sup>, developed by Belmont Village Senior Living) on agitation, cognition, stress, pain, sleep, and activities of daily living for Mexican senior living residents with dementia. Thirty individuals participated in the study. Memory Care<sup>®</sup> included sensitive, cognitive and affective stimulation, based on participants' preferences and needs. memory care sessions were held daily (7 days per week, 8 hours) and a total of 6 weeks were performed at the first Belmont Village Community in Mexico City. Findings showed that agitation and pain improved with the Memory Care<sup>®</sup> Program ( $t = 2.91$ ,  $P < 0.02$ ;  $t = 4.51$ ,  $P < 0.002$ , respectively). Findings suggested that a better study design, repeated with a bigger sample size, must be considered, but promissory results are shown.

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### EV0784

#### **Evaluation of dependence among benzodiazepines in population of elderly subjects followed in psychiatric service in Sfax**

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**Introduction** Benzodiazepines (BZD) are the most consumed psychotropic drugs by the elders. This prescription can lead to the dependence which is a major public health problem particularly in this population.

**Objectives** To study the prevalence of dependence of the (BZD) in elderly subjects followed as outpatients and to identify the factors associated with it.

**Methods** It was a cross-sectional study of 60 patients aged 65 years and older followed at the psychiatric consultation of the UH Hédi Chaker of Sfax; for 3 months. We used:

– Questionnaire containing demographic and clinical data.

– The cognitive scale of attachment to benzodiazepines (ECAB), a score  $\geq 6$  indicates dependence.

**Results** The average age of patients was 67.78 years, with a sex-ratio M/W = 0.46. They were smoking in 58.3% of cases. The most frequent psychiatric disorders were mood disorders (40%) followed by anxiety disorders (13.3%). The absence of diagnosis was observed in 23.3% of cases. A psychotropic drugs were associated with BZD in 86.7%. The most prescribed BZD was lorazépam (90%). Withdrawal signs were present in 90% of cases. The prevalence of BZD dependence has been estimated at 80%.

BZD dependence was significantly correlated with smoking ( $P = 0.00$ ), with psychotropics association ( $P = 0.04$ ) and with signs of withdrawal ( $P = 0.001$ ).

**Conclusion** It appears from our study the importance of BZD dependence in the elderly what it is a source of withdrawal difficulty. So we need make more effort to comply with recommendations regarding the prescription of these molecules.

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### EV0785

#### **Voltage gated potassium channel antibody(VGKC)-associated encephalopathy and psychiatric symptoms (case report)**

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**Introduction and Objectives** The limbic system is primarily responsible for modulating behaviour, emotions and neuro-endocrine functions. Limbic encephalopathy involves this part of the brain and is characterised by the acute or sub-acute onset of seizures, recent memory loss, confusion and psychiatric symptoms. Here we describe an unusual presentation of a well-functioning elderly man, who presented with sudden onset of confusion, cognitive impairment, treatment resistant hyponatremia, seizures and psychiatric symptoms.

**Methods (Presentation)** This 79 year old gentleman, previously well and independent was admitted to the acute hospital with a 3 week history of sudden onset of confusion, odd behaviour and weight loss. On admission he was hyponatremic ( $Na = 118$ ), developed treatment resistant seizures and progressive cognitive impairment. He was referred to the Liaison Psychiatry team with increasing paranoia, agitation and persecutory delusions.

**Results** MRI and CT brain remained normal. Lumbar puncture revealed a positive VGKC antibody and his blood titres for VGKC was more than 3000. His hyponatremia and seizures remained chronic, but improved with plasmapheresis, oral corticosteroids and cyclophosphamide. He was commenced on aripiprazole for psychiatric symptoms, but was transferred to the acute psychiatric unit after being detained under section 2 of the MHA due to risks of aggression and absconson.

**Conclusions** Psychiatric symptoms related to this form of encephalitis have not been emphasised in literature. His aggression