

**Results** The sample constituted by 39.6% of male and 61.4% of female. The average age of the sample was  $M = 75.89$  years. In relation to mental health, the average of the elderly with a history of falls found  $M = 57.26$  ( $SD = \pm 22.87$ ), while the other was found  $M = 74.45$  ( $SD = \pm 15.81$ ). The difference between the two groups was statistically significant ( $P < 0.05$ ), while physical health although again the first group found to have a smaller average ( $M = 56.65$ ,  $SD = \pm 22.13$ ) relative to the second group ( $M = 63.78$ ,  $SD = \pm 12.59$ ) no statistical difference was observed.

**Discussions** These results demonstrates that falls beyond the physical damage that are immediately visible can as well create significant issues in the psychological state of the elderly exacerbating anxiety, fear and social isolation, which has been associated with depression event.

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

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#### EV0783

### Effects of the person-centered environment program (Belmont village's memory care) on behavioral and emotional problems in Mexican senior living residents, six week trial

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Behavioural and psychological symptoms of dementia include agitation, depression, apathy, repetitive questioning, psychosis, aggression, sleep problems, wandering, and a variety of inappropriate behaviors. One or more of these symptoms will affect nearly all people with dementia over the course of their illness. These symptoms are among the most complex, stressful, and costly aspects of care, and they lead to a myriad of poor patient health outcomes, healthcare problems, and income loss for family caregivers. The complexity of these symptoms means that there is no "one size fits all solution, and approaches tailored to the patient and the caregiver are needed". Non-pharmacologic approaches should be used first line, although several exceptions are discussed.

The current pilot study examined the effects of the Person-Centered Environment Program (Memory Care<sup>®</sup>, developed by Belmont Village Senior Living) on agitation, cognition, stress, pain, sleep, and activities of daily living for Mexican senior living residents with dementia. Thirty individuals participated in the study. Memory Care<sup>®</sup> included sensitive, cognitive and affective stimulation, based on participants' preferences and needs. memory care sessions were held daily (7 days per week, 8 hours) and a total of 6 weeks were performed at the first Belmont Village Community in Mexico City. Findings showed that agitation and pain improved with the Memory Care<sup>®</sup> Program ( $t = 2.91$ ,  $P < 0.02$ ;  $t = 4.51$ ,  $P < 0.002$ , respectively). Findings suggested that a better study design, repeated with a bigger sample size, must be considered, but promissory results are shown.

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#### EV0784

### Evaluation of dependence among benzodiazepines in population of elderly subjects followed in psychiatric service in Sfax

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**Introduction** Benzodiazepines (BZD) are the most consumed psychotropic drugs by the elders. This prescription can lead to the dependence which is a major public health problem particularly in this population.

**Objectives** To study the prevalence of dependence of the (BZD) in elderly subjects followed as outpatients and to identify the factors associated with it.

**Methods** It was a cross-sectional study of 60 patients aged 65 years and older followed at the psychiatric consultation of the UH Hédi Chaker of Sfax; for 3 months. We used:

– Questionnaire containing demographic and clinical data.

– The cognitive scale of attachment to benzodiazepines (ECAB), a score  $\geq 6$  indicates dependence.

**Results** The average age of patients was 67.78 years, with a sex-ratio M/W = 0.46. They were smoking in 58.3% of cases. The most frequent psychiatric disorders were mood disorders (40%) followed by anxiety disorders (13.3%). The absence of diagnosis was observed in 23.3% of cases. A psychotropic drugs were associated with BZD in 86.7%. The most prescribed BZD was lorazépam (90%). Withdrawal signs were present in 90% of cases. The prevalence of BZD dependence has been estimated at 80%.

BZD dependence was significantly correlated with smoking ( $P = 0.00$ ), with psychotropics association ( $P = 0.04$ ) and with signs of withdrawal ( $P = 0.001$ ).

**Conclusion** It appears from our study the importance of BZD dependence in the elderly what it is a source of withdrawal difficulty. So we need make more effort to comply with recommendations regarding the prescription of these molecules.

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

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#### EV0785

### Voltage gated potassium channel antibody(VGKC)-associated encephalopathy and psychiatric symptoms (case report)

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**Introduction and Objectives** The limbic system is primarily responsible for modulating behaviour, emotions and neuro-endocrine functions. Limbic encephalopathy involves this part of the brain and is characterised by the acute or sub-acute onset of seizures, recent memory loss, confusion and psychiatric symptoms. Here we describe an unusual presentation of a well-functioning elderly man, who presented with sudden onset of confusion, cognitive impairment, treatment resistant hyponatremia, seizures and psychiatric symptoms.

**Methods (Presentation)** This 79 year old gentleman, previously well and independent was admitted to the acute hospital with a 3 week history of sudden onset of confusion, odd behaviour and weight loss. On admission he was hyponatremic ( $Na = 118$ ), developed treatment resistant seizures and progressive cognitive impairment. He was referred to the Liaison Psychiatry team with increasing paranoia, agitation and persecutory delusions.

**Results** MRI and CT brain remained normal. Lumbar puncture revealed a positive VGKC antibody and his blood titres for VGKC was more than 3000. His hyponatremia and seizures remained chronic, but improved with plasmapheresis, oral corticosteroids and cyclophosphamide. He was commenced on aripiprazole for psychiatric symptoms, but was transferred to the acute psychiatric unit after being detained under section 2 of the MHA due to risks of aggression and absconson.

**Conclusions** Psychiatric symptoms related to this form of encephalitis have not been emphasised in literature. His aggression