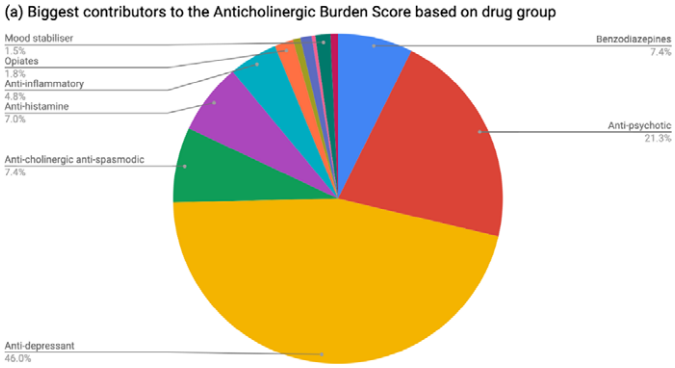

Conclusions: This multicentre cross-sectional study found that people with dementia are frequently prescribed anticholinergic drugs, even if also taking cholinesterase inhibitors, and are significantly more likely to be discharged with a higher anticholinergic drug burden than on admission to hospital.

Conflict of interest: This project was planned and executed by the authors on behalf of SPARC (Student Psychiatry Audit and Research Collaborative). We thank the National Student Association of Medical Research for allowing us use of the Enketo platform. Judith Harrison was su
Keywords: dementia; Cholinesterase Inhibitors; Alzheimer Disease; Muscarinic Antagonists

EPP0841

Use of benzodiazepines and related drugs and the risk of dementia: A review of reviews

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Introduction: Benzodiazepines (BZDs) and related drugs (BZRDs) are widely used to reduce agitation, anxiety and sleep disturbances in the elderly, despite concerns raised about their modest efficacy for such indications and risk of severe adverse effects, including acute consequences on cognition. Recently, some studies have also raised concerns about the long-term effect of BZDs, suggesting their association with an increased risk of cognitive decline and dementia.
Objectives: To review published synthesis studies on the risk of dementia development due to BZDs/BZRDs use.
Methods: An electronic search was conducted in PubMed. Meta-analysis, systematic and non-systematic reviews examining the association between BZDs/BZRDs and subsequent dementia were included. No language nor publication date restrictions were applied. Search results other than synthesis studies were excluded. Studies were screened for relevance based on predefined inclusion and exclusion criteria.
Results: Overall, 246 results were obtained. After initial screening, nine studies were included. From these, three were systematic reviews with meta-analysis of observational studies (cohort and/or case-control), one was a systematic review from observational studies and five were non-systematic reviews. Most studies found an association between BZDs/BZRDs and subsequent dementia, with meta-analysis studies reporting an increased risk (OR) between 1,38 and 1,78, even after controlling for protopathic bias. However, difficulties in establishing a causal relationship are reported due to the considerable clinical and methodological heterogeneity of the primary studies.
Conclusions: Most studies suggest an association between the use of BZDs/BZRDs and dementia risk, highlighting that their prescription should be cautious, prevented or reduced to attenuate this risk.

Keywords: dementia; Cognitive decline; Benzodiazepines; Z-drugs

EPP0842

Combined exercise programs as protective factor against depression later in life: A systematic review

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Introduction: Exercise has been repeatedly reported as an effective means of preventing and treating mood disorders. Therefore, there is a significant research interest for the way exercise is connected with depression and the effectiveness of different exercise parameters as intensity, duration and modality. There is significant research evidence supporting the hypothesis that exercise can alleviate the symptoms of clinical depression. Nevertheless, there has not enough evidence to compare the effectiveness of deferent types of exercise as complementary therapy in depression.
Objectives: The purpose of the present study was to review the available research concerning the effect of exercise modality in depression and attempt to code and analyze the programs used in elderly (>65).
Methods: A systematic review was contacted of randomized control trials published in electronic journals. The electronic data bases PubMed, EBSCOhost and Trip Medical Database were used.
Results: Combined programs are predominate used for improving mood in elderly and the combinations used more frequently was short-term, light to moderate sub maximal aerobic exercise combined with dynamic resistance exercise following by Short-term, light to moderate sub maximal aerobic exercise combined with