Objectives: To evaluate if the patients admitted to an acute geriatric unit develop more delirium depending on dementia diagnosis and dementia stage and depending on the use of psychotropics. To analize if dementia and psychotropics are two independent risk factors for the development of delirium.

Material and Methods: We selected all the patients admitted in the Acute Geriatric Unit of HUN during May and June of two consecutive years (2021 and 2022).
We collected demographic, administrative, functional and pathological variables, as well as the onset of delirium: delirium signs on admission (DSA) and delirium diagnosis on discharge (DDD) and psychotropics use.

A descriptive study was carried out to analyze the relationship between dementia and its stage (GDS), psychotropics use and delirium.

Results: 658 patients were recluted with a medium age of 87.8, 55.6% were females, 44.5% had dementia. The mean hospital stay was 5.8 days and 11.7% died. Functionally, the mean Barthel was 56.5 and Lawton 1.49. Regarding comorbidities, the most frequent ones were arterial hypertension(81%), Osteoarthritis(55%) and heart failure(51%). The main delirium predisposing factors were: age more than 80(93.5%), polypharmacy(87.5%), and neurological disease(47%).

Comparing:
-Dementia and non-dementia-patients: DSA(55.7%vs23.7;p0,000), DDD (43.7%vs17.5%;p0.000) -GDS 4-5 and GDS 6-7: DSA(52.7%vs57.2;p0.435), DDD (50.4%vs37.9%;p0.031). -Psychotropics-users and non-psychotropics-users: DSA(42.3%vs27.4%), DDD(31.6%vs22,5%). Night psychotropics DSA(41.8%vs31%), DDD(31.7%vs24%); neuroleptics DSA(53.1%vs33.6), DDD(45.2%vs24.3%); anticholinesterase DSA(51%vs36.9%), DDD(45.1%vs27.7%). All of them $p<0.05$.

Concusions: Dementia and psychotropics are predisposing factors for delirium. Its effect is additive. Neuroleptics have the clearest relationship with delirium.

We observed, as dementia was more severe, the risk of delirium was greater but the use of neuroleptics decreased. This could be due to the presence of more hypoactive phases in final stages.

P12: Living Lab as academic practice partnership to improve care for people with dementia

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Objective: Bridging the gap between clinical practice and research in health care is a challenging task. Living Labs are academic practice partnerships to stress the ambition to start up a longstanding collaboration, which have been developed and implemented in the Netherlands (Verbeek et al., 2020). The "PraWiDem" ("Living Lab Dementia") project aims to adapt the Maastricht Living Lab approach to long-term dementia care in different regions in Germany.

Methods: A mixed methods approach was used to guide the adaptation of the Maastricht Living Lab. A focus group study investigated perspectives of people with dementia, informal carers and professionals on expectations and experiences concerning collaboration and networking between research and practice. A scoping review mapped international experiences in knowledge transfer practices and collaboration approaches in nursing care. Experts from the Maastricht Living Lab supported the research team in adapting the approach to the German national context. Parts of the German "Living Lab Dementia" concept were discussed with members of a recently formed research participation group of people with dementia ("experts by experience").

Results: In total, 10 focus groups and 5 individual interviews were conducted. Key themes include researchers' and professionals' skills, participation of people with dementia and informal carers, and multi-professional requirements. The scoping review identified 17 different approaches of knowledge translation and collaboration. Few approaches address the common development and implementation of knowledge and networking. Dutch experts recommend the early development of long-lasting strategies for collaboration. Experts by experience wish to participate, but traditional research methods may need to be adapted to allow their participation.

Conclusion: The "Living Lab Dementia" is currently under investigation in collaboration with institutional and community care services in three regions in Germany.

Verbeek, H., Zwakhalen, S. M. G., Schols, J. M. G. A., Kempen, G. I. J. M., & Hamers, J. P. H. (2020). The living lab in ageing and long-term care: a sustainable model for translational research improving quality of life, quality of care and quality of work. *The journal of nutrition, health & aging*, *24*(1), 43- 47.

P15: Esketamine in the elderly-is it efficient and safe?

Background: elderly patients are significantly impacted by MDD and are less responsive to treatment. ECT is used more often in older patients but has its drawbacks. There is a need for for novel antidepressants.

Esketamine, is a FDA approved novel treatment to treatment resistant depression(TRD). Studies of esketamine nasal spray administered with a newly initiated oral antidepressant in TRD aged patients 18-64 years demonstrated rapid onset versus a newly initiated oral antidepressant plus placebo, with maintenance of the treatment effects following long term intermittent dosing. Side effects are dose related, psychotomimetic dissociative, elevation in HR+BP, cognitive impairment, hepatotoxicity and inflammation of bladder endothelium.

Objective: to review the current data regarding esketimine treatment in elderly TRD patients.

Results: beside several case reports only 2 RCTs checked efficiency and safety in elderly patients.

A pilot RCT of titrated subcutaneous ketamine in older patients with TRD was conducted in 2017. 16 participants> 60 years with TRD who relapsed after remission or did not remit in the RCT were than administered an open label phase. Up to 5 doses of ketamine (0.1 to 0.5 mg\kg) were administered with midazolam as an active control, randomly inserted. 12 ketamine treatments were given in separate sessions at least 1 week apart. Remitters in

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