

Introduction The ageing process is characterized by a high level of complexity, due to the co-occurrence of multiple chronic diseases (comorbidity) that often results in the concomitant use of multiple drug therapies (polypharmacy) for treatment and prophylaxis. Institutionalized elderly may be regarded as the paradigm of this complexity because of their multiple chronic diseases and decreased functional and cognitive functions.

Objective To explore and characterize the prevalence of comorbidity and polypharmacy in a sample of institutionalized elderly.

Methods A cross-sectional study was conducted with an elderly sample recruited from three Portuguese nursing homes. Clinical information was obtained through interview and by review of residents' medical records. The Anatomical Therapeutic Chemical/ATC classification was used to indicate the main group of medicines used, and polypharmacy was categorized into minor (2–4 medicines) or major (≥ 5). Comorbidities were coded using the individual body systems of Cumulative Illness Rating Scale for Geriatrics/CIRS-G.

Results The sample included 175 elderly with a mean age of 81 (sd=10) years and institutionalized for an average of 7 (sd=11) years. Residents presented a mean of 9 (sd=4) co-morbid medical conditions, mostly psychiatric (80.8%), vascular (76.7%) and endocrine/metabolic (70.3%). Major polypharmacy was verified for 73.9% of residents. The mean number of medicines was 7 (sd=3), most commonly for cardiovascular (86.0%) and nervous system (79.1%) and for blood and blood-forming organs (69.2%).

Conclusions As in other studies in similar settings, polypharmacy was fairly common. These results convey an important message considering that polypharmacy has been associated with negative clinical outcomes that could otherwise be preventable by reducing the number of prescribed medicines.

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EV736

A case report of a Capgras' syndrome in elderly

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Introduction Capgras syndrome is the most frequent delusional misidentification syndrome (DMS) which was first described in 1923 by Capgras and Reboul-Lachaux as 'L'illusion des sosies'. Consists of believe that close relatives have been replaced by nearly identical impostors. It can occur in the context of psychiatric disorders (schizophrenia, major depression) such organic, in which onset of delirium is usually later coinciding with neurological damage or neurodegenerative disease.

Case report Woman 73-year-old diagnosed of schizophrenia since more than thirty years ago. Her family talk about general impairment of the patient in the last two years. She needed a couple of psychiatric hospitalizations because of her psychiatric disease, and probably onset of cognitive impairment. In this context, we objectified the presence of a Capgras syndrome.

Objectives To review the literature available about Capgras syndrome in elderly and illustrate it with a clinical case.

Methods Review of literature about Capgras syndrome in elderly by searching of articles in the PubMed database of the last five years to illustrate the exposure of a single case report.

Results The etiology of this syndrome is not yet well understood. Advanced age is frequently found Capgras syndrome with or without the concomitant presence of an obvious cognitive impairment.

Conclusions Since it is a complex process an etiological model that combines cognitive and perceptual deficits, organic impairment and psychodynamic factors should be proposed. And it is

important to make a correct differential diagnosis that allows us to carry out the best possible treatment.

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EV738

Depression in geriatric inpatients: Correlations with nutritional state and cognitive functions

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Background Although the prevalence of malnutrition is relatively low among elderly people, the risk increases significantly among inpatients and even more in those with mental deterioration.

Aims To evaluate the possible association between the severity of depressive symptoms, the nutritional status and the cognitive decline in a sample of geriatric inpatients.

Methods Fifty-one geriatric inpatients completed the following tests:

- Hamilton Depression Rating Scale (HAM-D), to assess the severity of depressive symptoms;
- Mini Nutritional Assessment (MNA), as a nutrition screening and assessment tool;
- Mini Mental State Examination (MMSE), to assess the cognitive impairment.

Results There is a negative proportional relationship between HAM-D and MMSE scores ($P=0.001$) and between HAM-D and MNA scores ($P=0.023$). Depressed patients found to have a greater cognitive impairment and a worse nutritional status. Considering a HAM-D cut-off point of 14, distinguishing mild than moderate depression, it shows a significant correlation with the MNA scores ($P=0.008$). Patients with HAM-D scores ≥ 14 have an average MNA score of 19.8, while patients with HAM-D scores < 14 have an MNA average score of 23.6. Euthymic or mildly depressed patients are not at risk of malnutrition, while those with moderate or severe depression have an increased risk of malnutrition.

Conclusions Our study shows significant correlations between the severity of depressive symptoms and the risk of malnutrition or cognitive impairment. A mild depression state does not seem to be associated with an increased risk of malnutrition.

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EV739

Neuropsychological and motivational factors of cognitive efficiency in elderly patients with essential arterial hypertension

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Introduction The diagnostics of cognitive disorders (CD) in patients with essential arterial hypertension (EAH) is often necessary for the choice of treatment strategy.

Objective To assess the role of neuropsychological and motivational factors in cognitive efficiency of elderly EAH patients.

Materials and methods Twenty-five patients with EAH took part in the study, stage 1–2, mean age was 67.6 ± 6.1 . The assessment of cognitive functions embraced a quantitative measurement of intelligence quotient (IQ) with the Wechsler Adult Intelligence Scale (Wechsler, 1955), and investigation into qualitative features of cognitive processes with Luria's neuropsychological assessment scheme (Luria, 1980) and Zeigarnik's procedure of pathopsychological study (Zeigarnik, 1972).

Results Within the psychological syndrome structure of CD in EAH patients the leading part is played by the neuro-dynamic factor, manifested in general lability, slowing down, and sudden exhaustion caused by reduction in energy of mental activity. The conclusion is supported by the high frequency of described symptoms among EAH patients and low dynamics of their reduction against the antihypertensive therapy (Pervichko et al., 2014, 2015). However, performance of experimental tasks makes 30% of EAH patients reveal reduced motivation. They would achieve poor results in general scoring, if compared with the group of highly motivated participants. Correlation analysis data show the interconnection between frequency disturbances in motivation and frequency in occurrence of various signs of cognitive decline, such as low efficiency in memorization and delayed recall, as well as low IQ indices.

Conclusions The data provide a strong argument to support the hypothesis of particular importance of motivational factor of cognitive efficiency in elderly EAH patients.

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EV740

Case-report and review of selective serotonin reuptake inhibitors-induced delirium in older adults

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Introduction Selective serotonin reuptake inhibitors (SSRIs) are the most widely prescribed antidepressants with generally fewer side effects than most other types of antidepressants. However, in frail elderly, the use of SSRIs was anecdotally reported as a potential cause of a delirium.

Objectives To present a case of citalopram-induced delirium in an older adult diagnosed with late-life depression.

Aims To review available literature on SSRI-induced delirium.

Methods A case report is presented and discussed, followed by a literature review.

Results Seven published cases of SSRI-induced delirium in older adults (>60 years) were found while searching through Pubmed and Embase. Our case of a 75-year-old female is also included in this report. This patient was ambulatory treated with citalopram 20 mg per os against depressive symptoms and she developed a delirium four days after the initiation of the therapy. Blood tests were normal and CT scan showed no significant findings. No other medical evidence was found that could explain her delirium. Her symptoms finally resolved after discontinuation of citalopram.

Conclusion The on- and off-treatment side-effect correlation by a segregate oral use of citalopram strongly suggests that SSRIs may have the potential to cause a delirium, especially in frail elderly. Further research on this topic is needed.

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EV742

Differential diagnosis based on age. Diagnostic difficulties

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Introduction Following a case presented in our inpatient unit as well as various interdepartmental from internal medicine and other emergencies, we decided to conduct a literature review on the different organic causes that can trigger the onset of psychotic symptoms in elderly.

Objectives A correct differential diagnosis of psychiatric symptoms in elderly.

Aims Literature review of the literature on the presentation of psychotic symptoms in the elderly.

Methods Description of a clinical case and development of diagnostic hypotheses.

Results and conclusions For several decades are experiencing a gradual aging of the population, which means that we are at the onset of clinical symptoms not described by classical authors. Furthermore, scientific advances make infectious causes (such as neurosyphilis was our first diagnostic hypothesis) are increasingly rare. The elderly usually has multiple comorbidities, which are receiving various treatments that must be ruled out possible adverse effects.

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EV743

Spousal caregiving for Parkinson's disease: Life changing dynamics

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Although worldwide estimates of the prevalence of Parkinson's disease (PD) have been difficult to obtain, it is agreed that the frequency of cases is rising with the increase in human life expectancy. Spouses often assume the primary responsibility for individuals with PD and this considerable burden impacts all aspects of the caregivers' (CG) and their families' lives. Few have formal training in administering health care; yet they are required by necessity to undertake the CG role. We constructed two questionnaires specified for PD (84 items) and their CG (81 items). Both were either mailed or emailed to 256 people from a PD association list. We also conducted in person interviews with 8 pairs of PD and CG. The questionnaires and interviews included a wide range of topics such as health history and change, physiological health, social engagement, support availability, stressors, emotional health, sleep, financial concerns, and overall QoL. Fifty-nine participants responded to the questionnaire (PD: 20 males, mean age 73.42; 11 females, mean age 77.73; (CG: 4 males, mean age 85.25; 24 females, mean age 69.13). We analyzed data specific to CG and also made comparisons between the CD and PD groups. Findings revealed increasingly significant physiological and psychiatric issues for both the PD and CG. PD reported greater satisfaction with support systems while CG expressed concern regarding the paucity of support for themselves. The presence of PD creates a multifaceted exponential increase in challenges to QoL for both PD and their CG with the latter receiving little support.

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