impairment, 15.7% anxiety, 14.3% depression, 6.1% hallucinations and delusions, 7.2% hypochondriacal ideas and 4.4% obsessive symptoms. Female gender was significantly associated with depression (PR: 3.3) and anxiety (PR: 3.9). Age was a factor associated with cognitive impairment (PR: 4.4). Depression was significantly related to severity of the physical illness (PR: 61.7 in extremely severe impairment). Solitude (PR: 16.3) and being single (PR: 13.4) were factors which were strongly associated with anxiety; living in residences was associated with psychotic symptoms (PR: 7.6).

Conclusions: Severity of physical illness, solitude, living in residences and female gender, among others, are related with psychiatric symptoms in community-residing elderly persons.

P0356

Depressive symptoms in the elderly inpatients in a Brazilian university hospital: Prevalence and associated factors

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Introdution: Mental disorders are among the most prevalent chronic diseases in the elderly worldwide and depression is the most common. Often not properly identified or treated, depression contributes to impairment in functional capacity and to considerable burden for family members and health services.

Objective: Study the prevalence of depressive symptoms and associated factors in the elderly interned in a Brazilian university hospital.

Method: A cross-sectional study evaluated 189 participants using the Geriatric Depression Scale, the Mini-Mental State Examination and the Katz and Lawton Index, to assess dependence regarding activities of daily living (ADL).

Results: The majority of the participants were women, aged between 60 and 92 years-old, with low educational level and personal income and nonqualified occupations. The prevalence of depressive symptoms was 56.1%, but only 3% had a psychiatric diagnosis registered in their medical records. Univariate analysis showed significant associations between depressive symptoms and low educational level and income, marital status, number of hospitalizations in the previous year, cognitive decline, dependence regarding basic and instrumental ADL and death. After logistic regression, the only variables that remained significantly associated with depression were low educational level, dependence regarding basic ADL and death.

Conclusions: Depressive symptoms were independently associated with low educational level and dependence regarding basic ADL. More importantly, hospitalized elderly with depressive symptoms were more likely to die. It is essential to properly diagnose and treat depression in this population, to minimize its negative impact on patients, family members and health services.

P0357

Concept of power in Iranian elderly

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Aim: this paper reports a study exploring the structure of power in Iranian elderly and provides a foundation for cultural based care.

Background: The older adult population is increasing in the world. It is estimated that the number of people age 60 and older to be about 600 millions in the world. Power is a source for living that is present in all individuals. Although some researches have been exploring the meaning of power among elderly, there is no information about the concept of power in Iranian elders.

Method: In this qualitative study, 22 participants were interviewed about the concept of power; purposive sampling was used to understand the nature of the phenomenon under study. The interviews were analyzed using a content analysis method.

Findings: The main categories that emerged from this qualitative study, included: independence; being aware of personal changes; coping; perceived self ability; role playing; and mastery.

Conclusion: This is the first qualitative study that describes how Iranian elderly perceive their power. The main structures of power were perceived self ability and mastery, which according to the participants' stand points is formed and takes meaning in their families. Findings are important to health care professionals especially nurses involved in the care of elderly.

Key words: power, empowering, Iranian elderly, ageing, content analysis.

P0358

Bases of preventive psychogeriatry

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Problem of age and ageing is considered currently from various positions — biological, physiologic, psychological and social ones. With improvement of conditions of life and further medical progress mankind is confronted by perspective of fruitful and long life. With formation of ageing alterations of special significance is interaction of constitutional (characterological) and environmental (microsocial) factors. Great role is played by relations of ageing person with the nearest: negative influence of environmental impacts generates in them a number of neurotic disturbances. They include states of "social isolation" (during adult children leave the family), "pensionary bankruptcy" or panic fear "not to reach the pension", "neuroses of resume" caused by subjective assessment of adverse balance of life achievements. There is also another viewpoint based on that with onset of ageing neuro-mental reactivity of the personality is lowering thereby pathogenic action of traumatizing relations looses its significance (results in reduction of neurotic diseases in later life).

The ageing person is confronted by questions: how to behave in new setting, how not to be complicating for the nearest and her/himself? How to avoid decrepit state, prolong her/his productivity, feel till last days of natural end of life being healthy and robust? The decision making in this situation depends on mind and volition of the person, on selected by her/him general strategy of "overcoming" the ageing, conscious strive for productive and full longevity. In this regard we surely may say that prevention of untimely old age fully depends on healthy way of life at young age.

P0359

A mental health assessment and support team for community elders in a Scottish health region

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Background: The '2005 National Framework for Service Change in the National Health Service (NHS) in Scotland' promoted the need for NHS service delivery in local communities rather than in hospitals, and to develop a systematic approach for the most vulnerable (especially older people) with long term conditions with a view to managing their conditions at home or in the community and reducing the chance of hospitalization. This combined with the recognition of an aging population encouraged service redesign in a Scottish health region with the focus on community assessment of older people with mental health needs.

Aims: To establish and assess the functioning of a joint Health and Social Services enhanced assessment and support team (EAST) for community-dwelling elders with significant mental health needs living in a Scottish health region, and to determine the impact of this team on mental health hospital services.

Methods: Prospective three-year data collection of local service activity involving EAST, and both inpatient and day hospital facilities for older adults with mental health problems.

Results: EAST assessed 111 patients during the study, 83% with a diagnosis of dementia. The mean duration of assessment was 6 weeks with 9% of patients receiving an overnight home assessment and 6% requiring hospital admission. Overall there was a substantial reduction in utilization of both acute admission beds and day hospital placements.

Conclusions: Multi-agency community assessment of older adults with mental health problems can be addressed effectively without recourse to hospital admission, which may allow resource release for further service developments.

P0360

A psychiatric intensive care unit (PICU) for older adults in a Scottish health region

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Background: A number of definitions for 'psychiatric intensive care' exist but generally they detail care in a multidisciplinary, highly staffed, and often secure, unit for persons with mental disorder and associated behavioural disturbance. The role of psychiatric intensive care units (PICU) is well established for the general adult psychiatric population, but these units are often less suitable for older adults. A dedicated PICU for older adults in a Scottish Health Region serving a population of 350,000 was established in 2001 to deal primarily with an increase of behaviourally challenging demented male patients in the psychogeriatric admission wards of that region.

Aims: To detail patient characteristics and outcomes of admission to the PICU for older adults in a Scottish Health Region.

Method: Prospective survey of admissions to the PICU from January 2006 until August 2007, using routinely collected data.

Results: 25 male patients, mean age 74 years, were admitted during the survey, with 52% detained under Mental Health legislation. The main transfer reasons were resistive behaviours and persistent physical aggression. The majority (32%) of patients had a primary diagnosis of Alzheimer's dementia, 20% with vascular dementia. The average mini-mental state score was 15/30, and the mean duration of patient stay in the PICU was 54 days, with 84% of admissions discharged from the unit during the evaluation period.

Conclusions: A regional psychogeriatric intensive care unit can serve a useful function in the management of disturbed elders who are otherwise difficult to manage within existing psychogeriatric acute admission wards.

P0361

Antipsychotics in elderly psychiatric inpatients

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Antipsychotics have been widely used in psychiatric patients for indications other then psychosis. In the elderly antipsychotics are commonly used in mood disorders, agitation and behavioral and psychological symptoms of dementia. The use of antipsychotics in real-life clinical setting does not always follow recommendations, which is especially important in vulnerable populations like the elderly and the elderly with dementia.

Our study presents cross-sectional data on the use of antipsychotics in hospitalized elderly psychiatric patients (n=90). Data have been extracted from medical records by structured data sheet.

Our sample of elderly inpatients is female predominant, with high age variability and consists of patients with various diagnosis, in around half of them the main diagnose is dementia. The use of anti-psychotics for at least some time during hospitalization has been recorded in almost all patients for different reasons beyond diagnosis. Among antipsychotics atypicals have been used most often, usually in low doses. Among typical antipsychotics haloperidol and promazine have been used to control agitation but seldom as continuous therapy.

The results of our study confirm the wide use of antipsychotics in the elderly for various reasons that follow syndromes, behaviors and some of the acute symptoms rather then diagnosis. Considering the biological vulnerability of the elderly and potentials for side-effects as well as multiple drug use more attention has to be put on the actual use of antipsychotics which should be reflected in guidelines and recommendations.

P0362

Effects of volunteering on the physical and mental health of older adults: Does the type of volunteer work matter?

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Objective: The aim of the study was to determine the effects of volunteering on the physical and mental health of older adults, including the effect of type of volunteer work.

Methods: Data were collected from 120 subjects above the age of 60, of whom half were volunteers: 30 subjects provided care to terminally ill in hospices and 30 subjects collected funds in a single charity event during the 14th Finale of the Great Orchestra of Christmas Charity. The control group comprised 60 subjects not engaged in any kind of social activity. The following questionnaire methods were used: The Geriatric Depression Scale, Instrumental Activities of Daily Living, Norbeck Social Support Questionnaire and the originally developed inventory of health behaviors as recommended for this group of age.

Results: The analysis of variance revealed that volunteering had protective effect on functional dependency, depression and level of health behaviors. The type of volunteer work was found as a moderator of the level of depression, subjective health status over last year and physical activity. The multiple regression analysis revealed the