

level ( $P=0.04$ ). The prevalence of depressive symptoms was 42.1%. It was correlated to the unknown cause of kidney failure and the short duration haemodialysis ( $P=0.03$ ).

**Conclusion** These data suggest that depression and anxiety are highly prevalent in elderly patients with renal failure on dialysis. This result shows the need for interdisciplinary teamwork in improving the quality of life of those patients.

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

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#### EV0753

### New insights in the pharmacotherapy of psychosis: The example of Parkinson's disease psychosis

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**Introduction** With 10 million of patients across the world, Parkinson's disease is the second most common form of neurodegeneration, after Alzheimer's. Among half of patients develop psychotic symptoms, such as visual hallucinations and delusions, which are correlated with higher rate of placement in nursing home, are difficult to treat and severely affect quality of life, making Parkinson's disease psychosis (PDP) a major public health issue.

**Objectives** The aim of this study is to identify treatment options that could be used to treat PDP and clarify underlying pathophysiology.

**Method** We conducted a literature review on Pubmed, Google scholar and Cochrane library, using a combination of the following: "Parkinson's disease Psychosis" "visual hallucinations" "Pimavanserin" "Clozapine" "atypical anti-psychotics" 120 articles were screened.

**Results** Considering that hallucinations arise from overactivation of dopaminergic receptors, treatment options include reducing the dopaminergic drugs used to control motor symptoms; using atypical anti-psychotics such as Risperidone, Olanzapine, Quetiapine, which often results in the worsening of extra-pyramidal symptoms. Another option is the use of low doses of Clozapine, which has been proven efficient with no worsening of non-motor symptoms, suggesting the implication of other pathways, such as serotonin. Finally, Pimavanserin, a 5-HT<sub>2A</sub> receptor inverse agonist, without any dopaminergic activity, has been demonstrated to be effective in the treatment of PDP, well tolerated and easy to use.

**Conclusion** Serotonin inverse agonists represent a major breakthrough in the pharmacotherapy of PDP, and may lead the way to changes in the treatment of schizophrenia and other psychotic disorders.

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#### EV0754

### Visual hallucinations in elderly people: Early dementia, psychosis or Charles Bonnet syndrome? Review and case report

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**Introduction** Charles Bonnet Syndrome (CBS) is an uncommon disease that involves visual hallucinations in visually impaired individuals, in absence of cognitive impairment or psychiatric illness, although some authors propose CBS as an early marker of dementia. **Objectives** Show the importance of differential diagnosis in individuals with presence of visual hallucinations, with distinction of CBS from others psychiatric or organic disorders such as hypnagogic and hypnopompic hallucinations, epileptic phenomenon, Parkinson disease, dementia, delirium tremens or late-onset psychosis.

**Methods** Literature review about visual hallucinations in people with psychiatric illness, dementia or in absence of these status, followed by a case report of a patient who met criteria for CBS.

**Results** Eighty one-years-old female with no previous psychiatric illness, experience suddenly visual hallucinations (animals, insects) with secondary anxiety, fear and insomnia as well as disruptive behaviour (throw lye to kill the animals) and delusional interpretations of the hallucinations considering them as a divine proof. Clinical exam, neuroimaging tests and SPECT confirmed just a minimal cognitive impairment nor suggestive of dementia. She had personal history of cataracts and macular degeneration, with no other medical condition. Olanzapine was prescribed but it was withdrawn because of adverse effects. Later, haloperidol was introduced with well tolerance and symptom's recovery ad intergrum.

**Conclusions** Charles Bonnet syndrome is a rare condition that may sometimes be the beginning of a dementia. Medical evaluation and complementary tests help differential diagnosis in order to reject others psychiatric/somatic disorders. Neuroleptic and anti-epileptic treatment should be useful to control symptoms.

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

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#### EV0755

### Mistreatment of Alzheimer's patients: Predictive factors

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**Introduction** Violence against elderly persons is an intricate social, legal and ethic issue. Alzheimer's patients are the most vulnerable individuals to mistreatment and neglect. The aggressor can be even the main helper of the patient. We noticed a wide underestimation of this phenomenon, which remains taboo subject in our society.

**Objectives and methods** – The aim of our study is to identify predictive factors of mistreatment of Alzheimer's patients through a prospective and descriptive study, within patients following in the department of neurology in Razi's hospital.

– we evaluate cognitive function (MMSE) and the importance of behavioural disorders.

– we explored helper's socio-demographic characteristics and the quality of aid relationship.

– anger and hostility within relationship were estimated through family attitude scale.

**Results** Our sample accounts 60 informal caregivers predominately female (91.7%) with an average age of 49.67 years, mostly are married (71.66%) and jobless (38.88%):

– in 78.3% of cases, caregivers spent about 12 to 24 hours per day with Alzheimer's patient.

- the average score of FAS was about 52.4% with an important emotional charge (score >60).
- twenty-five caregivers wished the death of the patient and 42 others admitted being sarcastic with him.
- We noticed a correlation between mistreatment and both cognitive function and behavioural disorders.

**Conclusion** Our results support the fact that mistreatment of people with dementia is closely related with the exhausting situation of the main caregiver.

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## EV0756

### Depression in the elderly with chronic medical illness

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**Background** There is a bi-directional relationship between depression and chronic medical disorders.

**Aims** The objectives of our study were to measure the prevalence of depression in the elderly with chronic medical illness in primary care and to determine the socio-demographic and clinical factors related to depression.

**Methods** We conducted a descriptive and analytical cross-sectional study of patients aged over 65, followed at the outpatient chronic diseases in Oudhref's district hospital (south of Tunisia) during the month of September 2014. We used two instruments: the activity of daily living (ADL) to determine the degree of autonomy and the geriatric depression scale (GDS) validated in Tunisia.

**Results** At the end of our investigation, 100 chronic disease patients met inclusion criteria. The average age of our population was 75 years. Prevalence of depression was 48%. The most frequent chronic pathology was hypertension (79%), followed by diabetes (70%). In analytical study, we noted no correlation between depression and socio-demographic variables such as age, sex and marital status. Regarding clinical variables, depression was significantly more frequent in patients with sensory impairments (82% vs 18%,  $P=0.017$ ), dependent (80% vs 20%,  $P=0.002$ ). Regarding chronic disease, depression was significantly more frequent in patients with respiratory disease (80% vs 20%,  $P=0.033$ ), a higher number of co-morbidities ( $P=0.005$ ), who were hospitalised at least once ( $P=0.015$ ).

**Conclusion** Depression is common in elderly with a chronic disease. Using screening instruments for major depression by primary care clinicians will help to detect depression.

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

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## EV0757

### Correlation between depression and cognitive decline in elderly outpatients: A preliminary study

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**Introduction** Depressive disorder is common psychiatric morbidity among the elderly outpatients. It is also evident that cognitive disorders, ranging from mild cognitive impairment to severe dementia, are widely prevalent in the elderly coexistence of the above is quite common. Treatment for both conditions is quite challenging, aiming at symptomatic relief and improvement in functional status.

**Objectives** To investigate the coexistence of depression and cognitive impairment in aged depressive outpatients, 65 years or older. Correlation of cognitive level and depressive symptomatology was measured.

**Method** We used hamilton depression scale (HAM-D) and MMSE in 35 (mean age 68.2 years) depressed outpatients over 65-year-old. We excluded depressed schizophrenics and bipolar patient.

**Results.** On a preliminary basis, a correlation between low MMSE and HAM-D ( $P < 0.05$ ) was found. An interesting finding, though not measured primarily, was that low MMSE was accompanied with a low compliance with medication.

**Conclusions** The mental deterioration that accompanies cognitive impairment is being widely studied and it is real complex. In our ongoing study previous findings are confirmed and can be interpreted both ways, i.e. depression is a risk factor for dementia and also the fact that existing dementia is positively correlated with a low HAM-D.

Compliance to medication is affected, among other variables, by the patients' mental state.

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## EV0758

### Dementia or mania

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**Background** In the clinical practice we encounter different clinical situations that require precise differential diagnosis and special treatment. This poster reviews the diagnosis and pharmacotherapy of two cases that points out how likely is to confuse the diagnosis of two apparently different pathologies, as are bipolar disorder and frontotemporal dementia. We study and compare two cases that were hospitalised in the psychiatric ward of Sant Joan's Hospital. Following their treatment and evolution. The first case is a 75-years-old man that presented behavioural changes, hypomania, and insomnia without previous known psychiatric history other than alcoholism. The family explained a history of episodes of mood changes going from depression to mania, compatible with a bipolar diagnosis never diagnosed, and the neuropsychological exam that was performed did not show any cognitive impairment finally receiving a diagnosis of bipolar disorder after the good response to the lithium treatment. In the second case we have a 58-years-old man with behavioural disturbances and mood fluctuation that changes from short periods of hypomania with disinhibition and insomnia to a predominance of hypothymia, apathy and self-care negligence, which received at the beginning a diagnosis of bipolar disorder and that after the proper complementary tests was shown to be a frontotemporal dementia.

**Conclusions** When facing behavioural and mood changes in advance age in the absence of psychiatric history we should take into account the considerable percentage of patients with a final diagnosis of frontotemporal dementia that received previously a mistaken diagnosis of bipolar disorder and vice versa.

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