

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