

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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