

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.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1112>

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

F.J. Mesa Rios

Belmont Village Senior Living Mexico, Medical Direction, Ciudad de México, Mexico

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[®], 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[®] 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[®] 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.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1113>

EV0784

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

N. Messedi*, I. Feki, I. Baati, R. Sellami, D. Trigui, J. Masmoudi Hedi Chaker University Hospital, Psychiatry A, Sfax, Tunisia

* Corresponding author.

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 ≥ 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 lorazepam (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.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1114>

EV0785

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

U. Narayana*, P. Nirodi

Tees Esk and Wear Valleys NHS Foundation Trust, Acute Hospital Liaison Service-Harrogate Hospital, Harrogate, United Kingdom

* Corresponding author.

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

improved over time on aripiprazole, but was transferred to a residential care home setting due to persisting cognitive deficits and social care needs. This case highlights the importance of recognising multimorbidity, joint working and more research required in the area.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1115>

EV0786

Attitudes toward euthanasia: Contradictory views and ideas of alzheimer patients' relatives

E. Nikolaev

Ulianov Chuvash State University, Department of Social and Clinical Psychology, Cheboksary, Russia

Introduction Alzheimer's disease (AD) is one of the pressing social problems as the negative effects of the disease often manifest on patients' relatives. Relatives of AD patients experience physical and psychological burden during the care.

Objectives To clarify what kind of views on euthanasia are more common among relatives of patients with AD.

Methods The study involved 23 AD patients' relatives (mean age 60, SD = 2). There were 5 men (22%) and 18 women (78%). All participants were directly involved in caring for their relatives with AD. A 19-item structured questionnaire (E. Nikolaev, 2016) was used for measuring medical, legal, ethical, socio-cultural, spiritual and personal aspects of attitudes to euthanasia.

Results The respondents were less likely to see euthanasia as medical issue. They also referred it to kind of ethical and legal problems. Legal aspects were determined by greater consent to its legalization and by awareness of imperfections of legal basis for its immediate implementation. Ethical issues according to which euthanasia practice was related to the development of humanity complemented this vision. These settings were in conflict with socio-cultural perceptions of euthanasia. Respondents were convinced in possibility of various forms of abuse during euthanasia. Supporting the ideas of euthanasia in general, many respondents on a personal level were not ready to apply them to their relatives with AD in practice.

Conclusions Attitudes to euthanasia in AD patients' relatives was contradictory. It was determined by divergent ideas about euthanasia in field of legal, social, cultural, spiritual and personal issues of this interdisciplinary phenomenon.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1116>

EV0787

Prescribing tricyclic antidepressants in the elderly

B. Oueslati*, M. Oumaya, R. Bouzid

Hopital Universitaire Mohamed Tahar Maamouri, Mental health department, Nabeul, Tunisia

* Corresponding author.

Introduction Although not recommended as a first-line treatment for old patients with depressive, anxiety or somatic symptom disorders, we continue seeing tricyclic antidepressants being frequently prescribed.

Objectives To estimate the prevalence and to assess the implementation of safety measures related to the prescription of such molecules in the elderly. To explain their choice as a first-line treatment.

Methods We included all new patients aged 65 years or over between 1st January 2011 and 31st December 2015 whom, were

prescribed an antidepressant. Recommendations of the Canadian coalition for seniors' mental health, of the world federation of societies of biological psychiatry and of the national institute for health and care excellence were our evaluation tools. We compared tricyclic receivers to those having newer antidepressants to try to understand the choice of tricyclics as a first-line treatment.

Results Eighty patients were included. Mean age was of 75 years. 46% were prescribed a tricyclic as a first line treatment. Depressive disorders were the most diagnosed ones (79%) followed by anxiety disorders (14%) and somatic symptom disorders (7%). An electrocardiogram was not performed to all patients prior to the initiation of the tricyclic nor at anytime later. 11% continued being prescribed tricyclics in spite of contraindications. Only a low economic level was significantly related to their choice as a first-line treatment ($P=0.001$).

Conclusions Tricyclics' prescribing rate was high. Safety measures were not applied for all patients. Regular availability of newer antidepressants in public health structures and a better awareness of antidepressants prescribing guidelines in the elderly are mandatory.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1117>

EV0788

Study of the sensitivity of the organic psychosyndrome after one year of the disease

K. Paschalidis^{1,*}, P. Argitis², K. Gatsiou², C. Chatzidai³, P.P. Dalli³, E. Pantoulas³, I. Chaviaras³

¹ Psychiatric Hospital of Thessaloniki, Greece, 2nd Department of Mental Health, Serres, Greece

² University of Ioannina, Psychiatric Department, Ioannina, Greece

³ General Hospital of Corfu, Psychiatric Department, Corfu, Ionian Islands, Greece

* Corresponding author.

Introduction The delirium of the elderly is defined as an acute confusional state, with variation during the day, characterized by impaired consciousness, orientation, memory, thinking, attention and behavior.

Purpose The purpose of this research is to investigate whether the organic psychosyndrome of the elderly is a valid indicator of mortality after one year.

Material It was used material from patients with organic psychosyndrome older than 60 years, who were hospitalized in pathological clinics of the Hospital of Corfu and was diagnosed by the linker portion of the psychiatric clinic.

Methodology The patients diagnosed with organic psychosyndrome neither suffered from a psychiatric disorder psychotic type in the past, nor previously preceded anaesthesia in the context of physical disease. For the recognition and the criteria of ICD-10 to the exclusion of another psychiatric condition, it was used the delirium rating scale method.

Results According to the analysis of the data, 8% of patients died during hospitalisation, in the first 3 months after diagnosis, the 28% of the initially hospitalised patients, in 6 months the 42%, while during the year the 48% of the initial total patients died and in the next 12 months only one death was reported.

Conclusions The analysis of the survey results shows that while the instrument psychosyndrome could be considered as a poor diagnostic marker for the first 12 months, 48% mortality, in the long run it seems to lose its prognostic value with the mortality approaching the mortality index of the hellenic statistical authority for 2015 at ages 60+ (1.2%).

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1118>