

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 After LPU intervention in 39,39% at least one drug was withdrawn (in 50,81 % of cases benzodiazepines).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 After LPU intervention benzodiazepines were withdrawn in 56,25% % of them.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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