

recommendations to assess psychological and behavioral symptoms of dementia and the practice guidelines of American psychiatric association (APA) reinforce general principles of good clinical care. However, when these patients initiate a psychotropic, the agents often continue to be prescribed for a long time, even after the symptoms disappeared. The recommendation of reduce/stop an antipsychotic medication within 4 months of initiation may seem counterintuitive when the patient is better, with remission of the original symptoms. However, the studies showed that a large amount of patients with dementia can discontinue antipsychotic medication without a return of agitation or psychosis. Older patients are a particularly susceptible population and the risk/benefit of any medication should be carefully considered. For most patients the risk of harm outweighs the profits of continuing treatment and we need a routine evaluation of this factor to identify these cases.

It's important to reduce unnecessary medications but agitation and psychosis associated with severe distress also carry serious risks; discontinuing these medications can be dangerous so we need to manage it with caution evaluating each case as an individual one.

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EV0793

Antipsychotic prescribing practices amongst the elderly of St. James's hospital (SJH), Dublin

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Introduction Psychotic symptoms arise commonly in the context of behavioural and psychological symptoms of dementia (BPSD) in the elderly. While non-pharmacological interventions are preferable to manage such symptoms, antipsychotic medications are frequently used. This is largely unlicensed and associated with significant risks, particularly in dementia (1).

Objectives To examine antipsychotic prescribing practices in SJH. *Methods* On 23rd February 2016 all inpatients aged over 65 who were prescribed antipsychotic medications were identified. Demographic and medical data were collected from medical and electronic notes and medication kardexes.

Results Complete data were available for 53 of 59 identified cases. The cohort had a mean age of 80 (range 65–99) and 62% were male. Seventy-four percent ($n=39$) had documented cognitive impairment or dementia. Fifty-eight percent ($n=31$) were newly prescribed an antipsychotic following admission. The commonest indications for antipsychotics were: delirium (53%) and BPSD (25%). Haloperidol (56%), quetiapine (19%) and risperidone (8%) were prescribed most frequently. Non-pharmacological interventions were documented in 50% however in many cases it is not clear what these interventions were. Antipsychotic use was discussed with patients and/or next of kin in less than 25% of cases. Adverse effects were noted in 6/36 (17%) with equal incidence of falls, EPSEs and ECG changes.

Conclusion Positive and negative aspects of current antipsychotic prescribing practices are highlighted. Antipsychotics were prescribed for a small number of patients for appropriate indications. However, there was poor consideration of non-pharmacological interventions and a lack of consultation with the patient/NOK. This may reflect, in part, inadequate medical documentation. A

guideline needs to specifically address these areas of concern to improve safety and promote best practice.

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EV0794

The association of recurrent affective disorders with functional capabilities in the subjects over 60 yeras of age. a preliminary findings

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Introduction Major depressive disorder (MDD) in the older adults is correlated with a significant decline in daily physical activity, consequently resulting in chronically impaired quality of life and an increased exposure to falls-risk.

Objectives Establishing whether geriatric depression Scale (GDS) scores, found correlated with dual motor tasks (TUG_{MAN}), are also correlated under the cognitive test constraints (TUG_{COG}).

Aims The study aimed to analyse the relationship of MDD symptoms, the number of depressive episodes and hospitalisations, with the efficiency of gait in single and dual task conditions, motor and cognitive, functional capabilities.

Methods The study was conducted in the outpatient clinic, university hospital, department of psychiatry, Krakow, on 30 patients over 60 years of age presenting recurrent MDD. The assessment consisted of GDS, MMSE, TUGT, TUG_{MAN}, TUG_{COG}, 30sChS, SLS. Spearman rho rank correlation was applied to determine the relationship between the variables.

Results Statistical analysis showed a significant association between the intensity of depressive symptoms expressed in the GDS and the number of completed episodes and depression and TUGT. The number of hospitalisations was associated with gait under motor (TUG_{MAN}) and cognitive (TUG_{COG}) constraints.

Conclusion Duration of the disorder and the number of hospital admissions are related to the functional efficiency of the single and dual-task performance in the persons suffering from this disorder for at least 10 years. Aged persons should effectively be encouraged to undertake physical activities.

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EV0795

Fronto-temporal Dementia with Early Onset

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Introduction Even though it is not the most common type of dementia, frontotemporal dementia (FTD) is a major health problem. It affects people younger than 65 with similar frequency as

Alzheimer's dementia (AD) and has a progressive course that leads to inevitable deterioration in functioning. Still, FTD is not a unique entity in ICD- 10 classification.

Objectives To investigate the diagnostic and treatment difficulties in FTD.

Aims To show very rapid and progressive deterioration in people with early onset FTD.

Methods We will present a series of cases showing progressive cognitive deterioration and prominent personality changes in patients with FTD hospitalised at University Psychiatric Hospital Vrapce since 2013 to 2015. Collected data included anamnestic and heteroanamnestic information, blood tests and neuroimaging.

Results Our findings showed a significance of early onset FTD, with subtle, atypical symptoms at the beginning, and galloping deterioration during the course of illness.

Conclusions Presented patients with FTD showed rapid and progressive nature of disease with infaust prognosis. Even though early onset patients make 20% of overall number of patients with FTD, we consider that it is necessary to separate them from late onset patients in future classification systems.

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EV0796

Characteristics of elder mistreatment's perpetrators in Tunisian community-dwelling elders

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Introduction While research is illuminating characteristics of elderly that are associated with mistreatment, far less research has investigated characteristics of the perpetrator that are involved in elder mistreatment cases.

Aim To address the characteristics of elder mistreatment's perpetrators in a population of community-dwelling elders.

Methods A cross-sectional study was conducted, including 80 subjects aged 65 years and older, with sufficient cognitive ability to complete the interview. Elderly were asked about several characteristics of mistreatment's perpetrators. Indicators of Abuse Screen (IOA) was used to evaluate abuse.

Results Findings show that 13.8% of the participants suffered from elder mistreatment, with a mean IOA's score of 8.35. According to subtypes, 10% reported psychological, 2.5% physical and 1.3% financial abuse. Abuse was recurrent and the victim's reactions were passive in all cases.

Perpetrators were family members in all cases, with being a partner in 63.6%, a child in 18.2%, a sibling in 9.1% and a stepdaughter in 9.1% of cases. They were men in 72.7% of cases and their mean-age was 64.09 years. Financial difficulties and psychological problems were reported in 54.5% and 36.4% of perpetrators, respectively. Perpetrators were most likely living with the victims ($P=0.009$). Partners were the perpetrators of half of the psychological abuse, and the totality of the physical and financial abuse. Abusive marital relationships were significantly associated with the perpetrator ($P=0.04$).

Conclusion Our findings suggest that the cause of elder abuse is rarely unique, and that this phenomenon is consequent to many pre-existing underlying problems affecting both elderly and perpetrators.

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EV0797

A comparative study of elder mistreatment between community-dwelling elders and those residing in long-term care facilities

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Introduction Elderly who live in settings other than their own homes or those of relatives have received little attention from researchers in Tunisia.

Aims To compare sociodemographic and clinical factors associated with elder abuse between community-dwelling elders and those residing in nursing home.

Methods A comparative study was conducted, including 50 subjects aged 65 years and older living in the community and 20 age- and sex-matched subjects living in a nursing home. Cognitive status, depressive symptoms and autonomy were assessed using mini-mental state examination (MMSE), geriatric depression scale (GDS) and activities of daily living scale (ADL). Elder abuse was evaluated with Indicators of Abuse Screen (IOA).

Results Elder abuse was more prevalent in elderly residing in nursing home ($P=0.009$) with a prevalence of 35% and 8% and a mean IOA score of 12.75 and 7.74. Psychological, physical, financial abuse and neglect were reported by elderly residing in nursing home. Those living in community reported exclusively psychological abuse. The victim's reactions were passive in all cases.

Elders living in nursing home were more single or divorced (0.000) and financially independent (0.003). They had lower scores of MMSE (0.002) and ADL (0.014), and higher scores of GDS (0.022). A binary logistic regression confirmed that elder abuse was significantly more prevalent in nursing home after eliminating these confounding variables: age, gender, MMSE, GDS and ADL scores ($P=0.018$).

Conclusion Our results confirm that elderly who live in long-term care facilities are at particular risk for abuse and neglect.

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EV0798

Medical Staff's Social representation on elderly with psychiatric disorder: Impacts about the life project

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Today, the questioning about the life project of elderly with mental disorders seems not to be a priority of research and politics. Many studies shows that social representation of this specific population are mostly negative. They impact the place of these subjects on their social and community integration into the society. The purpose of our research work is to identify the nature of health professional's social representation involved in the accompaniment of these subjects. In that case, the authors aim to identify it impact on their life project. Consequently, the authors interviewed 715 professionals (doctors, psychologists and nurses) with the free association method of Abric. A prototypical and categorical analysis was conducted with the help of IRAMUTEQ software. Then a factorial analysis was performed in order to identify which factors could be possibly linked with some dimensions of the social representation we isolated (age, sex, profession and study level). Results shows that social representation of health professionals