Objective The objective of this study is to describe the prevalence of benzodiazepine in a sample of patients (≥65 years) attended by liaison psychiatry units (LPU) in Spain and its possible relation to falls.

Methods: This is an observational., cross-sectional, multicenter study. We obtained data from a sample of 165 patients (≥65 years) admitted to 7 general hospitals in Spain referred from different departments to each liaison psychiatry unit. Data was collected for a month and a half period. Psychiatric evaluations were performed while the patients were on wards.

Results: We obtained a sample of 165 patients (78 women, 88 men) with a mean age of 76,03 years old (42.10% <75 years, 57,83% ≥ 75 years). Most of them were married and they lived accompanied (67,27%). Only 5,45% lived in a nursing home. 65,45% of patients had prescribed at least one psychotropic drug before LPU intervention; mainly (50,9%) benzodiazepines (60%women/40%men). 70,9% of these group of patients had more than one psychotropic drug prescribed before LPU. After LPU intervention in 39,39% at least one drug was withdrawn (in 50,81 % of cases benzodiazepines). Falls in the past 6 months were reported in 24.8% of total patients. Patients under benzodiazepine treatment had fallen in 29% of cases. After LPU intervention benzodiazepines were withdrawn in 56,25% % of them.

Conclusions: Benzodiazepines are widely used in our sample and frequently is associated with polypharmacy. LPU intervention might be a useful tool to reduce the use of them, specially for those who reported falls.

Longitudinal studies might be carried out to study these factors and their possible relationship with falls, given that Benzodiazepines are consistently associated with a higher risk of falls. It is unclear whether specific subgroups such as short-acting benzodiazepines and selective serotonin reuptake inhibitors are safer in terms of fall risk. Ppropriate prescription of medications such as BZDs is an important public health issue.

P121: Efficacy of adjunctive therapy of zonisamide versus increased dose of levodopa for motor symptom in DLB parkinsonism: a randomized, controlled, non-inferiority study, DUEL Study.

P122: Differences of the treatment needs of patients with dementia with Lewy bodies and their caregivers with duration after diagnosis

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Objective; We have reported parkinsonism and psychiatric symptoms were the most important treatment needs of patients with dementia with Lewy bodies (DLB) and their caregivers, respectively [1]. However, the frequency presenting clinical symptoms and the onset time vary among patients. We investigated the impact of the disease duration on clinical symptoms, prescribed medication and treatment needs of patients and their caregivers.

Methods; Disease duration was defined as time after diagnosis with DLB. Patient-caregiver pairs were classified into two groups; one with a disease duration <24 months (S-group) and the other with a disease duration ≥24 months (L-group). Comparisons were made between two groups regarding background characteristics and treatment needs of patients and caregivers. Treatment needs were defined as symptom domains most distressing to patients and caregivers.

Results; S-group and L-group were consisted of 126 and 137 pairs of patients and their caregivers, respectively. Regarding patients' current symptoms, parkinsonism and autonomic dysfunction were significantly higher in L-group than S-group. MDS-UPDRS Part III total score and the frequency of prescription for memantine and antiparkinsonian were also significantly higher in L-group than in S- group. The treatment needs most frequently selected by patients was cognitive impairment (20.6%) followed by autonomic dysfunction (16.7%) and parkinsonism (11.9%) in S-group, and parkinsonism (24.6%), followed by cognitive impairment and autonomic dysfunction (11.1% each) in L-group, suggesting no significant difference in the tendency of symptom domains to desire treatment between groups (P=0.056). However, residual analysis showed that patients in S-group were more likely to select cognitive impairment than in L-group (P=0.045), and those in L-group were more likely to select parkinsonism than in S-group (P=0.003). The treatment needs most frequently selected by caregivers in S-group was cognitive impairment (29.4%) followed by psychiatric symptoms (20.6%) and parkinsonism (10.3%) in S-group, and psychiatric symptoms (24.6%), followed by parkinsonism (16.7%) and cognitive impairment (14.3%) in L-group, suggesting significant difference in the tendency of patients' symptom domains to desire treatment between groups (P=0.032). Dara from the onset will be added at the poster presentation.

Conclusion; It was suggested that the treatment needs of patients and their caregivers might change with duration after diagnosis.

Symptom domains that cause patients the most distress

Symptom domain	S-group (n = 126)	L-group (n = 137)	Comparative analysis (P-value)	Residual analysis (P-value)
Cognitive impairment	26 (20.6)	14 (11.1)		0.045
Parkinsonism	15 (11.9)	31 (24.6)		0.003
Psychiatric symptoms	9 (7.1)	10 (7.9)		0.718
Eating behavior-related problems	3 (2.4)	2 (1.6)	0.056	0.691
Sleep-related disorder	8 (6.3)	7 (5.6)		0.865
Autonomic dysfunction	21 (16.7)	14 (11.1)		0.241
Sensory disorder	0 (0.0)	0 (0.0)		N.C.
Invalid answer	44 (34.9)	59 (46.8)	-	-

Chi-square test

Symptom domains that cause caregivers the most distress

Symptoms domain	S-group (n = 126)	L-group (n = 137)	Comparative analysis (P-value)	Residual analysis (P-value)
Cognitive impairment	37 (29.4)	18 (14.3)		0.001
Parkinsonism	13 (10.3)	21 (16.7)		0.157
Psychiatric symptoms	26 (20.6)	31 (24.6)		0.516
Eating behavior-related problems	3 (2.4)	2 (1.6)	0.032	0.624
Sleep-related disorder	5 (4.0)	9 (7.1)		0.294
Autonomic dysfunction	6 (4.8)	12 (9.5)		0.157
Sensory disorder	0 (0.0)	0 (0.0)		N.C.
Invalid answer	36 (28.6)	44 (34.9)	-	-

Chi-square test

Reference

1) Hashimoto M, Manabe Y, Yamaguchi T, Toya S, Ikeda M. Treatment needs of dementia with Lewy bodies according to patients, caregivers, and physicians: a cross-sectional, observational, questionnaire-based study in Japan. Alzheimer's Research & Therapy. 2022; 14: 188.

P124: Side-rails as a measure of physical restraint. Perception of healthcare professionals belonging to Nursing Department. GERBAR study.

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Objective: The use of side-rails from the headboard to the foot of both sides of the bed (from now on "the rails") is the most used tool to prevent falls in our hospital setting. However, its consideration as physical restraint in the different international consensus is not clear.

In the GERBAR study (NCT04861025), we intend to evaluate the perception of the rails as a measure of physical restraint, both by hospitalized users and by the health personnel who care for them. The trial is being performed at the Consorci Sanitari Alt Penedes-Garraf, CSAPG (Barcelona, Spain).

In this report we show partial results of the data obtained from the health personnel belonging to Nursing Department.

Methods: An online poll has been carried out through the intranet and corporate emails in the last two months of 2022. All the people who works as health personnel at the CSAPG (1652 people) have been invited to this poll.

Results: We obtained a total of 246 responses, of which 27 responses have been removed for not being completed correctly.