

Background: The '2005 National Framework for Service Change in the National Health Service (NHS) in Scotland' promoted the need for NHS service delivery in local communities rather than in hospitals, and to develop a systematic approach for the most vulnerable (especially older people) with long term conditions with a view to managing their conditions at home or in the community and reducing the chance of hospitalization. This combined with the recognition of an aging population encouraged service redesign in a Scottish health region with the focus on community assessment of older people with mental health needs.

Aims: To establish and assess the functioning of a joint Health and Social Services enhanced assessment and support team (EAST) for community-dwelling elders with significant mental health needs living in a Scottish health region, and to determine the impact of this team on mental health hospital services.

Methods: Prospective three-year data collection of local service activity involving EAST, and both inpatient and day hospital facilities for older adults with mental health problems.

Results: EAST assessed 111 patients during the study, 83% with a diagnosis of dementia. The mean duration of assessment was 6 weeks with 9% of patients receiving an overnight home assessment and 6% requiring hospital admission. Overall there was a substantial reduction in utilization of both acute admission beds and day hospital placements.

Conclusions: Multi-agency community assessment of older adults with mental health problems can be addressed effectively without recourse to hospital admission, which may allow resource release for further service developments.

P0360

A psychiatric intensive care unit (PICU) for older adults in a Scottish health region

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Background: A number of definitions for 'psychiatric intensive care' exist but generally they detail care in a multidisciplinary, highly staffed, and often secure, unit for persons with mental disorder and associated behavioural disturbance. The role of psychiatric intensive care units (PICU) is well established for the general adult psychiatric population, but these units are often less suitable for older adults. A dedicated PICU for older adults in a Scottish Health Region serving a population of 350,000 was established in 2001 to deal primarily with an increase of behaviourally challenging demented male patients in the psychogeriatric admission wards of that region.

Aims: To detail patient characteristics and outcomes of admission to the PICU for older adults in a Scottish Health Region.

Method: Prospective survey of admissions to the PICU from January 2006 until August 2007, using routinely collected data.

Results: 25 male patients, mean age 74 years, were admitted during the survey, with 52% detained under Mental Health legislation. The main transfer reasons were resistive behaviours and persistent physical aggression. The majority (32%) of patients had a primary diagnosis of Alzheimer's dementia, 20% with vascular dementia. The average mini-mental state score was 15/30, and the mean duration of patient stay in the PICU was 54 days, with 84% of admissions discharged from the unit during the evaluation period.

Conclusions: A regional psychogeriatric intensive care unit can serve a useful function in the management of disturbed elders who

are otherwise difficult to manage within existing psychogeriatric acute admission wards.

P0361

Antipsychotics in elderly psychiatric inpatients

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Antipsychotics have been widely used in psychiatric patients for indications other than psychosis. In the elderly antipsychotics are commonly used in mood disorders, agitation and behavioral and psychological symptoms of dementia. The use of antipsychotics in real-life clinical setting does not always follow recommendations, which is especially important in vulnerable populations like the elderly and the elderly with dementia.

Our study presents cross-sectional data on the use of antipsychotics in hospitalized elderly psychiatric patients (n=90). Data have been extracted from medical records by structured data sheet.

Our sample of elderly inpatients is female predominant, with high age variability and consists of patients with various diagnosis, in around half of them the main diagnose is dementia. The use of antipsychotics for at least some time during hospitalization has been recorded in almost all patients for different reasons beyond diagnosis. Among antipsychotics atypicals have been used most often, usually in low doses. Among typical antipsychotics haloperidol and promazine have been used to control agitation but seldom as continuous therapy.

The results of our study confirm the wide use of antipsychotics in the elderly for various reasons that follow syndromes, behaviors and some of the acute symptoms rather than diagnosis. Considering the biological vulnerability of the elderly and potentials for side-effects as well as multiple drug use more attention has to be put on the actual use of antipsychotics which should be reflected in guidelines and recommendations.

P0362

Effects of volunteering on the physical and mental health of older adults: Does the type of volunteer work matter?

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Objective: The aim of the study was to determine the effects of volunteering on the physical and mental health of older adults, including the effect of type of volunteer work.

Methods: Data were collected from 120 subjects above the age of 60, of whom half were volunteers: 30 subjects provided care to terminally ill in hospices and 30 subjects collected funds in a single charity event during the 14th Finale of the Great Orchestra of Christmas Charity. The control group comprised 60 subjects not engaged in any kind of social activity. The following questionnaire methods were used: The Geriatric Depression Scale, Instrumental Activities of Daily Living, Norbeck Social Support Questionnaire and the originally developed inventory of health behaviors as recommended for this group of age.

Results: The analysis of variance revealed that volunteering had protective effect on functional dependency, depression and level of health behaviors. The type of volunteer work was found as a moderator of the level of depression, subjective health status over last year and physical activity. The multiple regression analysis revealed the

importance of social support variable for daily activities, albeit only in the control group. Curiously, the obtained results indicated that the stronger the support network perceived by these subjects, the lowest the ability to functional independence.

Conclusions: The findings suggest that a need exists for the development of social programs and policies aimed at maximizing the engagement of older adults in volunteer roles, independently of the type of volunteer work.

Poster Session II: Cognitive Psychotherapy

P0363

Motivational interviewing increases physical activity in depressed inpatients

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Background and Aims: Physical activity (PA) is recognized to be an efficient therapy for depression but few patients are practicing it.

This study investigates whether motivational interviewing stimulates hospitalized depressed patients to participate to PA therapeutic programs.

Methods: 70 depressed patients, hospitalized in a psychiatric unit were followed regarding their participation to indoor bike training sessions. The first 39 ones (controls = C) were informed that this training possibility was at their disposal without further comment. The 31 next ones (the participants = P) received one session per week of motivational interviewing. Frequency, time, and intensity of the indoor bike training were compared between groups. Demographical variables, BDI and STAI were recorded. There were no significant differences between groups regarding these variables. Participation frequency was recorded as the total number of sessions of physical training by each patient divided by the number of his hospitalization days.

Results: The frequency of participation to AP for the P group is 0.45 participations per day [SD=0.14] versus 0.16 for the C group [SD=0.14] ($p < 0.0001$). The mean energy spent at each participation is equivalent in both groups, 41.9 Kcal [SD=21.8] for the P group versus 44.2 Kcal [SD=32.7] for the C group.

Conclusions: Motivational interviewing is able to raise significantly the frequency of participation to physical activity programs in depressed inpatients.

P0364

CBT treatment of depression-case study

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Introduction: CBT is proved to be very efficient in treatment of depression with or without pharmacotherapy. In this paper case study of a patient with clinical manifested severe depressive episode will be presented. This patient was treated only with CBT without pharmacotherapy.

Aim: Is to demonstrate efficiency of CBT in treatment of depression based on case study.

History of the problem: Patient J., 41 years old female was referred for CBT treatment on recommendation of a friend. When she started treatment she was diagnosed as Severe Depressive episode without psychotic symptoms. Before she was referred for CBT treatment, her symptoms lasted about 4 months and she was treated with pharmacotherapy without improvement. On initial assessment she showed high scores on BDI (33) and BAI (21) scales.

She was complaining on depressive mood, anhedonia, loss of interest, social isolation and frequent anger outbursts.

Discussion: CBT treatment for this patient lasted 14 sessions. CBT techniques used were: behavior activation, self monitoring of activities and level of achieved satisfaction, cognitive restructuring and problem solving. Patient was motivated to accept her part of work according CBT principles. Rapid improvement of her condition that patient subjectively recognized contributed to final therapy outcome. Objectively on BDI her depressiveness had tendency to decrease from BDI 33 on BDI 7 and level of her anxiety decreased from BAI 21 on BAI 5. General functioning of the patient significantly increased.

Conclusion: This case study suggests that CBT can be effective in the treatment of depression without applied pharmacotherapy.

P0365

An open clinical trial of cognitive therapy in Chinese adolescents with anxiety disorder

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Background and Aims: Anxiety disorder in adolescents is a common mental disorder seen in the clinics. It can impair the psychosocial wellbeing of adolescents, influence their academic achievement and increase the family burden. Now cognitive-behavior therapy (CBT) may be the best provided psychotherapy for the treatment of it with a comparable effect with pharmacological treatment. And evidence based medicine had recommended the combining usage of the two treatments.

Purpose: The aim of the present study was to examine the effectiveness of manual-guided cognitive-behaviour therapy (CBT) for adolescents with anxiety disorder.

Methods: With the help of foreign manual and consideration of characteristics of Chinese anxiety disorder adolescents, a treatment manual for the treatment of adolescent anxiety disorder in China is established. Clinical control test is formed to test the effect of manual. A cases analyze of the adolescent patients who received the CBT treatment.

Results: A multimodal and several stage treatment manual for the treatment of Chinese anxious adolescents is established with objectives as oriented. 63.7% of the adolescent anxiety disorder patients who received the CBT treatment is recovered. Analyze of patients who receive CBT result three models of requirements.

Conclusions: The treatment manual in this research is fitted with the characteristics of the adolescent anxiety disorder in China, and it is proved useful in the clinical work. In the CBT treatment of adolescent anxiety disorder, the patients can be classified to three requirement models which should be treated with different focus.