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EV0774

Just hypochondria or something else?

I. Martinez Perez^{1,*}, F. Garcia Sánchez², A.L. Gonzalez Galdamez³, M.D. Piqueras Acevedo³, A. Belmar Simo³, A. Lopez Eugenio⁴, M.E. Felices Quesada⁵, C.J. Garcia Briñol³

¹ *Residencia Psicogeriatrica Virgen del Valle, Psiquiatría, Murcia, Spain*

² *Hospital Universitario Virgen de la Salud, Anestesia, Elda, Spain*

³ *Hospital Universitario Santa Lucia, Psiquiatría, Murcia, Spain*

⁴ *CAP Ramonete, Atención Primaria, Murcia, Spain*

⁵ *Hospital de Torrevieja, Oftalmología, Alicante, Spain*

* *Corresponding author.*

Introduction In the older adult hypochondria is one of the most common somatoform disorders, and represents a particular challenge for approach, diagnosis and treatment, since in this age group, non-psychiatric medical comorbidity and concomitant presence of other psychiatric disorders very high. It is therefore very complex differentiate hypochondria disease with a real organic cause [1].

Methods Review of the relevant literature on the subject by searching PUBMED, limited to studies of greater scientific hierarchy.

Results Analysis of symptoms present in a hypochondriac patient with comorbid psychiatric disorders and organic pathology, valuing the importance it has in its clinical manifestations and the difficulty of differential diagnosis.

Conclusions In the elderly, the high frequency of somatic disease conditions the need for a deeper physical and mental examination to avoid subjecting patients to unnecessary scrutiny and risky complementary tests [1].

The evolution of hypochondriacs, dragging hypochondria from youth is not good, persisting in his complaint and his need to see a doctor for diagnostic examinations [2]. The therapeutic approach depends on the type of complaint, in which the treatment of the underlying disease as a psychotherapeutic and pharmacological mixed approach may be the right things [2].

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Behavioral and psychological symptoms: A contribution for their understanding based on the unmet needs model

A.R. Ferreira¹, S. Martins^{2,*}, C. Dias³, M.R. Simões⁴, L. Fernandes⁵

¹ *PhD Program in Clinical and Health Services Research/PDICC-Health Information and Decision Sciences Department, Faculty of Medicine, University of Porto, Porto, Portugal*

² *CINTESIS, Center for Health Technology and Services Research, Faculty of Medicine- University of Porto, Porto, Portugal*

³ *Health Information and Decision Sciences Department. Center for Health Technology and Services Research/CINTESIS, Faculty of Medicine, University of Porto, Porto, Portugal*

⁴ *Psychological Assessment Laboratory. CINEICC, Faculty of Psychology and Educational Sciences, University of Coimbra, Coimbra, Portugal*

⁵ *Department of Clinical Neuroscience and Mental Health. CINTESIS, Faculty of Medicine, University of Porto, Porto, Portugal*

* *Corresponding author.*

Introduction Behavioural and psychological symptoms (BPSD) are frequent in dementia and their contribution to poor health outcomes is well recognized. Four major frameworks attempt an explanation their aetiology: biological, behavioural, environmental vulnerability and unmet needs models. The latter states that BPSD are symptoms of needs that are not being met due to patients' decreased ability to communicate/fulfil them. This model also implies that if needs were met, BPSD would improve.

Aims To explore the relation between needs and BPSD, and describe which unmet needs were contributing to BPSD in an elderly sample.

Methods A cross-sectional study was conducted in three Portuguese nursing homes. All residents were considered eligible. However, those unwilling or unable to participate were excluded. For each elderly patient, needs were assessed with camberwell assessment of need for the elderly/cane and BPSD with European Portuguese neuropsychiatric inventory/NPI.

Results The final sample included 166 elderly with an average of 80.9(sd = 10.2) years. Significant correlations between NPI and unmet and global needs were found ($r_s = 0.181, P = 0.020$; $r_s = 0.254, P = 0.001$, respectively). Additionally, the unmet needs of daytime activities ($P = 0.019$), company ($P = 0.028$) and behaviour ($P = 0.001$), presented significant correlations with NPI.

Conclusion In this sample, a high number of unmet needs were found. The absence of daytime activities, company and behaviour contributed to the identified BPSD, which is in line with other studies also highlighting the importance of these needs in nursing homes. This not only provides a framework for understanding BPSD, but also points to the identification of unmet needs as pivotal in prevention and treatment of these symptoms.

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Elderly diabetic patients: Depression and adherence to treatment

R. Mendes¹, S. Martins^{2,3,*}, L. Fernandes^{2,3,4}

¹ *Department of Internal Medicine, CHSJ, Porto, Portugal*

² *CINTESIS, Center for Health Technology and Services Research, Faculty of Medicine, University of Porto, Porto, Portugal*

³ *Department of Clinical Neurosciences and Mental Health, Faculty of Medicine- University of Porto, Porto, Portugal*

⁴ *Clinic of Psychiatry and Mental Health, CHSJ, Porto, Portugal*

* *Corresponding author.*

Introduction Demographic changes with the aging of the worldwide population imply an increase in prevalence of chronic diseases, such as diabetes mellitus. Many studies have suggested that depression is higher in diabetic patients, and that this association often contributes to under-recognition of the illness, limiting adequate metabolic control.

Aims To study the association between depression and adherence to treatment in elderly diabetic patients.

Methods A cross-sectional study was conducted with elderly outpatients (≥ 65 years) from the Internal Medicine Department in São João Hospital (CHSJ, Porto). Patients unable to communicate were