

EV732

A case report of Charles Bonnet syndrome – the silent doubt: Am I crazy?

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Introduction The Charles Bonnet syndrome refers to symptoms of visual hallucinations that occur in patients with visual acuity or visual field loss. These are often called release hallucinations, reflecting the most widely accepted theory about their pathogenesis. The syndrome is most found in elderly patients, 70–85 years, and this probably reflect the mean age at which the most common underlying conditions are seen. It is probably more common than is thought and because either it is misdiagnosed as psychosis and/or dementia or it is not reported by patients because they fear that the hallucinations represent psychiatric disease.

Objective and method The authors present the clinical case of a 89-year-old woman, with no previous psychiatric disease, admitted to hospital because of visual hallucinations in form of children and animals. She experienced them during months until she told someone. No psychiatric symptoms were found. The lady had a serious cataract on the left eye with total loss of the visual acuity, as documented by ophthalmologic examination.

Results The patient initiated quetiapine 300 mg and will have period appointments with a neurologist. Further future information will be presented.

Conclusions A correct diagnosis is essential to treat these patients and explaining them the meaning of the hallucinations is generally relieving. Many author disagree with antipsychotic agents, while others report benefit.

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Very late-onset schizophrenia-like psychosis: Case report and current status of the issue

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Introduction Schizophrenia has traditionally been considered to strictly be an early-onset disorder. Current nosologies, including DSMV, are not restrictive with age of onset in schizophrenia and all patients that satisfy diagnostic criteria fall into the same category. Since 1998, International Late-Onset Schizophrenia Group consensus, patients after 60 are classified as very-late onset schizophrenia-like psychosis. Female overrepresentation, low prevalence of formal thought disorder, and a higher prevalence of visual hallucinations are associated with later age at onset. Atypical antipsychotics represent the election treatment because of the reduced likelihood of EPS and tardive dyskinesias, and should be started at very low doses, with slow increases.

Objective To review the current knowledge about very late-onset schizophrenia through systematic review of the literature and the analysis of a case.

Methods Case Report. Review. Literature sources were obtained through electronic search in PubMed database of last fifteen years.

Results We present a case of a 86-year-old woman suffering from delusions and hallucinations, diagnosed with very late-onset schizophrenia-like psychosis, after differential diagnosis with other disorders. We analyze etiology, epidemiology, clinical features and treatment in geriatric patients with schizophrenia.

Conclusions Reluctance to diagnose schizophrenia in old people is still present today, probably in relation with the inconsistency in diagnostic systems and nomenclature, and consideration of medical conditions in the diagnosis. Identification of these patients is really important in order to start an appropriate treatment, which can lead to patient clinical stability.

Keywords Very-late onset; Schizophrenia; Case report; Review
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EV734

Paliperidone palmitate in psychogeriatric patients and new criteria STOPP-STARTI. Martínez Perez^{1,*}, F. García Sánchez², M.R. Raposo Hernandez³, A. Gil Sánchez⁴, A.L. Gonzalez Galdamez³, M.D. Piqueras Acevedo³, J.M. Lujan Rico¹, A. Belmar Simo³, C.J. Garcia Briñol³¹ *Residencia Psicogeriatrica Virgen del Valle, Psiquiatría, Murcia, Spain*² *Hospital Universitario Viren de la Salud, Anestesia, Elda, Spain*³ *Hospital Universitario Santa Lucia, Psiquiatría, Cartagena, Spain*⁴ *Centro Salud Mental Vicente Campillo, Psiquiatría, Murcia, Spain** *Corresponding author.*

The treatment of psychosis in the elderly should ensure effectiveness and avoid side effects from combination therapy. Long acting antipsychotic as paliperidone palmitate facilitates this work. Furthermore, STOPP-START criteria, first published in 2008 (in Spanish in 2009), are being adopted as reference criteria throughout Europe. The Spanish version of the new 2014 edition is also recently published [1]. A descriptive study of a total of 53 institutionalized patients in psychogeriatric residence (>60 to 97 years) with psychotic disorder diagnosis and treatment with various neuroleptics is done. In total, 26.4% of the sample admitted to treatment with three different antipsychotics, and 47.1% with combination of two antipsychotics. Only 26.4% worked with antipsychotic monotherapy. In these patients, treatment with paliperidone palmitate starts or sets the previous dose. A CGI scale is applied after six months of treatment. Antipsychotic monotherapy in 66.66% of patients on neuroleptic combination therapy was achieved, so that 75% of the sample currently maintains monotherapy with paliperidone palmitate. The paliperidone palmitate has shown effectiveness in the symptomatic control and reducing the risk of inappropriate prescribing in older patients with psychosis. The paliperidone palmitate allows antipsychotic monotherapy in the psychogeriatric patient with severe mental illness polymedicated as the STOPP-START criteria recommends.

Reference not available.

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EV735

Comorbidity and polypharmacy in elderly living in nursing homesA.R. Ferreira^{1,*}, S. Martins², L. Fernandes³¹ *PhD Program in Clinical and Health Services Research/PDICCIS, Health Information and Decision Sciences Department, Faculty of Medicine of University of Porto, Porto, Portugal*² *Center for Health Technology and Services Research/CINTESIS, Faculty of Medicine of University of Porto, Porto, Portugal*³ *Center for Health Technology and Services Research/CINTESIS, Faculty of Medicine of University of Porto, Psychiatry Service - CHSJ Porto, Porto, Portugal** *Corresponding author.*

Introduction The ageing process is characterized by a high level of complexity, due to the co-occurrence of multiple chronic diseases (comorbidity) that often results in the concomitant use of multiple drug therapies (polypharmacy) for treatment and prophylaxis. Institutionalized elderly may be regarded as the paradigm of this complexity because of their multiple chronic diseases and decreased functional and cognitive functions.

Objective To explore and characterize the prevalence of comorbidity and polypharmacy in a sample of institutionalized elderly.

Methods A cross-sectional study was conducted with an elderly sample recruited from three Portuguese nursing homes. Clinical information was obtained through interview and by review of residents' medical records. The Anatomical Therapeutic Chemical/ATC classification was used to indicate the main group of medicines used, and polypharmacy was categorized into minor (2–4 medicines) or major (≥ 5). Comorbidities were coded using the individual body systems of Cumulative Illness Rating Scale for Geriatrics/CIRS-G.

Results The sample included 175 elderly with a mean age of 81 (sd=10) years and institutionalized for an average of 7 (sd=11) years. Residents presented a mean of 9 (sd=4) co-morbid medical conditions, mostly psychiatric (80.8%), vascular (76.7%) and endocrine/metabolic (70.3%). Major polypharmacy was verified for 73.9% of residents. The mean number of medicines was 7 (sd=3), most commonly for cardiovascular (86.0%) and nervous system (79.1%) and for blood and blood-forming organs (69.2%).

Conclusions As in other studies in similar settings, polypharmacy was fairly common. These results convey an important message considering that polypharmacy has been associated with negative clinical outcomes that could otherwise be preventable by reducing the number of prescribed medicines.

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EV736

A case report of a Capgras' syndrome in elderly

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Introduction Capgras syndrome is the most frequent delusional misidentification syndrome (DMS) which was first described in 1923 by Capgras and Reboul-Lachaux as 'L'illusion des sosies'. Consists of believe that close relatives have been replaced by nearly identical impostors. It can occur in the context of psychiatric disorders (schizophrenia, major depression) such organic, in which onset of delirium is usually later coinciding with neurological damage or neurodegenerative disease.

Case report Woman 73-year-old diagnosed of schizophrenia since more than thirty years ago. Her family talk about general impairment of the patient in the last two years. She needed a couple of psychiatric hospitalizations because of her psychiatric disease, and probably onset of cognitive impairment. In this context, we objectified the presence of a Capgras syndrome.

Objectives To review the literature available about Capgras syndrome in elderly and illustrate it with a clinical case.

Methods Review of literature about Capgras syndrome in elderly by searching of articles in the PubMed database of the last five years to illustrate the exposure of a single case report.

Results The etiology of this syndrome is not yet well understood. Advanced age is frequently found Capgras syndrome with or without the concomitant presence of an obvious cognitive impairment.

Conclusions Since it is a complex process an etiological model that combines cognitive and perceptual deficits, organic impairment and psychodynamic factors should be proposed. And it is

important to make a correct differential diagnosis that allows us to carry out the best possible treatment.

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Depression in geriatric inpatients: Correlations with nutritional state and cognitive functions

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Background Although the prevalence of malnutrition is relatively low among elderly people, the risk increases significantly among inpatients and even more in those with mental deterioration.

Aims To evaluate the possible association between the severity of depressive symptoms, the nutritional status and the cognitive decline in a sample of geriatric inpatients.

Methods Fifty-one geriatric inpatients completed the following tests:

- Hamilton Depression Rating Scale (HAM-D), to assess the severity of depressive symptoms;
- Mini Nutritional Assessment (MNA), as a nutrition screening and assessment tool;
- Mini Mental State Examination (MMSE), to assess the cognitive impairment.

Results There is a negative proportional relationship between HAM-D and MMSE scores ($P=0.001$) and between HAM-D and MNA scores ($P=0.023$). Depressed patients found to have a greater cognitive impairment and a worse nutritional status. Considering a HAM-D cut-off point of 14, distinguishing mild than moderate depression, it shows a significant correlation with the MNA scores ($P=0.008$). Patients with HAM-D scores ≥ 14 have an average MNA score of 19.8, while patients with HAM-D scores < 14 have an MNA average score of 23.6. Euthymic or mildly depressed patients are not at risk of malnutrition, while those with moderate or severe depression have an increased risk of malnutrition.

Conclusions Our study shows significant correlations between the severity of depressive symptoms and the risk of malnutrition or cognitive impairment. A mild depression state does not seem to be associated with an increased risk of malnutrition.

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EV739

Neuropsychological and motivational factors of cognitive efficiency in elderly patients with essential arterial hypertension

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Introduction The diagnostics of cognitive disorders (CD) in patients with essential arterial hypertension (EAH) is often necessary for the choice of treatment strategy.

Objective To assess the role of neuropsychological and motivational factors in cognitive efficiency of elderly EAH patients.