

**Results** We assessed 339 (142 F, 197 M) patients with a mean age of 77 (range: 56–94). Cardiovascular problems were the biggest group of referrals (in particular oedema, hypotension and rhythm disturbances) (34%) followed by central nervous system problems (11%), respiratory (8%), gastrointestinal (8%) and infection (8%). Some unusual problems were diagnosed including a spontaneous pneumothorax, primary biliary cirrhosis. The most common intervention was advice on treatment or investigation, very few patients needed acute admission and some unnecessary admissions were aborted as a result of the physician's intervention.

**Conclusions** This audit emphasises the need for a joint coordinated approach between psychiatry and medicine in managing health problems in older people. A dedicated Geriatric Liaison service can improve care, avoid unnecessary acute admissions and is more convenient for patients who would otherwise attend repeated outpatient appointments.

References are not available for this abstract.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.422>

### EW305

#### Depression, physical illness and mortality in a Spanish community-dwelling elderly people

J. Olivera-Pueyo<sup>1,\*</sup>, S. Benabarre-Ciria<sup>2</sup>, T. Lorente-Aznar<sup>3</sup>, M. Rodríguez-Torrente<sup>3</sup>, C. Pelegrín-Valero<sup>1</sup>, A. Acín-Sampietro<sup>3</sup>, J. Aguaviva-Bascuñana<sup>3</sup>, C. Alastrué-Pinilla<sup>3</sup>, J. Alcubierre-Cura<sup>3</sup>

<sup>1</sup> Hospital San Jorge, Psychiatry, Huesca, Spain

<sup>2</sup> Fundación Agustín Serrate, Psychology, Huesca, Spain

<sup>3</sup> Atención Primaria, Unidad Docente, Huesca, Spain

\* Corresponding author.

**Objectives** The aim of this study is to investigate the association between depression, physical factors and mortality in elderly people living in the community.

**Methods** Prospective longitudinal multicenter study for 5 years. Cohort of 293 people aged 65 years and older living in the province of Huesca (Spain). Individual face-to-face interviews and with appropriate caregiver. The following information was collected:

- demographic data;
- psychosocial factors: sex, age, education, marital status, live-in family members, social relationships, life events;
- physical factors: severity of physical illness, comorbidity (Cumulative Illness Rating Scale);
- psychiatric factors: cognitive function (Spanish version of Mini-Mental State Examination), depression (Geriatric Depression Scale), diagnostic criteria according DSM-IV-TR.

**Statistical analyses:**

- a bivariate analysis;
- a multivariate analysis. Cox regression model (explanatory variables).

**Results** Two hundred ninety-three participants, simple representative of people aged 65 years old or more in province of Huesca (Spain). Monitored 5 years follow-up study. Sixty-four people died (21.8%), annual mortality rate: 5.3%. Depression: 66 people (22.5%), (32.2% women, 13.3% men). Cognitive impairment: 51 people (17.4%). Bivariate: factors associated ( $P < 0.005$ ) with mortality: functional impairment, living in nursing home, sensorial impairment, polypharmacy, severe physical illness and psychiatric comorbidity: depression (34.8 vs 18.1%), cognitive impairment (49.1 vs 15.8%). Association between some factors and mortality was nullified after multivariate statistical model; the case for depression (Hazard Ratio: 1.1), cognitive impairment (HR: 1.2) or functional impairment (HR: 1.3).

**Conclusions** Depression and cognitive impairment are associated with mortality in elderly community living people in bivariate analysis, therefore, this association disappears after multivariate

analysis. Severity physical illness seems to nullify the effect of other variables, such as depressive symptomatology.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.423>

### EW307

#### Religiosity and its influence on mental health of late age persons

L. Pishchikova

Moscow, Russia

Christian anthropology considers personality as a unity of spiritual, emotional and corporal manifestation. Spirituality is defined as highest level of development and self-control of mature personality, ignoring which leads to moral dissonance and spiritual conflict. For the believing person, it is indisputable that belief, church sacraments and practices are capable to facilitate not only corporal, but also spiritual diseases. Clinical and expert analysis of 235 late age patients (> 60 years), who underwent forensic psychiatric examination in criminal and civil cases, helped to identify the influence of religiosity on mental health of late age persons. At late age, appeal to spirituality defines further evolutionary development of the person and favorable forms of aging. It is noted that elderly believers have no expressed cognitive and emotional frustration. When developing mental disorders, they resort to church sacraments and prayers. Thus, a patient with visual hallucinosis noted that during a prayer "visions calmed down, left or started listening". A patient with acoustical hallucinosis ("blasphemous" voices) considered them as manifestation of "dark powers", fought them by appeal to the icon of the Mother of God. A patient with menacing acoustical hallucinations read Psalmbook, dawned on them a cross sign with "consecrated hand" (venerated to Sacred relics) and "locked" them in room corner. Ignoring spirituality, which is observed in psychiatry, is connected with incompatibility of representations based on science and belief; low level of religiousness among psychiatrists; underestimation of religion role in life of patients; lack of special knowledge of this area.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.425>

### EW308

#### Abnormal Stroop-related event related potentials in patients with late onset depression in remission period

M. Pišljarič<sup>1,\*</sup>, Z. Pirtošek<sup>2</sup>

<sup>1</sup> Psychiatric Hospital Idrija, Geriatric department, Idrija, Slovenia

<sup>2</sup> University Medical Centre, Department of Neurology, Ljubljana, Slovenia

\* Corresponding author.

**Introduction** Depression in late life follows a relapsing course and it has been related to impaired cognitive control. Information processing speed, memory and executive abilities are most frequently impaired.

**Objectives** Cognitive changes are difficult to confirm during depressive episode, as signs of both disorders largely overlap. Therefore, it makes more sense to assess cognition after a remission has been reached. Electrophysiology may be particularly convenient as a tool in such studies, as it can separate central cognitive processing from the motor processing.

**Aims** The study of cognition was focused on executive function and speed of information processing. It was measured with Stroop-related event related potentials (ERPs) and reaction times (RTs) in a modified computer version of the Stroop test which is highly sensitive to frontal functions.

**Methods** Thirty-four patients with late-onset depression were included after they had reached remission. They were compared to twenty-four age-, gender- and education-matched healthy controls. Each participant completed a single item computer version of the Stroop task using verbal response mode. EEG and RT were simultaneously recorded.

**Results** Revealed abnormal late positive Stroop-related potentials in the period of about 500–600 ms period corresponding to the latency of the so-called P300b wave.

**Conclusion** Study supports the view that patients with late onset depression are also cognitively impaired and that this impairment persists in the period of early remission. Using more sensitive ERP measurement of the Stroop task, we demonstrated impaired information processing at an earlier, pre-response related stage.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.426>

### EW309

#### **Cognitive screening in the acute hospital: Preliminary findings from a cognitive screening program in a university-affiliated, tertiary-referral hospital with 6-month interval outcomes**

C. Power<sup>1,\*</sup>, H. Bates<sup>2</sup>, M. Healy<sup>2</sup>, P. Gleeson<sup>2</sup>, E. Greene<sup>2</sup>

<sup>1</sup> St James's Hospital, Memory Clinic- Mercer's Institute for Research in Ageing, Dublin, Ireland

<sup>2</sup> St James's Hospital, Psychiatry of the Elderly, Dublin, Ireland

\* Corresponding author.

**Introduction** Cognitive impairment impacts on patient outcomes [1] but is under-recognised in acute hospitals [2]. Data on rates and degree of impairment among hospital inpatients remain sparse. This information is vital for strategic planning of health services as the European population ages.

**Objectives** To examine the rates and degree of cognitive impairment among patients aged 65 and older who were admitted to an acute general hospital and to assess its impact on patient outcomes.

**Methods** All patients aged over 65 who were admitted over a 2-week period were invited to participate. Those who met the inclusion criteria were screened for delirium then underwent a cognitive screening battery. Normative values for age and level of education were obtained from the TILDA study [3]. Demographic and outcome data were obtained from medical records.

**Results** One hundred and forty-eight patients underwent cognitive screening. Thirty-nine over 148 (26%) met the DSM-IV criteria for dementia of whom only 16 (41%) had a previously-documented impairment. Thirty over 148 (20%) had evidence of cognitive impairment that did not meet criteria for dementia, only 3 (10%) of whom were previously documented. Seventy-three over 148 (49%) were normal. Six over 148 (4%) were not classifiable. The impact of cognitive status on length of hospital stay, number of readmissions in 6 months and discharge destination was investigated. Impact on length of stay was significant ( $P=0.017$ ) but significance was not achieved against number of readmissions or discharge destination.

**Conclusions** Cognitive impairment is pervasive and under-recognised in the acute hospital and impacts on length of hospital stay. Longer interval analysis is necessary to investigate further implications.

References 1–3 available upon request.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.427>

### EW311

#### **Dementia in acutely-ill medical elderly patients**

P. Sá Esteves\*, D. Loureiro, E. Albuquerque, F. Vieira, L. Lagarto, S. Neves, J. Cerejeira

Centro Hospitalar e Universitário de Coimbra, Psychiatry, Coimbra, Portugal

\* Corresponding author.

**Introduction** Dementia is one of the leading causes of disability and burden in Western countries. In Portugal, there is a lack of data regarding dementia prevalence in hospitalized elderly patients and factors associated with in-hospital adverse outcomes of these patients.

**Objectives** Determine dementia prevalence in acutely-ill medical hospitalized elderly patients and its impact in health outcomes.

**Methods** All male patients (>65 years) admitted to a medical ward (>48 h) between 1.03.2015 to 31.08.2015 were included in the study. Patients were excluded if unable to be assessed due to sensorial deficits, communication problems or severity of the acute medical condition. Baseline evaluation included socio-demographic variables, RASS, NPI, Barthel Index and Confusion Assessment Method.

**Results** The final sample consisted of 270 male subjects with a mean age of 80.9 years, 116 (43%) having prior dementia. Dementia patients were significantly older (83.5 vs 78.9;  $P<0.001$ ) and had lower values of Barthel Index (dementia: 34.8 vs non-dementia: 85.8;  $P<0.001$ ). Mortality rate (9.3%) and length of hospitalization (11.2 days) were similar between groups (12.1 vs 7.1;  $P=0.204$  and 11.9 vs 10.6;  $P=0.218$ , respectively). Patients with dementia had higher rates of all neuropsychiatric symptoms except depression, anxiety and mood elation. The level of consciousness (measured by RASS) was impaired in 50% of patients with dementia, which was significantly higher than in non-demented subjects (12.3%;  $P<0.001$ ). Delirium rates were 29.5% in dementia compared with 7.1% in controls ( $P<0.001$ ).

**Conclusions** There is a high prevalence of dementia and an appreciable rate of delirium among these patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.429>

### EW312

#### **Depression and mild cognitive impairment – Comorbidity and/or continuum?**

G. Sobreira<sup>1,\*</sup>, M.A. Aleixo<sup>1</sup>, C. Moreira<sup>2</sup>, J. Oliveira<sup>3</sup>

<sup>1</sup> Centro Hospitalar Psiquiátrico de Lisboa, First Psychotic Episode Unit, Lisboa, Portugal

<sup>2</sup> Centro Hospitalar Psiquiátrico de Lisboa, Schizophrenia and Schizoaffective Disorders Unit, Lisboa, Portugal

<sup>3</sup> Centro Hospitalar Psiquiátrico de Lisboa, Neuropsychiatry and Dementia Unit, Lisboa, Portugal

\* Corresponding author.

**Introduction** Depression and mild cognitive impairment are common among the elderly. Half the patients with late-life depression also present some degree of cognitive decline, making the distinction between these conditions difficult.

**Objectives** To conduct a database review in order to understand the relationship between these entities, and treatment approaches.

**Aims** To create and implement clinical guidelines at our institution, to evaluate and treat elderly patients presenting with depression and mild cognitive impairment.

**Methods** A PubMed database search using as keywords “late life depression”, “depression”, “cognitive impairment”, “mild cognitive impairment” and “dementia” between the year 2008 and 2015.