

recommendations to assess psychological and behavioral symptoms of dementia and the practice guidelines of American psychiatric association (APA) reinforce general principles of good clinical care. However, when these patients initiate a psychotropic, the agents often continue to be prescribed for a long time, even after the symptoms disappeared. The recommendation of reduce/stop an antipsychotic medication within 4 months of initiation may seem counterintuitive when the patient is better, with remission of the original symptoms. However, the studies showed that a large amount of patients with dementia can discontinue antipsychotic medication without a return of agitation or psychosis. Older patients are a particularly susceptible population and the risk/benefit of any medication should be carefully considered. For most patients the risk of harm outweighs the profits of continuing treatment and we need a routine evaluation of this factor to identify these cases.

It's important to reduce unnecessary medications but agitation and psychosis associated with severe distress also carry serious risks; discontinuing these medications can be dangerous so we need to manage it with caution evaluating each case as an individual one.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1122>

## EV0793

### Antipsychotic prescribing practices amongst the elderly of St. James's hospital (SJH), Dublin

C. Power <sup>1,\*</sup>, B. McCarthy <sup>2</sup>, B.A. Lawlor <sup>3</sup>, E. Greene <sup>4</sup>

<sup>1</sup> St James's Hospital, Memory Clinic- Mercer's Institute for Research in Ageing, Dublin, Ireland

<sup>2</sup> St. James's Hospital Dublin, Psychiatry of the Elderly, Dublin, Ireland

<sup>3</sup> St. James's Hospital, Mercer's Institute for Research in Ageing, Dublin, Ireland

<sup>4</sup> St. James's Hospital, Psychiatry of the Elderly, Dublin, Ireland

\* Corresponding author.

**Introduction** Psychotic symptoms arise commonly in the context of behavioural and psychological symptoms of dementia (BPSD) in the elderly. While non-pharmacological interventions are preferable to manage such symptoms, antipsychotic medications are frequently used. This is largely unlicensed and associated with significant risks, particularly in dementia (1).

**Objectives** To examine antipsychotic prescribing practices in SJH.

**Methods** On 23rd February 2016 all inpatients aged over 65 who were prescribed antipsychotic medications were identified. Demographic and medical data were collected from medical and electronic notes and medication kardexes.

**Results** Complete data were available for 53 of 59 identified cases. The cohort had a mean age of 80 (range 65–99) and 62% were male. Seventy-four percent ( $n=39$ ) had documented cognitive impairment or dementia. Fifty-eight percent ( $n=31$ ) were newly prescribed an antipsychotic following admission. The commonest indications for antipsychotics were: delirium (53%) and BPSD (25%). Haloperidol (56%), quetiapine (19%) and risperidone (8%) were prescribed most frequently. Non-pharmacological interventions were documented in 50% however in many cases it is not clear what these interventions were. Antipsychotic use was discussed with patients and/or next of kin in less than 25% of cases. Adverse effects were noted in 6/36 (17%) with equal incidence of falls, EPSes and ECG changes.

**Conclusion** Positive and negative aspects of current antipsychotic prescribing practices are highlighted. Antipsychotics were prescribed for a small number of patients for appropriate indications. However, there was poor consideration of non-pharmacological interventions and a lack of consultation with the patient/NOK. This may reflect, in part, inadequate medical documentation. A

guideline needs to specifically address these areas of concern to improve safety and promote best practice.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1123>

## EV0794

### The association of recurrent affective disorders with functional capabilities in the subjects over 60 years of age.

#### a preliminary findings

W. Rachel <sup>1,\*</sup>, S. Krupnik <sup>2</sup>, W. Datka <sup>3</sup>, D. Dudek <sup>3</sup>, M. Zak <sup>4</sup>

<sup>1</sup> Jagiellonian University, Collegium Medicum, Department of Psychiatry, Krakow, Poland

<sup>2</sup> University, Physical Education, Krakow, Poland

<sup>3</sup> Jagiellonian University, Collegium Medicum, Department of Affective Disorders, Krakow, Poland

<sup>4</sup> University of Physical Education, Department of Physical Rehabilitation in Rheumatology and Geriatrics, Krakow, Poland

\* Corresponding author.

**Introduction** Major depressive disorder (MDD) in the older adults is correlated with a significant decline in daily physical activity, consequently resulting in chronically impaired quality of life and an increased exposure to falls-risk.

**Objectives** Establishing whether geriatric depression Scale (GDS) scores, found correlated with dual motor tasks (TUG<sub>MAN</sub>), are also correlated under the cognitive test constraints (TUG<sub>COG</sub>).

**Aims** The study aimed to analyse the relationship of MDD symptoms, the number of depressive episodes and hospitalisations, with the efficiency of gait in single and dual task conditions, motor and cognitive, functional capabilities.

**Methods** The study was conducted in the outpatient clinic, university hospital, department of psychiatry, Krakow, on 30 patients over 60 years of age presenting recurrent MDD. The assessment consisted of GDS, MMSE, TUGT, TUG<sub>MAN</sub>, TUG<sub>COG</sub>, 30sChS, SLS. Spearman rho rank correlation was applied to determine the relationship between the variables.

**Results** Statistical analysis showed a significant association between the intensity of depressive symptoms expressed in the GDS and the number of completed episodes and depression and TUGT. The number of hospitalisations was associated with gait under motor (TUG<sub>MAN</sub>) and cognitive (TUG<sub>COG</sub>) constraints.

**Conclusion** Duration of the disorder and the number of hospital admissions are related to the functional efficiency of the single and dual-task performance in the persons suffering from this disorder for at least 10 years. Aged persons should effectively be encouraged to undertake physical activities.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1124>

## EV0795

### Fronto-temporal Dementia with Early Onset

T. Sabo <sup>1,\*</sup>, D. Bošnjak <sup>1</sup>, V. Jukić <sup>2</sup>, P. Bilić <sup>3</sup>

<sup>1</sup> University Psychiatric Hospital Vrapče, Department for Psychogeriatry, Zagreb, Croatia

<sup>2</sup> University Psychiatric Hospital Vrapče, Department for Forensic Psychiatry, Zagreb, Croatia

<sup>3</sup> University Psychiatric Hospital Vrapče, Department for Neurocognitive Disorders, Zagreb, Croatia

\* Corresponding author.

**Introduction** Even though it is not the most common type of dementia, frontotemporal dementia (FTD) is a major health problem. It affects people younger than 65 with similar frequency as