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#### EV0771

### The widowhood effect–mortality and adverse health effects when losing a spouse in old Age

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**Introduction** Losing one's spouse is a major life event which is associated to an increased risk of mental health problems as depression and sleep-disorders. There is also an increased risk of adverse effects on physical health, and even an increased risk of mortality. A phenomena called “the widowhood effect” Though this is well-known clinically, few studies have established the extent of the problem in old age.

**Objectives** This study aims to examine the risk of mortality associated to widowhood in old age, and adverse health effects both regarding physical and mental health.

**Methods** A nationwide register-based case control study. All Danish people aged 65 years and above who became widowed in the period of 2000–2010 are included. A background population sample of 4:1 is matched on age and gender. By using the personal identification number a linkage between registers containing information regarding health service use, pharmacologic use and demographic information is made. Mortality is analysed using Kaplan-Meier estimate and the statistical comparison between the groups is done by Cox-regression. Adverse health effects are assessed by the health care use and pharmacological use, and are compared between the two groups by t-test, linear and logistic regression depending on the variables.

**Results** The study is under conduction, results will be presented.

**Conclusions** Widowhood in old age has been associated to an increased risk of mortality and adverse health effects. This study assesses the outcome of this in a nationwide register-based sample.

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#### EV0772

### Case report of treatment issues in the management of dementia with parkinsonism

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**Background** Parkinsonism as a clinical syndrome needs to be diagnosed multidisciplinary. Cognition problems and behavioural symptoms together with the neurologic symptomatology make the treatment very complicated.

**Aims** To emphasize the importance of effective management strategies that may extend quality of life and independence.

**Methods** This is a case report of 59 year old male with complicated clinical presentation of dementia with parkinsonism last

two years treated with levodopa. Admitted with symptoms of fluctuating cognition, memory problems, visual hallucinations and depression and also generalized rigidity after introduction of atypical antipsychotic. Medical history: epilepsy in the last 15 years, trauma 7 years ago. After admission he was examined clinically and the brain computed tomography (CT) and electroencephalography (EEG) were done.

**Results** We analyzed possible etiologies and differential diagnosis of presented symptoms—extrapyramidal signs, mental confusion with hallucinations which are the three most common clinical features of Parkinson's disease dementia (PDD). CT reveals diffuse cortical atrophy with encephalopathy in the white matter combined with dilatation of lateral ventricles. EEG was with theta disrhythmic activity. After consultation with neurologist the patient was given Carbamazepine for epilepsy and Levodopa/Carbidopa to control parkinsonism. Donepezil was introduced. Two weeks after admission the patient was discharged with given advice to be treated in geriatric clinic.

**Conclusion** After thorough clinical examination with proper diagnostic procedures with imaging modalities we should try cholinesterase inhibitors because they might improve cognition and can be beneficial for reduction of the hallucinations and behaviour disturbances combined with proper management of the surroundings.

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#### EV0773

### The evolution of mania in the elderly: A case study

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**Introduction** Bipolar disorder in elderly patients may present as an evolution of the disease initiated in younger stages or as an entity newly emerging. In addition, mania in the elderly, has characteristics that make it different from the adult. These disorders can be correlated with underlying vascular or degenerative disorders [1].

**Methods** Review of the relevant literature by searching PUBMED, limited to studies of greater scientific hierarchy.

**Results** The existence of changes in the manic phase motivated by the influence of vascular disease, as well as the importance of the changes experienced in therapy at the rate of underlying organic disease described. The useful pharmacotherapeutic approach in this case is discussed.

**Conclusion** The most recent research points in the direction of a more organic for mania late age-related substrate. The diverse etiology requires differential diagnosis for addressing the underlying causes [1]. The clinic does not dim with age, but increases the tendency to develop rapid cycling as age progresses. It is also more frequent occurrence of paranoid and aggressive traits, especially in situations of confrontation, along with increased dysphoria [2]. The therapeutic management by neuroleptics require very careful attention, because of the vulnerability of this group to develop adverse effects. Mood stabilizers use has been demonstrated as effective as in young [2].

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#### EV0774

### Just hypochondria or something else?

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**Introduction** In the older adult hypochondria is one of the most common somatoform disorders, and represents a particular challenge for approach, diagnosis and treatment, since in this age group, non-psychiatric medical comorbidity and concomitant presence of other psychiatric disorders very high. It is therefore very complex differentiate hypochondria disease with a real organic cause [1].

**Methods** Review of the relevant literature on the subject by searching PUBMED, limited to studies of greater scientific hierarchy.

**Results** Analysis of symptoms present in a hypochondriac patient with comorbid psychiatric disorders and organic pathology, valuing the importance it has in its clinical manifestations and the difficulty of differential diagnosis.

**Conclusions** In the elderly, the high frequency of somatic disease conditions the need for a deeper physical and mental examination to avoid subjecting patients to unnecessary scrutiny and risky complementary tests [1].

The evolution of hypochondriacs, dragging hypochondria from youth is not good, persisting in his complaint and his need to see a doctor for diagnostic examinations [2]. The therapeutic approach depends on the type of complaint, in which the treatment of the underlying disease as a psychotherapeutic and pharmacological mixed approach may be the right things [2].

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#### EV0775

### Behavioral and psychological symptoms: A contribution for their understanding based on the unmet needs model

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**Introduction** Behavioural and psychological symptoms (BPSD) are frequent in dementia and their contribution to poor health outcomes is well recognized. Four major frameworks attempt an explanation their aetiology: biological, behavioural, environmental vulnerability and unmet needs models. The latter states that BPSD are symptoms of needs that are not being met due to patients' decreased ability to communicate/fulfil them. This model also implies that if needs were met, BPSD would improve.

**Aims** To explore the relation between needs and BPSD, and describe which unmet needs were contributing to BPSD in an elderly sample.

**Methods** A cross-sectional study was conducted in three Portuguese nursing homes. All residents were considered eligible. However, those unwilling or unable to participate were excluded. For each elderly patient, needs were assessed with camberwell assessment of need for the elderly/cane and BPSD with European Portuguese neuropsychiatric inventory/NPI.

**Results** The final sample included 166 elderly with an average of 80.9(sd = 10.2) years. Significant correlations between NPI and unmet and global needs were found ( $r_s = 0.181, P = 0.020$ ;  $r_s = 0.254, P = 0.001$ , respectively). Additionally, the unmet needs of daytime activities ( $P = 0.019$ ), company ( $P = 0.028$ ) and behaviour ( $P = 0.001$ ), presented significant correlations with NPI.

**Conclusion** In this sample, a high number of unmet needs were found. The absence of daytime activities, company and behaviour contributed to the identified BPSD, which is in line with other studies also highlighting the importance of these needs in nursing homes. This not only provides a framework for understanding BPSD, but also points to the identification of unmet needs as pivotal in prevention and treatment of these symptoms.

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#### EV0776

### Elderly diabetic patients: Depression and adherence to treatment

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**Introduction** Demographic changes with the aging of the worldwide population imply an increase in prevalence of chronic diseases, such as diabetes mellitus. Many studies have suggested that depression is higher in diabetic patients, and that this association often contributes to under-recognition of the illness, limiting adequate metabolic control.

**Aims** To study the association between depression and adherence to treatment in elderly diabetic patients.

**Methods** A cross-sectional study was conducted with elderly outpatients ( $\geq 65$  years) from the Internal Medicine Department in São João Hospital (CHSJ, Porto). Patients unable to communicate were