impairment, 15.7% anxiety, 14.3% depression, 6.1% hallucinations and delusions, 7.2% hypochondriacal ideas and 4.4% obsessive symptoms. Female gender was significantly associated with depression (PR: 3.3) and anxiety (PR: 3.9). Age was a factor associated with cognitive impairment (PR: 4.4). Depression was significantly related to severity of the physical illness (PR: 61.7 in extremely severe impairment). Solitude (PR: 16.3) and being single (PR: 13.4) were factors which were strongly associated with anxiety; living in residences was associated with psychotic symptoms (PR: 7.6).

Conclusions: Severity of physical illness, solitude, living in residences and female gender, among others, are related with psychiatric symptoms in community-residing elderly persons.

P0356

Depressive symptoms in the elderly inpatients in a Brazilian university hospital: Prevalence and associated factors

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Introdution: Mental disorders are among the most prevalent chronic diseases in the elderly worldwide and depression is the most common. Often not properly identified or treated, depression contributes to impairment in functional capacity and to considerable burden for family members and health services.

Objective: Study the prevalence of depressive symptoms and associated factors in the elderly interned in a Brazilian university hospital.

Method: A cross-sectional study evaluated 189 participants using the Geriatric Depression Scale, the Mini-Mental State Examination and the Katz and Lawton Index, to assess dependence regarding activities of daily living (ADL).

Results: The majority of the participants were women, aged between 60 and 92 years-old, with low educational level and personal income and nonqualified occupations. The prevalence of depressive symptoms was 56.1%, but only 3% had a psychiatric diagnosis registered in their medical records. Univariate analysis showed significant associations between depressive symptoms and low educational level and income, marital status, number of hospitalizations in the previous year, cognitive decline, dependence regarding basic and instrumental ADL and death. After logistic regression, the only variables that remained significantly associated with depression were low educational level, dependence regarding basic ADL and death.

Conclusions: Depressive symptoms were independently associated with low educational level and dependence regarding basic ADL. More importantly, hospitalized elderly with depressive symptoms were more likely to die. It is essential to properly diagnose and treat depression in this population, to minimize its negative impact on patients, family members and health services.

P0357

Concept of power in Iranian elderly

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Aim: this paper reports a study exploring the structure of power in Iranian elderly and provides a foundation for cultural based care.

Background: The older adult population is increasing in the world. It is estimated that the number of people age 60 and older to be about 600 millions in the world. Power is a source for living that is present in all individuals. Although some researches have been exploring the meaning of power among elderly, there is no information about the concept of power in Iranian elders.

Method: In this qualitative study, 22 participants were interviewed about the concept of power; purposive sampling was used to understand the nature of the phenomenon under study. The interviews were analyzed using a content analysis method.

Findings: The main categories that emerged from this qualitative study, included: independence; being aware of personal changes; coping; perceived self ability; role playing; and mastery.

Conclusion: This is the first qualitative study that describes how Iranian elderly perceive their power. The main structures of power were perceived self ability and mastery, which according to the participants' stand points is formed and takes meaning in their families. Findings are important to health care professionals especially nurses involved in the care of elderly.

Key words: power, empowering, Iranian elderly, ageing, content analysis.

P0358

Bases of preventive psychogeriatry

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Problem of age and ageing is considered currently from various positions — biological, physiologic, psychological and social ones. With improvement of conditions of life and further medical progress mankind is confronted by perspective of fruitful and long life. With formation of ageing alterations of special significance is interaction of constitutional (characterological) and environmental (microsocial) factors. Great role is played by relations of ageing person with the nearest: negative influence of environmental impacts generates in them a number of neurotic disturbances. They include states of "social isolation" (during adult children leave the family), "pensionary bankruptcy" or panic fear "not to reach the pension", "neuroses of resume" caused by subjective assessment of adverse balance of life achievements. There is also another viewpoint based on that with onset of ageing neuro-mental reactivity of the personality is lowering thereby pathogenic action of traumatizing relations looses its significance (results in reduction of neurotic diseases in later life).

The ageing person is confronted by questions: how to behave in new setting, how not to be complicating for the nearest and her/himself? How to avoid decrepit state, prolong her/his productivity, feel till last days of natural end of life being healthy and robust? The decision making in this situation depends on mind and volition of the person, on selected by her/him general strategy of "overcoming" the ageing, conscious strive for productive and full longevity. In this regard we surely may say that prevention of untimely old age fully depends on healthy way of life at young age.

P0359

A mental health assessment and support team for community elders in a Scottish health region

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