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Introduction Twenty percent of people aged over 80 have a serious dementia. Cognition disturbances are present both in depressive disorder and dementia. Vortioxetine is a new antidepressant with a multi-modal mechanism of action, being one of the antidepressant with more procholinergic action.
Aims to know the efficacy of vortioxetine in elder people with cognitive disturbances due to both pathologies: depression and dementia.
Methods It is described the result of using vortioxetine in one elder woman with dementia and affective symptoms with no clinical improvement after using two classical antidepressants.
Results Woman aged 82 without psychiatric history came to our consultation in April 2016. She had been diagnosed with dementia last year by a neurologist and she had started treatment with Donepezile 10 mg/d. Six months after this diagnosis she complained of depressive mood and faster deterioration of her previous cognition disturbances in terms of functionality level and autonomy, so her neurologist prescribed escitalopram until 10 mg/d and mirtazapine until 30 mg/d without clinical improvement. After first exploration, we decided starting treatment with vortioxetine 10 mg/d and withdraw previous antidepressants. Next week she complained of nausea and vomiting so we reduced the dose to 5 mg/d with good tolerance after that moment. Six months later her depressive mood had improved and her family remarked she had a little more autonomy and more desire to do things.
Conclusions Vortioixetine might be an effective and safe option in elder people who have cognitive disturbances due to mood disorder and/or dementia, probably because of its procholinergic action.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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The neutrophil and platelet to lymphocyte ratios in people with subjective, mild cognitive impairment and early Alzheimer's disease

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Background In this study we aimed to explore the role of inflammation in subjects with mild Alzheimer dementia (AD), mild cognitive impairment (MCI) and subjective cognitive decline (SCD) via new potential inflammation markers of Neutrophil-lymphocyte ratio (NLR) and Platelet-lymphocyte ratio (PLR). NLR and PLR are useful and cost-effective biomarkers, showing peripheral systemic inflammation, were previously shown in neuropsychiatric disorders [1].
Methods In screening phase the patients were assessed with mini-mental state examination, clinical dementia rating scale (CDR), geriatric depression scale (GDS) and Hachinski Ischemic Scale (HIS) after unstructured psychiatric interview according to diagnostic and statistical manual of mental disorder, Text Revised (DSM-IV, TR). Spectrum of cognitive decline includes 31 patients with mild Alzheimer's disease, 30 subjects with mild cognitive impairment, 31 individuals with subjective cognitive decline. Thirty-one healthy controls enrolled to the study.
Results NLR value of patients with AD was 2.38 ± 0.81, subjects with MCI was 2.48 ± 1.19, SCD group was 2.24 ± 1.11 and control group was 1.85 ± 0.80. NLR was significantly higher in AD and MCI groups when compared with control group ($P = 0.006$, $P = 0.03$, respectively). Platelet-lymphocyte ratio was not correlated with cognitive impairment. Neutrophil counts were indifferent when comparing either of groups. Lymphocyte levels were significantly lower in each of cognitive decline groups when compared to healthy controls.
Conclusion The present findings suggest that systemic inflammation may have a role in developing Alzheimer's Disease.
Disclosure of interest The authors have not supplied their declaration of competing interest.
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EV0770

Association between the use of benzodiazepines and the occurrence of acute angle-closure glaucoma in the elderly: A population-based study

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Introduction Acute angle-closure glaucoma (AACG) is an ophthalmic emergency, accompanied with severe eye pain, headache, and visual changes because of acute intraocular pressure elevation. Among psychotropic drugs, several antidepressants, typical antipsychotics with strong anticholinergic effects, and topiramate have been known to increase a possibility of AACG. Benzodiazepines have been used widely in the treatment of mental and physical illnesses regardless of age or indication. Since benzodiazepines have some anticholinergic properties and affect pupillae muscles, their use could be theoretically a risk factor for AACG. However, it is unclear whether benzodiazepines actually increase the risk of AACG. To our knowledge, there was no population-based study on the risk of benzodiazepines to the occurrence of AACG.
Objectives/aims To know whether benzodiazepines increase the risk of AACG in a geriatric population.
Methods We will perform a case-control study using a geriatric cohort from the National Health Insurance database. Case subjects will be defined as cases diagnosed with AACG confirmed by the claim data of laser iridotomy, which is the definitive treatment of AACG. The controls, which were not diagnosed with AACG, will be matched with case subjects according to similar age, sex, and the scores of the Charlson comorbidity index.
Results The data handling and statistical analyses will be executed in autumn and winter 2016.
Conclusions Any preliminary findings of this study will be presented at the EPA 2017. We will discuss the importance of a pharmaco-epidemiological study in the geriatric research.