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EV722

Late-life depression and dementia risk

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Introduction A substantial body of evidence linking late-life depression and dementia is now available. However, precise estimates of the relative risk attributable to late-life depression assessed with specific screening instruments at specified thresholds have not been previously produced.

Objective Summarise dementia risks associated with depression.
Aims Conduct a systematic review of the literature to produce precise and specific risk estimates for all cause dementia, Alzheimer's disease (AD), and vascular dementia (VaD).

Methods The PubMed, PsycInfo, and Cochrane databases were systematically searched. Studies assessing incident dementia using validated measures of clinical depression or depressive symptomatology from prospective population studies were selected. The most specific analyses were conducted using both continuous symptomatology ratings and categorical measures of clinical depression based on single instruments with defined cut-offs.

Results The literature search yielded 121,301 articles, of which 36 were eligible. Included studies provided a combined sample size of 66,532 individuals including 6593 dementia, 2797 AD, and 585 VaD cases. Random-effects summary estimates showed that the risk associated with depression did not differ by type of dementia. The most widely used instrument was the CES-D. A clinical threshold of 20 produced similar estimates for all-cause dementia (HR 1.83, 95% CI 0.95–3.52) and for AD (HR 1.97, 95% CI 0.96–4.04). Estimates based on other thresholds and continuous measures produced consistent results.

Conclusion Reliable dementia risk estimates associated with late-life depression can be produced and do not differ between dementia types. Such estimates should be used in evidence-based medicine practice to assess individual risk and to inform policy on interventions to decrease risk in the population.

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EV724

Syndrome of inappropriate antidiuretic hormone secretion associated with desvenlafaxine

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Introduction Desvenlafaxine is a prescription medication approved for the treatment of major depressive disorder in adults. Hyponatremia secondary to inappropriate secretion of antidiuretic hormone (SIADH) is a possible side effect in patients receiving serotonin-norepinephrine reuptake inhibitors (SNRIS)

Method To report a case of SIADH associated with desvenlafaxine.

Results We present a 80-year-old female patient who required hospitalization due to an episode of psychotic depression. During the hospitalization, the patient developed hyponatremia after commencing treatment with desvenlafaxine. The serum sodium at this time was 117 mmol/L, serum osmolality was 249 mosmol/kg, urine osmolality 395 mosmol/kg and urine sodium 160 mmol/L, consistent

with a diagnosis of SIADH. Desvenlafaxine was ceased and fluid restriction implemented. The mental status improved, and electrolyte studies 6 days later revealed serum sodium and osmolality values of 135 mEq/L during treatment with duoxetine.

Conclusions SIADH has been reported with a range of antidepressants in elderly patients. This case report suggests that desvenlafaxine might cause clinically significant hyponatremia. Close monitoring is recommended in patients starting therapy with antidepressant treatment to study and prevent possible adverse effects.

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EV727

Questions about dementia with Lewy bodies, personal beliefs and real performance for financial capacity tasks

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Introduction Although cognitive impairment occurs early in the course of dementia with Lewy bodies, little is known about DLB and its impact on more complex civil capacities, such as financial capacity.

Method Three patients (mild DLB, severe DLB and MCI in DLB) were examined. Their total scores and (sub)scores on a financial capacity test revealed below normal (more than 1.5–2 SDs below) performance in contrast to cognitive intact elders (see Table 1).

Results This is in contrast with their personal beliefs of financial capacity, which reflect a tendency to overestimate their level of financial capacity as recorded on a Likert-scale questionnaire.

Conclusions The findings prompt a need for further research for an emerging problem in forensic psychiatry, that takes the form of the question: do all DLB patients – even in the stage of MCI – have the capacity for financial transactions?

Table 1

	Patient A	Patient B	Patient C	Healthy elders (n = 146)
Sex	Female	Female	Female	
Age	78	72	83	
Education	6	12	2	
MMSE or HINDI	17	27	21	> 26
FRSSD	13	1	7	< 5
GDS	6	5	2	< 6 or 7
Legal Capacity for Property Law Transactions Assessment Scale (LCPLTAS total score)	88	124	77	207.56 (13.64)
Basic monetary skills	4	12	4	13.78 (.95)
Cash transactions	1	4	0	7.84 (.54)
Bank statement management	1	4	0	7.69 (.94)
Bill payment	3	7	3	7.81 (.62)
Financial conceptual knowledge	15	27	9	31.36 (2.10)
Financial decision making	44	50	47	111.43 (7.88)
Knowledge of personal assets	20	20	14	27.62 (1.41)

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EV728

Partial nephrectomy after oncocytoma causing repeated lithium poisoning with normal renal function

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Introduction Lithium has been widely used as mood stabilizer in bipolar disease, despite its narrow therapeutic range and its side effects. Sodium levels and water consumption could affect lithium renal elimination.

Aims Describe a lithium intoxication without risk factors and normal kidney function.

Methods A 71-year-old female, diagnosed with bipolar disorder, current episode euthymic. On treatment with lithium 800 mg/day, 6 months ago she started with hematuria and urologist found a multifocal oncocytoma in left kidney. She was operated with double lumpectomy and partial nephrectomy without complications. Normal preoperative and postoperative renal function. Two months ago, she started with dysarthria, dystonia and coarse tremor, and T wave inversion on the electrocardiogram. In the blood test, lythemia was 1.67 mEQ/L. Creatinine was 0.65 mg/dL. She was admitted to Internal Medicine Unit. She was treated with rehydration by serum. All psychoactive drugs were removed. Twenty days later, lithemia was undetectable in the blood analysis.

Results Two weeks ago, the patient was transferred to the mental health unit due to worsening her mood. Lithium was reintroduced 3 days ago, at doses of 200 mg per day. Today, the patient starts again with symptoms of poisoning by lithium. Lithemia was 1.78.

Conclusions On this occasion, partial nephrectomy due to oncocytoma is the most likely cause two consecutive lithium poisonings. Although creatinine and glomerular filtration are in normal range, patients after partial nephrectomy may have a reduced sodium reabsorption in proximal convoluted tubule, which may cause lithium compensatory resorption. This could cause rising in blood lithium levels.

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EV729

Delusional of parasitosis in geriatric patients

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Introduction Delusional of parasitosis or Ekbom's syndrome (ES) is a psychiatric disorder in which the patient has a fixed and false belief that small organisms infest the body. The belief is often accompanied by hallucinations. It is an uncommon condition that was initially studied by dermatologists, more prevalent in the elderly and typically observed in women older than 50 years although isolated cases among men have been reported.

Objective To review current knowledge about delusional of parasitosis in elderly patients through literature systematic review and the analysis of a case report.

Methodology We performed a literature search using electronic manuscripts available in PubMed database published during the last five years, following the description and discussion of a clinical case. We report a case of an 85-year-old man who presented a delusional parasitosis as a primary disorder.

Results The literature on ES consists mostly of case reports and limited series. In this paper, we analyze the etiology, demographic characteristics, clinical features and treatment in geriatric patients with delusional parasitosis.

Conclusion International classifications have included this syndrome in non-schizophrenic delusions. However, it has also been reported in schizophrenia, affective disorders, and organic or induced psychosis. Treatment is based on antipsychotic agents, psychotherapy and cooperation between dermatologists and psychiatrists.

Keywords Dermatozoic delusion; Ekbom syndrome; Infestation; Parasitosis

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EV731

Comparative efficacy and safety of antidepressive mono- and multimodal therapy with citicoline in elderly patients with depression in psychogeriatric unit

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Introduction Citicoline is a choline donor involved in the biosynthesis of brain phospholipids and acetylcholine, used for treating neurodegenerative disorders. Several studies have shown its beneficial effects both in degenerative and vascular cognitive decline. Due to its effects on the adrenergic and dopaminergic CNS activity, citicoline can also be used as an adjuvant in depression treatment.

Objectives and aims Comparative evaluation of efficacy and safety of a multimodal antidepressive therapy with ceraxone (citicoline) plus one of the antidepressants (venlafaxine, agomelatine, or fluvoxamine) and monotherapy with the same antidepressant for the treatment of depression in the elderly. Two groups of patients were included in the study (21 patients in each group) aged from 60 to 79 years old, comparable to the main clinical characteristics.

Methods First group patients were treated with a single antidepressant, patients of the second group – with the same antidepressant and intravenous infusions of ceraxone: 10 infusions (500 mg in 100 mL isotonic sodium chloride solution) during 2 weeks, followed by transfer to the drug in solution at 3 mL per os two times a day for six weeks.

Results A multimodal therapy with ceraxone leads to more rapid and significant therapeutic response along with the reduction of adverse events compared to antidepressant monotherapy.

Conclusion Obtained data allows to recommend a multimodal antidepressive therapy with ceraxone (citicoline) for the treatment of elderly depressive patients to reduce the risk of adverse effects of antidepressants and to shorten hospitalization period.

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