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Objectives: To know prevalence of depression in Spanish nursing home(NH) by analysing the clinical profile of residents from RESYDEM study (Identification of patients with cognitive deterioration and dementia in NH).

Design/methods: A multicentral, transversal, observational study was carried out in April 2005. 71 geriatrician from 54 NH representing the Spanish state participated. Depression was analysed in patients history and determined by NPI of Cummings, NH version.

Results: 1037 residents were randomized, 1020 were used by clinical data analysis. 941 were used to determine depression prevalence. Median age 83.4yo, 66.6% were women, 70.9% with basic educational level, 57.4% widows, 25.7% single, 41.5% had some degree of functional deterioration, 22.1% had delirium. In 26.4% were documented Stroke(17,9% TIA). 61.7% had dementia.

Depression appears in 31.4% of elderly institutionalized with the only diagnosis of depression or independent of others. There were no significant differences in age groups. However, was most frequent in women. 95.7% of patients with diagnosis of dementia had at least one drug for depression. Most used anti-depressants were trazadone (23%), citalopram (20.9%), sertraline (15.8%), fluoxetine (10.1%). No tricyclic anti-depressant reached 1% of consumption.

Conclusions: Depression affects practically one in three institutionalized elderly in Spain

Institutionalized elderly with depression are largely treated with ISRS. It is believed that the use of trazadone is linked with the effects on sleep and anxiety.

The high prevalence of depression, its overlapping with other processes and the comorbidity of residents requires a careful search and approach in NH which implies a challenge for professionals in order to treat it.

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Analysis of symptomology in neuropsychiatric patients with dementia

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Objectives: Determine the presence of neuropsychiatric symptoms (NPS), using the NPI-NH(Neuropsychiatric Inventory Nursing Home(NH) Version), in order to provide a multidimensional profile in behavioural symptoms in residents and to calculate its prevalence in Spanish NH.

Design/ Methods: From randomized population of RESYDEM study (Identification of patients with cognitive deterioration and dementia in NH) a multi-central, cross-sectional and observational study was carried out. 71 geriatrician from 54 NH representative the Spanish state participated. NPS was determined by NPI Cummings NH version. This version includes upsets in sleep and feeding patterns.

992 residents were examined (Median age 83.4yo, 66.6% women, 91.8% received at least one type of treatment, 61.7% with dementia). 523 (52.7%) presented at least one type of NPS. In order of greatest frequency, the following were noted: alterations in sleep patterns (41.7%), depression/dysphoria (31.4%), anxiety (31.2%), agitation/aggressiveness (29.6%), apathy/indifference (25.8%), delirious ideas (23.7%), irritability (22.4%), feeding/appetite upsets (18.5%), anomalous motor behaviour (15.3%), hallucinations (13.8%), disinhibition (11.1%), euphoria (4.4%).

35.9% of residents received benzodiazepines, 26.7% antidepressants. Atypical neuroleptics were used in 15.8%, in contrast with 7.4% of the use of classic ones.

Conclusions: NPS's reached a high prevalence in NH and it is usual that more than one co-exists in the patients.

Alterations in sleep patterns, depression, anxiety, agitation/aggressiveness affect approximately one in three residents.

It is useful and recommendable to evaluate the 12 behavioural areas from the NH version of the NPI scale. This instrument was chosen as a sifting measure to establish neuropsychiatric symptomology in residences.

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Adequate use of psychotropic agents at healthcare facility for elderly in Japan

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Now many elderly people use psychotropic agents for depression or anxiety or delirium or insomnia. Some of them can use those agents without prescriptions of psychiatrists. We wonder if many doctors other than psychiatrists tend to give such drugs without serious consideration. So we tried to invest one healthcare facility for elderly with no psychiatrists and checked prescriptions of psychotropic agents. And we consider adequate use of psychotropic agents for elderly there. We hope this presentation reveal new trend for use of such drugs for elderly people in Japan

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Depression and the elderly

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About two decades ago, "Open Care Centers for Aged Citizens" have been established in Greece. These facilities consider as members everyone older than 65 years and provide social opportunities, entertainment, activities, education and work on artistic objects, as well as basic first degree health care by visitors physicians.

We performed an investigation with Geriatric Depression Scale (GDS 15 and 4) among the members of two such centers in order to examine the probable prevalence of depression in this population. Our sample consisted of 51 persons (38 females and 13 males) with average age 72±5.7 years. Besides the GDS we examined parameters as: marital status, education, known organic (somatic) or mental health problems.

From our results we mention that 23.5% of all (7 females and 5 males) were scored in GDS-15 over 5 and were referred for further psychiatric evaluation about the existence of depression. Only one of them was already diagnosed as depressive before our investigation.

Given that the population of these centers is generally considered as “healthy, active and functional” in comparison with other people of the same age, the above found percentage indicates that we must focus our attention on aged people trying to find out early indications of mental health problems and especially depression.

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Mental status and elderly

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Disorders such as depression, anxiety, and change of sleeping pattern, loneliness and social seclusion affect 15% to 25% of the elderly. 245 subjects of over-60 years of age were selected through cluster sampling to fill out a questionnaire. Mental status scaled from 1-3 corresponding to poor, medium and good mental status respectively. Leisure time also scaled 1-3 corresponding to good, relatively good and inappropriate respectively. Chi-square was used for analysis. It was found that; 64.1% enjoyed having good mental status. 71.2% of men and 54.7% of women were found to have good mental status. 71.3% of literate subjects had good mental status while poor mental status was observed most in illiterate subjects. 68.9% of subjects who lived with their spouses showed good mental status. A significant relationship was found between gender ($p=0.0/53$), marital status ($p=0.0398$) and mental status. A negative correlation was observed between age and marital status ($r=0.2389$). Also correlations were found between education and mental status ($r=0.504$) and between age ($r=0.2389$) and education ($r=0.1411$) with leisure activities. Also, the correlation of mental health and leisure activities was significant ($r=0.2309$). It was finally concluded that the higher the age, the poorer the mental status. Poor mental status is noticeable in women and subjects with higher education. The correlation of mental health and leisure activities indicate the significance of entertainment in health and happiness of the aged people. Employment and leisure time activities are suggested to enhance their mental status.

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Relationship of subjective sleep quality, daytime sleepiness, and depression to the quality of life in patients with parkinson's disease

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Background: Sleep disturbances in patients with Parkinson's disease (PD) are common but frequently under recognized and ineffectively treated. Depression is also a common cause of sleep problems in the elderly. Both are important factors for health and quality of life and interact with many medical conditions.

Aim: The aim of this study was to examine the associations between disease severity, sleep-related problems, severity of depression, and quality of life in a sample of PD patients taking dopamine antagonists.

Methods: Fifty-two patients with PD included in the study. During the trial, patients were examined two times. At the first follow-up, all patients were classified according to the Hoehn and Yahr (H-Y) classification. At the second follow-up within 1 month, each patient underwent diagnostic evaluation by a trained psychiatrist using a detailed assessment battery including Parkinson's disease Sleep Scale, Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale, Parkinson's disease Quality of Life Questionnaire, and Beck Depression

Inventory. Patients with clinical signs of dementia were not included in this study.

Results: Severity of depressive symptoms was significantly correlated with subjective sleep troubles in PD patients. Moreover, severity of sleep problems and to a lesser degree depression contributed significantly to the overall variance in quality of life.

Conclusions: Depression and troubled sleep were associated with poor quality of life in patients with PD. It is important to examine for the presence of sleep disorders and depression in PD, because recognition of these conditions may become an important part of treatment of PD.

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Sexuality in the older person

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This study reviews the facts concerning sexuality in elderly people, because of the paucity of information.

The aims are to determine the prevalence of sexual behaviour in subjects included in Psychogeriatric practices.

We conducted a retrospective cross sectional study in a long term care psychiatry consultation service, community geriatric service and an inpatient unit in Porto, Portugal.

In this study sexual inappropriate behaviour was seen in all stages of dementia. Sexuality is an essential part of a person's personality.

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The impact of perceived support on the daily activities and depression of institutionalised elderly people with impaired vision

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Objective: The aim of this study was to determine the influence of perceived social support on the daily activities and depression of nursing home residents with impaired vision.

Methods: The study comprised 120 subjects above the age of 60, of whom half were recruited from a nursing home; 30 subjects had impaired vision. The Geriatric Depression Scale (GDS) was utilised alongside Instrumental Activities of Daily Living (IADL). Norbeck Social Support Questionnaire (NSSQ) was used to measure the overall support as well as emotional and instrumental support, magnitude of the network and its availability.

Results: The analyses of variance revealed significant differences between institutionalised elderly people with and without impaired vision and the control group as regards functional dependency ($F=14.51$; $p<0.001$), perceived instrumental support ($F=7.34$; $p<0.001$) and availability of social network ($F=4.86$; $p<0.01$). The statistical analyses using the Sobel test did not confirm the hypothesis on the mediation role of social support between depression and the IADL. The multiple regression analysis revealed the importance of this variable for daily activities, albeit only in the control group. Curiously, the obtained results show that the stronger the support network perceived, the lowest the ability on the part of the elderly to function independently.

Conclusions: The study did not confirm the influence of impaired vision on depression experienced by institutionalised elderly people. Depression treatment may reduce excess disability associated with impaired vision while adequate level of instrumental support and the social network availability positively affect the daily activities and general adaptation in old age.