

## EV0741

**A Case of erotomanic delusion in dementia**M. Arts<sup>1,\*</sup>, S. Petrykiv<sup>2</sup>, J. Fennema<sup>3</sup>, L. De Jonge<sup>4</sup><sup>1</sup> University of Groningen, University Medical Center Groningen, Department of Old Age Psychiatry, Groningen, The Netherlands<sup>2</sup> University of Groningen, University Medical Center Groningen, Department of Clinical Pharmacy and Pharmacology, Groningen, The Netherlands<sup>3</sup> GGZ Friesland, Geriatric Psychiatry, Leeuwarden, The Netherlands<sup>4</sup> Leonardo Scientific Research Institute, Geriatric Psychiatry, Groningen, The Netherlands

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**Introduction** In dementia, delusions are common with prevalence up to 75%. However, erotomanic delusions, or De Clerambault's syndrome, are a rarity in dementia. To date, only six case-reports have been described in vascular dementia, frontotemporal dementia, and Alzheimer's dementia.

**Objectives** To present a case of De Clerambault's syndrome in an older adult diagnosed with vascular dementia.

**Aims** To review available literature on De Clerambault's syndrome in dementia.

**Methods** A case report is presented and discussed followed by a literature review.

**Results** We report a 72-year-old female with a history of right posterior cerebral artery infarction. The patient developed a sudden onset erotomanic delusion after she met a male patient of her age during her stay in a dementia day care center. She was agitated, disorientated, presented with confabulation, and showed a dysphoric mood. On MMSE she scored 14/30, the clock-drawing test revealed visuospatial deficits. On MRI, the right occipital lobe showed an encephalomalacia. The patient was treated with sertraline 50 mg/day and olanzapine 5 mg/day. Her erotomanic delusions improved after 3 months of treatment.

**Conclusion** De Clerambault's syndrome is a rare and poorly understood disorder with generally a poor response to treatment. Some cases were successfully treated with atypical anti-psychotics. However, further research is needed to explore the course and treatment of this delusion.

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

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## EV0742

**Late life depression, postural instability and dyspnea: The He.s.i.o.d. study (Hexameter study in older depressed)**M. Belvederi Murri<sup>1,\*</sup>, E. Nerozzi<sup>2</sup>, N. Padula<sup>3</sup>, C. Tacconi<sup>4</sup>, A. Coni<sup>5</sup>, L. Chiari<sup>5</sup>, B. Assirelli<sup>6</sup>, G. Toni<sup>7</sup>, R. Chattat<sup>8</sup>, T. Ferdinando<sup>9</sup>, F. Neviani<sup>10</sup>, A. Cremonini<sup>11</sup>, M. Amore<sup>1</sup>, S. Zanetidou<sup>11</sup>, K.D. Bertakis<sup>12</sup><sup>1</sup> Clinica Psichiatrica, Dinogmi, Genoa, Italy<sup>2</sup> School of Pharmacy, Biotechnology and Sport Science, Bologna, Italy<sup>3</sup> Sport Science Professional, Private sector, Bologna, Italy<sup>4</sup> University of Bologna, Health Sciences and Technologies-Interdepartmental Center for Industrial Research HST-ICIR, Bologna, Italy<sup>5</sup> University of Bologna, Department of Electronics, Computer Science and Systems, Bologna, Italy<sup>6</sup> Primary Care Physician, Private practice, Bologna, Italy<sup>7</sup> Correggio Hospital, Unit of Cardiology, Correggio, Italy<sup>8</sup> University of Bologna, Department of Psychology, Bologna, Italy<sup>9</sup> Unit of Sports Medicine, Department of Public Health, Modena, Italy<sup>10</sup> University of Modena and Reggio Emilia, Geriatrics Department, Modena, Italy<sup>11</sup> Psychiatric Consultation Service for Primary Care, Department of Mental Health, Bologna, Italy<sup>12</sup> U.C. Davis, Department of Family and Community Medicine, Sacramento, CA, USA

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**Introduction** Late life major depression (LLMD) is usually treated within primary care, but still with unsatisfactory outcomes and significant residual symptoms. Moreover, LLMD increases symptoms of anxiety, dyspnea, fear of falling (FOF), and risk of falls. Evidence from non-depressed patients suggests the efficacy of breathing and postural exercises; in particular, rhythmic breathing during poetry recitation was shown to improve cardio-respiratory synchronization. Thus, the aim of the HESIOD study was to test the efficacy of antidepressants plus breathing and postural exercises to improve patients' anxiety mood, dyspnea, FOF, and postural stability.

**Methods** Two non-randomised groups were compared: (1) antidepressant drugs plus weekly sessions of breathing/postural exercises based on the rhythmic recitation of hexameter poetry (intervention); (2) antidepressant drugs plus weekly sessions of group reading (comparator). Patients aged 65+, with non-psychotic recurrent LLMD were recruited from a psychiatric consultation-liaison program for primary care. The main outcome measure was remission from depression (MADRS score  $\leq 10$ ) at 24 weeks. Secondary outcomes will include accelerometer-based measures of postural stability; patient-rated dyspnea, and FOF.

**Results** Preliminary data on 34 patients show that patients receiving breathing and postural exercises displayed greater remission rates than those in the reading group (47.1% vs. 11.8%,  $P=0.02$ ). Further analyses will examine the effects on postural stability, dyspnea and FOF.

**Conclusions** Breathing and postural exercises may exert significant clinical advantage when added to the standard antidepressant drug therapy for LLMD. This study might prompt further research on innovative treatment strategies to improve the outcomes of late life depression in primary care.

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

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## EV0743

**The adherence to Mediterranean diet moderates the association between medical multi-morbidity and depressive symptoms in elderly outpatients**F.S. Bersani<sup>1,\*</sup>, R. Vicinanza<sup>2</sup>, E. d'Ottavio<sup>2</sup>, M. Biondi<sup>1</sup>, M. Cacciafesta<sup>2</sup>, G. Troisi<sup>2</sup><sup>1</sup> Sapienza University of Rome, Department of Neurology and Psychiatry, Roma, Italy<sup>2</sup> Sapienza University of Rome, Department of Cardiovascular, Respiratory, Nephrologic, Anesthesiologic and Geriatric Sciences, Roma, Italy

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**Background** Depressive symptoms in the elderly are related to the advancing of age, loss of life purpose, medical multi-morbidity, cognitive decline and social-economic problems mounting evidence suggests that lifestyle behaviors and certain dietary patterns may improve mood and overall well-being in older adults. In the present study we investigated (i) the association of adherence to Med-Diet with depressive symptoms and multi-morbidity in a cohort of geriatric medical outpatients and (ii) the role of Med-Diet in mediating the association between depressive symptoms and multi-morbidity.

**Methods** Morbidity was assessed using the severity index of cumulative illness rating scale for geriatrics (CIRSG-SI). Montreal cognitive assessment (MoCA) and geriatric depression scale (GDS)