

excluded. Anxiety and depression were assessed with the Hospital Anxiety and Depression Scale/HADS, and adherence to treatment with a clinical interview and from medical records.

Results The final sample included 78 patients, with an average of 75.3 (sd=6.75) years. They were mostly female (80%), married (66.7%) and with low education level (62.8%). The mean number of comorbidities was 5.76 (sd=1.6) and 98.7% took ≥ 5 drugs. In this sample, 23.1% had cognitive impairment, 16.7% depression and 24.4% anxiety. Patients not adhering to treatment presented a higher depression score, when compared with adherents (median 6vs3), even without statistical significance ($P=0.56$).

Conclusions Diabetic patients not adhering to treatment tend to present more depression, in spite of the lack of statistical significance. These results suggest that depression can limit the adherence to treatment, which is in line with previous studies. In this context, the early diagnosis and treatment of depression seems to be an important target in the management of diabetes, particularly in elderly patients.

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EV0777

Review of association between delirium and dementia in elderly people

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Delirium is a neuropsychiatric syndrome, characterized by an acute change in mental status with a fluctuating course of symptoms, that affects almost 50% of people aged 65 years or older, admitted to hospital. Delirium is associated with negative outcomes, including increased risk of mortality, cognitive and functional decline. In 50% of the cases, the cause of delirium is multifactorial, resulting from a complex inter-relationship between several predisposing factors (e.g. advanced age, dementia) in highly vulnerable patients that are exposed to precipitating factors (e.g. infections). In this context, cognitive impairment and dementia are important risk factors for delirium, increasing its risk by two to five times, associated with worse outcomes. The underlying brain vulnerability of these patients with dementia may predispose to the development of delirium, as a consequence of insults related to the acute medical disease, medication or environmental factors. On the other hand, delirium may cause permanent neuronal damage, which may lead to the development or worsening of a pre-existing dementia. As a result, delirium and dementia frequently coexist and overlap, challenging differential diagnosis.

The identification of risk factors for delirium, specifically pre-existing cognitive impairment or dementia, in elderly people admitted to hospital is essential to the implementation of preventive strategies that may contribute to the decrease of delirium rates. The present literature review aims to highlight the association between delirium and dementia in elderly people, focusing on diagnosis, pathophysiology, prevention, and management.

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Portuguese version of delirium experience questionnaire (DEQ): Feasibility study

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Introduction Delirium is a frequent and serious acute neuropsychiatric syndrome, namely in elderly hospitalised patients, described as a psychologically traumatic experience by patients, family/caregivers and health professionals (HPs). In this context, the Delirium Experience Questionnaire (DEQ) was developed as a face-valid instrument assessing the delirium experience recall and the degree of distress related to delirium episodes in patients, family/caregivers, and HPs.

Aim To present the translation and cultural adaptation of the Portuguese version of DEQ (DEQ-PT).

Methods The translation process followed ISPOR guidelines. After preparation, forward translation, reconciliation, back translation, back translation review, harmonization and cognitive debriefing (involving experts' consensus), the DEQ-PT was tested (pre-test) in a group of elderly patients with delirium (≥ 65 years) in two Intermediate Care Units (Intensive Care Medicine Service-CHSJ, Porto). Exclusion criteria were: brain injury, blindness/deafness, unable to communicate, and Glasgow Coma Scale ≤ 11 . Their families were also assessed, as well as the HPs (physicians/nurse) in charge of patients during hospitalisation.

Results After obtaining permission to use the instrument, the DEQ was successfully translated into Portuguese, with harmonization of all new translations. Pre-test included a group of 5 patients, 5 families and 5 nurses. This version revealed good cognitive equivalence with the original English version and also a good level of comprehensibility.

Conclusion The DEQ-PT showed good feasibility, being suitable, quick and easy to use in the assessment of delirium experience in intermediate care units. These findings will be further developed by an ongoing validation study.

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EV0779

Attitudes and practices of general practitioners towards elderly patients with cognitive deficits

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Background Tunisia has experienced a considerable increase in degenerative diseases associated with aging including in particular dementia and Alzheimer's disease.

Objectives To evaluate the diagnostic procedures of cognitive impairments in general medicine and to identify obstacles concerning the early diagnosis of dementia in these patients.

Methods An email questionnaire was sent to a sample of general practitioners (GPs) working in the Sfax region, Tunisia.

Results We received 55 answers. When facing a mnemonic complaint, 20% of GPs perform a screening of cognitive disorders.

Among reasons leading to early identification, memory complaints (76.4%) was the most mentioned by GPs surveyed. the Mini Mental State was the most used (34.5%) by general practitioners. Twenty-nine point one percent (29.1%) of physicians conducted a comparative assessment 6 to 12 months later if the initial evaluation was normal and 83.6% send the patient to a specialist in case of a detected disorder. For GPs, in 58.2% of the cases, the major impediment is the lack of time, in 32.7% of the cases it is patient's and family's denial and in 23.6% of the cases it is the absence of effective medical treatment. A cross analysis shows that GPs who have had further training in geriatrics have a better approach.

Conclusion Our study shows a lack in the early identification of cognitive impairment in the elderly by GPs. Develop simple cognitive tests, reinforce training of doctors and promote research to develop new drugs would improve early diagnosis and management of dementia.

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EV0780

Cardiac issues raised by an examination of the antipsychotic prescribing practices in the elderly of St. James's hospital (SJH), Dublin

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Background Antipsychotic medication use may be associated with prolongation of the QTc interval, increasing the risk of potentially fatal arrhythmias [1]. This is particularly pertinent in the elderly due to comorbid cardiovascular disease and polypharmacy. Attention to the ECG and co-prescribed medications is essential to minimise cardiac risk when prescribing antipsychotics.

Methods On 23rd February 2016 all inpatients aged over 65 who were prescribed antipsychotic medications were identified as part of a hospital-wide survey. Data was collected from medical and electronic patient notes and medication kardexes.

Results Complete data was obtained for 36 patients aged over 65 who were newly-prescribed an antipsychotic or had their antipsychotic changed. Of these, 39% (n = 13) had a cardiac history. One quarter did not have an ECG in the 12 months preceding antipsychotic initiation. Of the 28 patients with an ECG, 57% (n = 16) had a QTc > 450ms before starting antipsychotic treatment. Only 11% (n = 4) had an ECG within 24 hours of starting the antipsychotic. The average change of the QTc interval in those with a repeat ECG was 30msecs. 42% (n = 15) were co-prescribed another QTc-prolonging medication.

Conclusion Current monitoring of QTc interval in an elderly population newly prescribed antipsychotic medications is inadequate and a cause for significant safety concerns. Education and clear guidance is warranted to improve safety and minimise risk in this population.

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

Reference

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EV0781

Acute catatonic syndrome associated with hyponatraemia

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Introduction A 71 year old gentleman presented with two discrete episodes of delirium with prominent psychotic features and catatonia, over a 3-year period. Symptomatically, he was suffering from fluctuating consciousness, paranoid ideation and both auditory and visual hallucinations. He went on to develop catatonia, demonstrating negativism and mutism and he also exhibited pseudo-seizures. His symptoms resolved entirely after three weeks. He re-presented 3 years later with profound psychosis and hyponatraemia. On this occasion, he exhibited catalepsy, negativism, echolalia and mutism, which resolved when his sodium was corrected.

Objectives/aims To illustrate 2 episodes of acute catatonia temporally associated with hyponatraemia in an otherwise healthy elderly gentleman.

Methods This is a case study. Consent was sought from the patient to write up his case and distribute it for educational purposes. His medical inpatient notes, psychiatric inpatient notes, correspondence and bloods pertaining to both admissions were reviewed and analysed. A literature review was carried out using Pubmed.

Results Low sodium levels were a common factor in his presentations and normal sodium levels were associated with a return to normal consciousness.

Conclusions While medical issues confounded his first presentation of hyponatraemia associated catatonia, his second presentation was directly related to hyponatraemia. Given the coincidence of hyponatraemia during his first admission, it would strongly suggest that low sodium levels were an important factor in this gentleman's presentation. Importantly, this is the first case in the literature to demonstrate catatonia related to hyponatraemia on two separate occasions in the same individual.

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EV0782

Psychological and physical problems in elderly people with problems of falls

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Introduction Falls of the elderly to a degree been associated with poor mental health, poor social support and poor physical health.

Objectives To investigate the falls of elderly people in relation to their mental and physical healthy.

Aims To compare the effects of falls in the elderly in the areas of mental and physical health.

Methods The current study used purposive sampling comprised from 48 people that visited the emergency department at the Patras University Hospital in 2016. The inclusion criterion for participation was age (> 65 years). Data was collected using WHO's questionnaire, the WHOQUOL-BREF. Finally, data was analyzed using the test t test for independent samples.