

EPV0664

Elderly depression in front-line health services: A descriptive and evaluative cross-sectional study

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Introduction: Depression is a common pathology in the elderly, often unrecognized and mostly affiliated to the consequences of aging, especially in front-line services. It induces somatic and functional impact and even a suicidal risk.

When unrecognized or neglected, depression can reduce life expectancy and increases the use of healthcare and the institutionalization.

Objectives: -Determine the point-prevalence of depression in the elderly in a front-line health service in Tunis.

- Identify risk factors of depression in the elderly.

Methods: A descriptive and evaluative cross-sectional study on a sample of patients aged 65 or more, in a Tunisian front-line service of general health care regardless of the medical reason.

Sociodemographic and clinical forms along with the PHQ-9 scale (Patient health questionnaire-9)

- validated in Tunisian dialect- were used.

Results: Thirty patients have participated in our study (21 men and 9 women). The average age was 73.23 years. Chronic pathologies were found in 96.66% of cases.

The found risk factors are: female sex in 70% of cases, loneliness and isolation in 10% of cases, widowhood in 50% of cases, grieving in 6.6% of cases and somatic comorbidity in 96.66% of cases.

The overall prevalence of depressive symptoms was 53.33%. This is correlated with advanced age and female sex (57.14% in women vs 33.33% in men).

The depressive symptomatology found, was mild in 18.5% of cases, average in 62.5% of cases and moderately severe in 18.5% of cases.

Conclusions: Depression is a frequent pathology in the elderly with multiple risk factors. The aging of the Tunisian population on one hand and the change of the social model (family nucleus) on the other, encourage the early detection of depression in the elderly and the training of the health professionals in order to limit its prevalence.

Disclosure of Interest: None Declared

EPV0665

Differences in sleep difficulties between hospitalized patients with moderate dementia and people with preserved cognitive functions living in nursing homes

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Introduction: Approximately 40% of people with dementia have some sleep disorder, and in as many as 20% this disorder is of clinically relevant severity. The risk of sleep disorders is especially high in people who have been hospitalized for a long time due to dementia. However, sleep disorders are also common in people hospitalized for a long time for the treatment of other mental disorders, so it is unclear to what extent the described risk for sleep disorders is related to dementia and to what extent to living in an institution. In order to answer that question, a control group of persons without dementia who are permanently housed in institutions is necessary. Given that the risk of sleep disorders is related to age and that people with dementia are older on average, a proper control population should be comparable in terms of age. The optimal control population therefore consists of persons without diagnosed dementia, i.e. preserved cognitive functions, permanently residing in homes for the elderly.

Objectives: The aim of this research was to examine whether there are differences in sleep difficulties between hospitalized patients with moderate dementia and people with preserved cognitive functions living in homes for the elderly.

Methods: Cross-sectional research at the Clinic for Psychiatry "Sveti Ivan", Zagreb and five homes for the elderly in Zagreb. Sleep problems were measured using the Pittsburgh Sleep Quality Index. The hypothesis was tested using linear regression analysis with adjustment for age, sex, education and body mass index. The subjects were 60 patients diagnosed with moderate dementia, aged 60-90 years, who were treated for at least one month in a psychiatric hospital in the dementia department, and the control group was 60 people living in homes for the elderly.

Results: The two groups were well matched in terms of age and sex, but there were large differences in the level of education and body mass index. After adjustment for the mentioned covariates, the total PSQI score was not statistically significantly different between the two groups ($p = 0.839$). The only statistically significant difference was that patients with dementia slept longer on average during the night ($p = 0.003$).

Conclusions: Moderate dementia in hospitalized patients does not seem to be an independent risk factor for sleep difficulties.

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Long-term care utilization within older adults with schizophrenia: Associated factors in a multicenter study

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Introduction: Data are scarce regarding the clinical factors associated with utilization of long-term care facilities among older adults with schizophrenia.