

time were more mentally stable and had no current somatic problems. Multidisciplinary teamwork is important for patients with deteriorating MMS scores.

Conclusion By illustrating the impact of somatic and psychiatric factors on dementia, the present study underlines the value of multidisciplinary professional care, the role of the family and the importance of long-stay wards.

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EV719

Depressive symptoms in older people in Greece and Cyprus

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Introduction Depression is fast becoming a major public health problem with a very high prevalence rate in the 65 and over age group.

Objectives The aim of the present study was to estimate the prevalence of depression in Greeks and Cypriots older adults.

Methods A cross-sectional study was conducted among the 445 participants, 239 members of three day care centers for older people, in the municipality of Patras, West-Greece and 206 older adults (110 in the community, 65 in outpatient clinics, 31 in nursing homes) in Cyprus, aged >60 years. A questionnaire was administered including socio-demographic characteristics. Depression was assessed using the Greek version of Geriatric Depression Scale (GDS-15).

Results The overall prevalence of depression according to GDS-15 was 33% (28% moderate, 5% severe type). Depressive symptoms were more frequent in women (41,6% vs. 28,3%, $P < 0,001$), in not married (43,0% vs. 29,3%, $P < 0,001$), in elderly with chronic diseases (36,8% vs. 25,0%, $P = 0,007$), in older people dwellers of urban areas compared to rural (36,3% vs. 26,4%, $P = 0,028$) and in ages between 70 to 80 years old (38,7% vs. 31,6%, $P = 0,038$). Moreover, higher prevalence of depression was measured in Greeks compared to Cypriots (44,3% vs. 20,6%, $P < 0,001$). In a univariate analysis, the following variables were significantly associated with depression: female gender ($P < 0,001$), co-morbidity ($P = 0,004$), higher age group ($P = 0,018$), place of living ($P = 0,022$) and Greek nationality ($P < 0,001$).

Conclusions High prevalence and several risk factors are strongly associated with depression, whereas Greeks are in higher danger of developing depressive symptoms in late life, than Cypriots.

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

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EV720

Treatment of Charles Bonnet syndrome with continuous positive airway pressure in an older adult

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Introduction Charles Bonnet syndrome (CBS) is a disorder in older adults, and is characterized by a triad of recurrent vivid visual hallucinations, ocular pathology causing visual impairment due to lesions in central or peripheral visual pathways, and normal cognitive status. It is often misdiagnosed as a psychosis, early dementia or a drug related condition. Hypoxemia was anecdotally reported as a cause of CBS.

Objectives We present an older adult with CBS caused by severe obstructive sleep apnea syndrome.

Aims To report a case study, describing treatment of obstructive sleep apnea syndrome as a cause of CBS.

Methods A case study is presented and discussed.

Results An older male adult was admitted to hospital for persistent vivid visual hallucinations. There was no personal or family history of mental illness. Neurological examination was normal, except for visual impairment due to age related macular degeneration. The remainder of his physical examination was normal. Previous treatment with antipsychotics proved not to be effective. Severe hypoxemia (SaO₂ 79%) was diagnosed with overnight pulse oximetry and subsequent polysomnography revealed an obstructive sleep apnea syndrome. After three nights of nasal continuous positive airway pressure, the vivid hallucinations ceased.

Conclusion Physicians need to understand the underlying causes and mechanisms of CBS. One should be aware of the importance of a full clinical examination and sleep apnea research in elderly persons with visual impairment.

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EV721

Management of late-life insomnia

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Introduction Insomnia is the most frequent sleep disorder in late life. Forty-two percent of elderly people in the United States often complain about difficulties to get or maintain sleep, or awakening too early. Insomnia is frequent in old people greatly due to frequency of concomitant medical illnesses and polypharmacy, rather than because of age.

Objectives The objective of our research was to revise the current state of knowledge about management of insomnia in people above 65 years of age.

Methodology For that, a bibliographical search through PubMed.gov has been made. From the obtained results, the 14 which best suited for our goals were selected, 10 of them dealing with people above 65 years and the rest with people above 75 or 80 years of age.

Results Based on the literature reviewed, the current options of management of late-life insomnia are based on behavioral or pharmacological therapy. The combination of behavioral therapies shows results and is currently considered as an option, especially given the possibility of medicine interaction and the secondary effects hypnotic and sedative medicines might produce. There is a paucity of long-term safety and efficacy data for the use of non-benzodiazepine sedative-hypnotics. There are no criteria for the use of antidepressant sedatives in elderly people without diagnosed depression, although they are still used in practice.

Conclusion Possibility of using behavioral therapy as first option. In case of polymedicated or multi-pathological patients, pay special attention when starting a pharmacological treatment, choose the most suitable one and supervise it closely.

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EV722

Late-life depression and dementia risk

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Introduction A substantial body of evidence linking late-life depression and dementia is now available. However, precise estimates of the relative risk attributable to late-life depression assessed with specific screening instruments at specified thresholds have not been previously produced.

Objective Summarise dementia risks associated with depression.

Aims Conduct a systematic review of the literature to produce precise and specific risk estimates for all cause dementia, Alzheimer's disease (AD), and vascular dementia (VaD).

Methods The PubMed, PsycInfo, and Cochrane databases were systematically searched. Studies assessing incident dementia using validated measures of clinical depression or depressive symptomatology from prospective population studies were selected. The most specific analyses were conducted using both continuous symptomatology ratings and categorical measures of clinical depression based on single instruments with defined cut-offs.

Results The literature search yielded 121,301 articles, of which 36 were eligible. Included studies provided a combined sample size of 66,532 individuals including 6593 dementia, 2797 AD, and 585 VaD cases. Random-effects summary estimates showed that the risk associated with depression did not differ by type of dementia. The most widely used instrument was the CES-D. A clinical threshold of 20 produced similar estimates for all-cause dementia (HR 1.83, 95% CI 0.95–3.52) and for AD (HR 1.97, 95% CI 0.96–4.04). Estimates based on other thresholds and continuous measures produced consistent results.

Conclusion Reliable dementia risk estimates associated with late-life depression can be produced and do not differ between dementia types. Such estimates should be used in evidence-based medicine practice to assess individual risk and to inform policy on interventions to decrease risk in the population.

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EV724

Syndrome of inappropriate antidiuretic hormone secretion associated with desvenlafaxine

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Introduction Desvenlafaxine is a prescription medication approved for the treatment of major depressive disorder in adults. Hyponatremia secondary to inappropriate secretion of antidiuretic hormone (SIADH) is a possible side effect in patients receiving serotonin-norepinephrine reuptake inhibitors (SNRIS)

Method To report a case of SIADH associated with desvenlafaxine.

Results We present a 80-year-old female patient who required hospitalization due to an episode of psychotic depression. During the hospitalization, the patient developed hyponatremia after commencing treatment with desvenlafaxine. The serum sodium at this time was 117 mmol/L, serum osmolality was 249 mosmol/kg, urine osmolality 395 mosmol/kg and urine sodium 160 mmol/L, consis-

tent with a diagnosis of SIADH. Desvenlafaxine was ceased and fluid restriction implemented. The mental status improved, and electrolyte studies 6 days later revealed serum sodium and osmolality values of 135 mEq/L during treatment with duoxetine.

Conclusions SIADH has been reported with a range of antidepressants in elderly patients. This case report suggests that desvenlafaxine might cause clinically significant hyponatremia. Close monitoring is recommended in patients starting therapy with antidepressant treatment to study and prevent possible adverse effects.

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

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EV727

Questions about dementia with Lewy bodies, personal beliefs and real performance for financial capacity tasks

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Introduction Although cognitive impairment occurs early in the course of dementia with Lewy bodies, little is known about DLB and its impact on more complex civil capacities, such as financial capacity.

Method Three patients (mild DLB, severe DLB and MCI in DLB) were examined. Their total scores and (sub)scores on a financial capacity test revealed below normal (more than 1.5–2 SDs below) performance in contrast to cognitive intact elders (see Table 1).

Results This is in contrast with their personal beliefs of financial capacity, which reflect a tendency to overestimate their level of financial capacity as recorded on a Likert-scale questionnaire.

Conclusions The findings prompt a need for further research for an emerging problem in forensic psychiatry, that takes the form of the question: do all DLB patients – even in the stage of MCI – have the capacity for financial transactions?

Table 1

	Patient A	Patient B	Patient C	Healthy elders (n = 146)
Sex	Female	Female	Female	
Age	78	72	83	
Education	6	12	2	
MMSE or HINDI	17	27	21	> 26
FRSSD	13	1	7	< 5
GDS	6	5	2	< 6 or 7
Legal Capacity for Property Law Transactions Assessment Scale (LCPLTAS total score)	88	124	77	207.56 (13.64)
Basic monetary skills	4	12	4	13.78 (.95)
Cash transactions	1	4	0	7.84 (.54)
Bank statement management	1	4	0	7.69 (.94)
Bill payment	3	7	3	7.81 (.62)
Financial conceptual knowledge	15	27	9	31.36 (2.10)
Financial decision making	44	50	47	111.43 (7.88)
Knowledge of personal assets	20	20	14	27.62 (1.41)