

## EV744

### Collaborative care between clinical pharmacists and general practitioners in patients with Alzheimer's disease in Slovenia

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**Background** Alzheimer's disease (AD) patients are often treated with inadequate doses of AD's medications, which can lead to harms and additional costs.

**Objective** In most European countries, there is no data on inappropriate prescribing (IP) in patients with AD in terms of inadequate doses. In Slovenia, the interest for a collaborative care between clinical pharmacists and physicians is increasing, mainly because of payer's interest to reduce several additional costs.

**Aim** The main aim of this paper was to present the benefits of clinical pharmacist interventions in AD patients in community health centres in Eastern Slovenia.

**Methods** All included outpatients with AD in 2013 were included, where clinical pharmacists' interventions were ordered by the general practitioners (GPs). All study data from the patients' records were obtained from the clinical pharmacists' reports and patients' charts. Main outcome measures were obtained from the summary of the patients' treatments and the questionnaires.

**Results** Six hundred and twenty-nine patients were included. Before the clinical pharmacist medications review, 39 patients were treated with AD medications (10 without established AD). In 51.0% of these cases, the suggestions to GPs were provided (mainly dose adjustment). In 70.0% of all cases, the recommendations were accepted by GPs, which led to a total reduction in the number of patients with IP (before 20 and after 6).

**Conclusions** A clinical pharmacist could help GPs in recognizing IP in patients with AD. These data will guide health system directors and clinical coordinators in allocating resources to establish this cooperation in more European countries.

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

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## EV745

### Weathering the silver tsunami: Dementia community services in Singapore

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**Introduction** The prevalence of dementia rises with the rapidly increasing elderly population in developed world. In Singapore, 10% of the elderly population is estimated to have dementia. Other than physical and psychological needs, social welfare should also be addressed with the support of specialised geriatric care sources to improve their quality of life.

**Objective** To study a case of an elderly with dementia, who was identified and managed through a multi-agency approach and to describe different services involved for dementia care.

**Aim** To highlight the various elderly care organizations available in Singapore to address healthcare and social needs in dementia.

**Method** Through a case report of an elderly who presented to hospital for medical issues with dementia, the social needs were identified and multiple agencies were involved to provide holistic care in dementia.

**Result** A 77-year-old gentleman was brought by a community social worker to hospital as he was found ill during home visit.

During admission, the concern for poor self-care and cognition decline was raised by his family. Mini-mental state examination was 16/30. He was diagnosed with vascular dementia with clinical and MRI Brain finding. With active multidisciplinary intervention, his medical issues were addressed, and family and social needs were attended by several voluntary welfare organizations. Access to memory clinic service was also arranged for. This intervention also provided opportunity for his long-term care and welfare.

**Conclusion** Multi-agency approach is crucial in dementia care to identify their unmet needs and plan for long-term care in Singapore.

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## Intellectual disability

## EV749

### A case of catatonia, Klebsiella pneumoniae lung infection and intellectual disability: Differential diagnosis

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**Introduction** In DSM-V, catatonia is individualized as a disease of its own. The priority is to look first for organic causes like intoxication. We present a clinical case diagnosed with intellectual disability (ID) and catatonia.

**Objective** To study a case of catatonia which underwent testing using Bush-Francis Catatonia rating scale (BFCRS) prior/after clinical intervention. We therefore study catatonia's etiology in ID population.

**Aims** To study the etiology of catatonia (and its clinical complications) in ID.

**Method** Our patient is 48-year-old female with DI. Considering her clinical features of catatonia (using BFCRS) and clinical examination (fever and hypoxia), the case orientated towards a secondary diagnosis. Work-up tests revealed pneumonia in the lower lobe of the right lung (chest radiography showed opacities and blood tests showed Leukocytosis with a left shift). The case further received a course oral levofloxacin (500 mg/day) and haloperidol was stopped. Valproic acid was also added to a dose of 600 mg/day, which led to clinical improvement. Remaining psychotropic treatment (duloxetine 60 mg/day, lorazepam 15 mg/day, diazepam 35 mg/day) was not modified.

**Results** After 1 month, the patient improved according to BFCRS score.

**Conclusions** We presented a case of presence of catatonia in other psychiatric conditions and undiagnosed general medical conditions. Haloperidol is contraindicated those circumstances and it may have worsened her clinical state (it should be used cautiously in DI). Other medications (gabaergic drugs) should be considered

in such settings and rare causes related to hypoxia cannot be ruled out (Table 1).

Table 1

BFCSR	Prior treatment	After treatment
First 14 items	23 points	14 points
Total score	29 points	18 points

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## EV750

### Challenging behaviour in people with intellectual disabilities: The assessment and intervention team

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**Objectives** People with intellectual disabilities (ID) present with behaviours that challenge community services. Community models of care as alternatives to hospital care exist but are often vary in their function. Certain strategies have been developed to manage challenging behaviour in people with ID. Data from a three-year period on a community-based service for people with ID and challenging behaviour that uses an objective, multi-disciplinary approach is presented.

**Methods** A case note survey of adults with ID under the care of the Assessment and Intervention Team (AIT), a challenging behaviour service in the London Borough of Haringey.

**Results** Over the three-year period, 65 adults were managed by AIT. Forty-four were male and 21 were female. The age range was 21–64 years of age. The level of ID was mild ID 61%, moderate 39%. Diagnoses included psychotic disorder (25%); mood disorder (20%); developmental disorder (40%); dementia (10%); challenging behaviour (45%). Six people (11%) were admitted to hospital during their time with AIT. The length of care under AIT ranged from four to fourteen months.

**Conclusions** AIT managed effectively people with ID living in the community who presented with complex problems putting their placement at risk. The rate of hospital admission was reduced in this period compared with the previous three years. The length of stay in in-patient services was reduced. The most common reasons for the behaviours included mental illness and 'challenging behaviour'. People with developmental disorders were a large proportion. Community alternatives are effective with positive benefits to the person.

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## EV751

### Evaluation of DBT manual adapted for people with intellectual and developmental disabilities (IDD): First results

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**Introduction** In contrast to psychopharmacological treatment, the current evidence base in psychotherapy for people with IDD

is limited. But psychotherapeutic approaches offer an alternative treatment modality in people with IDD.

**Objectives** Orientated on the "Dialectic-Behaviour-Therapy" concept, we developed an adapted manual for people with IDD and impulsive behaviour.

**Aims** This study presents the first results of an evaluation our adapted DBT manual.

**Methods** Three closed groups with 11 patients in total were prospectively included in a six-week in-patient psychotherapeutic DBT-programme. There was no randomisation or control group. Typical borderline symptoms (BS) were recorded using the "Borderline Symptom List" (BSL) and a short screening version for personality disorders (PSS-K). Impulsivity and behaviour in general were observed with the scale for impulsiveness and emotional deregulation (IES) and the German Developmental Behavioural Checklist (VFE). Special tendencies to self-harm were assessed using the scale for self-harm behaviour (IEFAS). From these scales, the means were observed during the course of our hospital therapy program over 6 weeks.

**Results** There were 19 patients in total in 3 different groups. Eight dropped out for a variety of reasons. The mean scores for the remaining 11 patients in the BSL and PSS-K reduced significantly. The scores for impulsivity and self-harm improved. Overall, there was no significant change in behaviour.

**Conclusion** This study presents the results of a trial of a DBT manual for people with IDD and BS. In general the BS declined, the impulsivity improved. The study is limited by the small numbers in the patient sample and the absence of a control group.

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## EV752

### Psychotherapy for ADHD in people with IDD

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**Introduction** Psychopharmacology and psychotherapy in children with ADHD is still well established and has been studied for many years. There has been a growing interest in treatment of ADHD in adults for some years. Whereas meanwhile the psychopharmacological treatment is well studied, the psychotherapeutic interventions are still to optimize.

**Objective** Since the acceptance of the diagnosis of "ADHD" in adults, there has been a growing interest in using medication as the first-line therapy. There is an established evidence base for psychopharmacological treatment in ADHD. The current therapeutic recommendations for the general population apply to people with ADHD and IDD. The study is a review of psychotherapeutic interventions in the treatment of ADHD in adults with and without IDD supported by a case study.

**Methods** A literature search was conducted in "Pubmed" and "PsycInfo" using the keywords "Psychotherapy", "ADHD", "Adults" and further "Psychotherapy", "ADHD", "Adults", "intellectual", "disabilities". Exclusion criterion was ADHD as a sub-syndrome in the presence of other syndromes.

**Results** Only 2–3 publications on psychotherapy in adults with ADHD were found. Very little was found on people with IDD, and these were especially combined with the Fragile X Syndrome.

**Conclusion** Psychotherapy in adults with ADHD is not yet well elaborated in the scientific literature. There are some common used intervention strategies like psycho-education, cognitive behavioural therapy, and attention focusing interventions such as mindfulness-strategies. Using the principles of Easy-to-Read language and modifying the general therapeutic settings as rec-