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.

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

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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.

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

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EW0203

The effectiveness and long-term prognosis of the intravenous course of cerebrolysin in patients with the amnestic MCI

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Early diagnosis and treatment in the predementia stage of Alzheimer's disease, i.e. in amnestic 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.

Disclosure of interest   The author has not supplied his/her declaration of competing interest.

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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 Co-morbidity 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.