EW291

A description of clinical profile of over 65-years-old patients in acute psychiatric hospitalization unit at Hospital Universitario Central De Asturias (Oviedo, Spain)

I. Abad-Acebedo, L. Gonzalez-Blanco*, E. Torio-Ojea, S. Bestene-Medina, J. Rodriguez-Revuelta Servicio de Salud del Principado de Asturias, Psiquiatría, Oviedo, Spain

* Corresponding author.

Introduction Older patients with psychiatric conditions often have other disorders that include different levels of cognitive impairment, modifying the presentation of psychiatric symptoms and requiring treatment adaptations [1].

Objective To describe clinical profile of hospitalized patients > 65 years, and its relationship with the presence of cognitive impairment and the length of hospital stay.

Methods Descriptive and comparative study. Sample: 71 inpatients > 65 years (mean \pm SD Age: 72.42 \pm 5.96), admitted to "Hospital Universitario Central de Asturias" (Spain) from August 2014 to June 2015. Age, length of hospitalization, diagnosis, cognitive impairment and treatment data were collected (Table 1).

Results Days of hospital stay (mean \pm SD) = 15.89 \pm 11.53. No variable showed significant relation except number of antipsychotics taken (r=0.307, P=0.009). Cognitive impairment was significantly more frequent in men than women (45.5/15.8%; χ^2 =7.46; P=0.006). No other variable showed significant differences.

Conclusions A high percentage of psychiatric inpatients > 65 years present a cognitive impairment (29.6%) which was more frequent in males (45.5%). The length of hospital stay seems to be similar than in the rest of patients and not being affected by any of studied variables. More studies should be carried on to compare those results with similar variables in younger population and to analyze if there are differences between subgroups (65–75 vs > 75) [1].

Table 1 Sociodemographic/clinical features.

		PERCENTAGE(%
Gender	Female/Male	53.5/46.5
Admission reason	Suicide-risk/ Agitation-psychosis	23.9/38
Main psychiatric diagnosis	Schizophrenia/Schizoaffective dis.	18.3
	Other Psychosis disorders	18.3
	Bipolar disorder	29.6
	Other Affective disorder	19.7
	Personality disorder	1.4
	Cognitive impairment	9.9
	Other	2.8
Cognitive impairment	Present	29.6
Treatment	Antipsychotics(LAI)	74.6(11.3)
	Antidepressants	57.7
	Mood stabilizers	25.4
	Anxioliytics(BZD)	57.7(54.9)

LAI: long-acting injections.

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

Reference

[1] Rhodes SM, et al. Predictors of prolonged length of stay and adverse events among older adults with behavioral health-related emergency department visits: a systematic medical record review. J Emerg Med 2015.

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EW296

Efficacy of memantine for elderly patients in the mild stage of Alzheimer's and vascular dementia in

V. Kholin*, N. Bachinskaya, I. Rozhelijuk D.F. Chebotarev Institute of Gerontology NAMS of Ukraine, Age Physiology and Pathology of Nervous System, Kiev, Ukraine * Corresponding author.

The aim of our research was to investigate the effectiveness of memantine treatment of Ukrainian patients with Alzheimer's (AD) and vascular dementia (VaD) depending on existing ApoE genotype. Methods It was a complex examination of 60 elderly persons $(72.40\pm1.35~\text{years})$ with mild stage of AD and VD. The effectiveness of response to (20~mg/day) memantine intake was studied during the first 3 months of treatment. Efficacy of short-term treatment was determined by MMSE and the numbers of positive statistically significant changes ADAS-cog subtests. Genetic ApoE polymorphism was investigated too (using the of the PCR technique). Statistical Anova analysis was done.

Results After 3 months of treatment significant changes in the overall score of Adas-cog was observed in both groups with some differences in subscale profiles. For AD patients, statistically positive changes (P < 0.05) were found in comprehension of spoken language, naming objects, commands, ideational praxis and delayed recall subtests. For VaD patients, statistically positive changes (P < 0.05) were found in comprehension of spoken language, naming objects, word finding difficulty and delayed recall subtests. There was established a significant prevalence of individuals with genotype $\varepsilon 4/\varepsilon 4$ among patients with AD compared with patients with VD. The main differences, according to the memantine efficacy treatment in carriers ApoE3 and ApoE4 genotypes, were in remembering test instructions subtest.

Conclusions The memantine treatment efficacy in AD and VaD patients in mild stage of dementia was not significantly associated with an existing of Apo-E genotype polymorphism.

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EW298

Understanding adverse health effects of widowhood in old age – A cross-countries mixed methods study

C.B. Kristiansen ^{1,*}, P. Munk-Jørgensen ², C. Mattisson ³, K. Andersen ²

¹ Aarhus University hospital, Psychiatric Research Academy – Department of Affective Disorders, Risskov, Denmark

Introduction Widowhood in old age increases mortality and adverse health effects, particularly depression and need for psychiatric care. The causes of this are poorly understood. To study risk factors and mechanisms, theories about what to study are needed. A qualitatively approach to widowhood from the widow/widower's perspective may uncover important knowledge.

Objectives To investigate risk factors of the adverse health effects associated with widowhood in old age from the perspective of the widower/widowers and to test the generalisability of the theories quantitatively.

Methods This is a cross-country mixed methods study combining narrative interviews with Danish widows/widowers and a 50-year follow-up study from Sweden – The Lundby Study.

Odense University Hospiral, Psychiatric Department, Odense, Denmark

³ Lund University Hospital, Department of Clinical Sciences, Lund Division of Psychiatry, The Lundby Study, Lund, Sweden

^{*} Corresponding author.