

deterioration of the executive functions. Through medical literature we analyze this find of atypical pattern and its possible relationship to renal disease.

Results: BI 100/100. No known history of cognitive impairment. Despite optimal pain control with fentanyl patch, pregabalin, paracetamol, metamizol and dexamethasone, without new episodes of ACS, we saw high difficulties in comprehension time schedule, spatial location, bad understanding of medical treatment, etc. Neuropsychological study showed MMSE 24/30; SKT subtest of immediate memory 1/12, null recognition without understanding the task. Memory Impairly Screen 5/8, Test clock 3/7. In summary there were deficits in executive functions such as complex attention, mental control, fluency and reasoning. Fluctuating memory abilities. Mild multiple cognitive impairment executive domain. Atypical Profile.

Conclusions: There is a strong correlation between the decrease in GF and the degree of cognitive impairment. This worsens with the Dialysis due to hemodynamic changes. It is essential to evaluate the cognitive situation in all patients with CKD. Being the most affected cognitive domain, the function executive, it can avoid in these patients the correct assesment of established medications and dietary restrictions that are so important in the control of potassium, phosphorus and liquids that cause greater complications and even more mortality.

P136: Human Rights and Quality Standards for Services in Dementia Care

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People with dementia can experience violations of fundamental human rights and impeded access to healthcare. This work builds on the World Health Organization's good practice guidance on community mental health services by investigating the range of dementia services around the world and national/international clinical guidelines, and the views of experts regarding the use of the United Nations Convention on the Rights of People with Disabilities (CRPD) principles as quality standards for human rights-based care. Two scoping reviews of database and grey literature resources summarized the range of services, and clinical guidelines using content analysis. A single-round Delphi e-consultation with dementia experts was designed to evaluate each CRPD principle and collect feedback on their views about the applicability of the CRD principles.

Services in 31 countries were clustered in 7 categories: Supports and Services for families, Community centres, Community health and social outreach support, Crisis Services, Community health services, Networks of Services, Palliative/End-of-Life Care Services, and Supported living. National and international guidelines for quality practice were summarized for each service type. The CRPD principles were highly endorsed as quality standards, however as expected, given dominant practices in the field, several experts challenged the applicability of CRPD principles in relation to information disclosure, capacity assessment, stakeholders' involvement in decision making, respecting needs and preferences, holistic approaches in care practice, and protection of human rights against abuse, neglect and discrimination. These findings provide an overview of different services and clinical

recommendations for dementia care and lay the foundation for an international evaluation framework of quality practice. Future work will develop a concordant, human-rights based scheme for the evaluation of dementia services and use this to establish good practice guidance for dementia care using examples from across the globe.

P142: Dementia diagnosis: the potential onset of suicidal risk

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Objective: Being diagnosed with dementia can be a hectic and critical period. While severe dementia may act as a shield when it comes to suicidal risk, mild and early dementia stages may still preserve cognitive functions to elaborate a suicidal plan. Having insight may lead to feelings of despair and sadness that patients find unbearable to deal with.

The aim of this article is to review the current literature regarding suicidal risk after a dementia diagnosis.

Methods: Review of the most recent literature regarding the risk of suicide among patients with a recent dementia diagnosis. The research was carried out through the PubMed and UptoDate databases, using the terms “dementia”, “diagnosis” and “suicidal risk”.

Results: Previous research showed inconclusive findings, with some authors suggesting a higher risk of an early suicide attempt in patients recently diagnosed with dementia, and others suggesting otherwise. Nowadays, the literature mainly reports that older adults with recent dementia diagnoses are at increased risk of endeavoring suicide. There is an important requirement to offer appropriate support to patients and their families, at the time, or as soon as possible, when a dementia diagnosis is made, to diminish the risk of suicide attempts in these patients.

Conclusion: Patients with recent diagnosis of dementia, or diagnosed at an earlier age, seem to have higher suicidal risk. The period immediately after diagnosis is when individuals need greater support, so these results demand for better assistance for those experiencing such intellectual decline.

P143: New therapies for Alzheimer’s dementia and its implications on healthcare system: are we ready?

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Objective: The amyloid hypothesis suggests that errors in production, accumulation, or disposal of beta-amyloid are the primary causes of Alzheimer's disease (AD). Since this was hypothesized, there has been significant effort in developing treatments that prevent the build-up of amyloid beta (A β) plaques in the brain. A disease modifying therapy (DMT) changes the clinical progression of AD by interfering in its pathophysiological mechanisms.