

Widows/widowers above 65 years of age referred to in- or out-patient treatment at the Department of Psychiatry at Odense or Aarhus University Hospital are included. Narrative interviews are conducted and analysed according to grounded theory. The qualitatively developed theories will then be tested quantitatively through the Lundby Study by comparing widows/widowers above 65 years with age-matched controls, who are still married.

**Results** In the Lundby Study, 597 persons above 65 years were identified in the latest follow-up: 176 (29.5%) were widow/widowers, 421 (70.5%) were married/cohabitating. Depending on the theories developed a total of 384 possible variables regarding physical health, mental health and general living circumstances are tested. Further results will be presented.

**Conclusions** The causes of adverse health effects in widowhood are poorly understood. This study will potentially contribute to unravelling these by identifying possible risk factors.

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

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## EW299

### Anticholinergic burden in inpatient psychogeriatric population – Do we care?

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**Background** Although recent studies have found that there is significant association between anticholinergic and cognitive impairment, especially in the elderly population, there seems to be minimal emphasis on anticholinergic burden (ACB) when prescribing medications to the inpatient psychogeriatric population.

**Aim** To evaluate the prescribing patterns in Older Person Mental Health Inpatient Unit (OPMHU), whether the ACB Score on admission has been reviewed for lowest possible ACB while maintaining therapeutic effects. A protocol will be developed to ensure that ACB is reviewed for future admissions and discharges.

**Methodology** Fifty patients admitted and discharged from OPMHU are recruited retrospectively from 30th September 2015, excluding outliers and deceased patients. For those who had multiple admissions during that period, only the most recent admission would be included for evaluation. Individual ACB score is calculated on admission and discharge based on pharmacist final medication summary. Their mental health records are also audited for any documented ACB review by the treating team, while making note for any pre-existing cognitive impairment.

**Result** ACB has not been taken into consideration in all patients by the treating team on admission as well as when prescribing medications on discharge. Hence, it is unsurprising that the ACB score showed an increment of 30% on discharge (3.25) when compared to the admission score (2.5).

**Conclusion** The study found that although ACB poses significant risks on cognitive impairment, this knowledge has not been employed pragmatically. A protocol should be developed to ensure that ACB is evaluated and managed accordingly.

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

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## EW300

### Delirium related distress in family: A non-systematic review

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**Introduction** Delirium is a common neuropsychiatric syndrome, particularly in elderly hospitalized patients, and is associated with an increase in morbidity and mortality. Although these negative consequences are well documented, only a few studies describe the experience of delirium from the families' perspective.

**Aims** To analyze studies regarding the experience and distress caused by delirium in the families/caregivers of adult/elderly hospitalized patients.

**Methods** A non-systematic review of published articles until October 2015 in the database PubMed was carried out. The keyword "Delirium" was combined with: "experience", "distress", "anxiety" and "family", "carer" and "relatives". Inclusion criteria were: standardized diagnosis of delirium, systematic/prospective assessment of distress level. Clinical cases were excluded.

**Results** Sixteen studies met the inclusion criteria for analysis. In most of them, family members (mostly younger) showed high levels of distress, even higher than health care professionals and patients. Several predictors of family distress were found, including poor functional status, psychomotor agitation, delusions, emotional lability, incoherent speech, inattention and disorientation. Higher distress was associated with long-term consequences (e.g. generalized anxiety). In the qualitative research, family members interpreted delirium as a sign of approaching death, result of pain/discomfort or an effect of medication. In addition, distress was associated with rapid and unexpected changes or unable to recognize the loved ones.

**Conclusions** Delirium in patients was associated with significant distress in family members. These findings underline the importance of providing information and the development of appropriate supportive and psychoeducational interventions in order to help families throughout this process and reduce the associated distress. This work is supported by FCT (SFRH/BPD/103306/2014).

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## EW301

### Dementia severity among institutionalized elderly: Are there more unmet needs?

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**Introduction** The ageing population and the resulting increase in chronic diseases, including dementia, make the evaluation of their emergent needs a crucial step in psychogeriatric care. Unmet needs are found to be important clinical targets that should be followed by active management in order to improve health status and survival.

**Objectives** To analyze the relation between unmet needs and cognition, and explore the nature of these needs across dementia severity stages.

**Methods** A cross-sectional study was conducted in three nursing homes. Residents were excluded if they were terminally ill, unre-