

EV0789

Parkinson psychosis: A complex interaction of disease and medication related factors

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Introduction Psychotic symptoms are the most important non-motoric symptoms of the Parkinson disease (PD). The quality of life of those patients can be significantly improved with an appropriate therapy. In this article we provide evidence about the etiology, differential diagnosis and therapeutic possibilities with a work-up for the clinics.

Objectives & aims To provide a case report of patient with PD who developed a paranoid psychosis after administration of levodopa/carbidopa, followed by a literature review on psychotic symptoms evoked by psychotropic medication by patients with PD. **Methods** An English-language literature search was conducted using Pubmed, EMBASE searching for case reports and observational studies reporting iatrogenic psychotic symptoms by patients with PD.

Results Ms. C. was a 65-year old woman with PD who was observed in a polyclinic setting and who used a levodopa/carbidopa combination. She developed paranoid psychosis with a following admission to the psychiatric ward. We have gradually lowered the dose of anti-Parkinson medication. Subsequently, treatment with clozapine was initiated and the psychotic symptoms resolved within five months.

Conclusion Parkinson psychosis is due to a complex interaction of neurodegenerative changes and pharmacological therapy. Therefore, the role of iatrogenic factors must be always carefully assessed. Psychosis inducing agents should be lowered or stopped before the treatment with antipsychotic medication.

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EV0790

The strategy to combat dementia in Russia

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The 139th Executive Committee WHO was held in May 2016. The Russian delegation took part in its work. The main issue on the agenda was the report on "Dementia". It was noted that each year dementia develops in 8 million people in the world. It is expected that this figure will increase to 145 million by 2050. In Russia the national plan to combat dementia is missing. In the resulting meeting, all the WHO country-members voted for immediate action on the adoption of the strategy for the fight against dementia by 2017. We developed a strategy for dementia, which includes the following tasks;

- The need of epidemiological research in the field of dementia;
- Research on etiology, prevention, early diagnosis and treatment of dementia;
- The expansion of the network of specialized stationary and non-stationary facilities for patients with dementia;

- Development of programs of psychological care to patients with dementia and to caregivers;
- Development of palliative care for patients with dementia;
- Cross-sectoral cooperation and multidisciplinary approach in assistance to patients with dementia;
- Training in the field of geriatric psychiatry, denomination of the specialty of geriatric psychiatrist;
- Fighting stigma of patients with dementia, protection of their rights, including in psychiatry and forensic psychiatry.

The solution of these objectives requires foundation of the Russian observatory on dementia, the WHO cooperating center. The tasks of such an Observatory will be: centralization and coordination of actions concerning strategic planning, implementation of mechanisms of a multispectral cooperation, assessment of services, monitoring and providing reports on dementia issues in Russia.

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EV0791

Evolutionism and involutionism in the ontogenesis of a late age

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Individual human development from birth to death is defined as the ontogenesis. The ability of the human psyche to development and to system acquisition of mental and social functions is called evolutionism. The psyche property, causing a gradual loss in the process of ontogenesis of biological, psychological and social functions is defined as involutionism.

Involutivitionism of higher mental functions manifests in their folding in the sequence reverse to the formation. Process of involution is uneven and abrupt. This is caused by their constant interaction with the evolution processes, that are struggling with age-related destruction and disruption and are responsible for the ongoing adaptation, although at a lower ontogenetical level.

In the event of critical psycho traumatic situations, which are related to the impact of jet-psychological, somatoneurological factors, there is a failure of adaptation mechanisms, decompensation develops, the action of the involutive mechanisms increases, which leads to a lower level of social functioning. In this interaction biological and social factors act in their unity and predetermine disadaptation options, while the latter, in their turn, determine intensification of involutive processes.

Because of the interaction of these processes mental aging unevenly affects higher mental functions with the advent of favorable (adamantix) and unfavorable forms, determined by the development of mental disorders and dementia. Favorable aging can manifest itself by specific quantitative somatoneurological and mental changes that do not lead to the loss of adaptation. Under favorable aging life experience, professional skills, biological, social, adaptive resources are preserved, evolutionary development of the older person continues.

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Antipsychotics in dementia

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Behaviour disorders and psychosis may represent a greater challenge in patients with dementia. There are evidence-based

recommendations to assess psychological and behavioral symptoms of dementia and the practice guidelines of American psychiatric association (APA) reinforce general principles of good clinical care. However, when these patients initiate a psychotropic, the agents often continue to be prescribed for a long time, even after the symptoms disappeared. The recommendation of reduce/stop an antipsychotic medication within 4 months of initiation may seem counterintuitive when the patient is better, with remission of the original symptoms. However, the studies showed that a large amount of patients with dementia can discontinue antipsychotic medication without a return of agitation or psychosis. Older patients are a particularly susceptible population and the risk/benefit of any medication should be carefully considered. For most patients the risk of harm outweighs the profits of continuing treatment and we need a routine evaluation of this factor to identify these cases.

It's important to reduce unnecessary medications but agitation and psychosis associated with severe distress also carry serious risks; discontinuing these medications can be dangerous so we need to manage it with caution evaluating each case as an individual one.

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EV0793

Antipsychotic prescribing practices amongst the elderly of St. James's hospital (SJH), Dublin

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Introduction Psychotic symptoms arise commonly in the context of behavioural and psychological symptoms of dementia (BPSD) in the elderly. While non-pharmacological interventions are preferable to manage such symptoms, antipsychotic medications are frequently used. This is largely unlicensed and associated with significant risks, particularly in dementia (1).

Objectives To examine antipsychotic prescribing practices in SJH. *Methods* On 23rd February 2016 all inpatients aged over 65 who were prescribed antipsychotic medications were identified. Demographic and medical data were collected from medical and electronic notes and medication kardexes.

Results Complete data were available for 53 of 59 identified cases. The cohort had a mean age of 80 (range 65–99) and 62% were male. Seventy-four percent ($n=39$) had documented cognitive impairment or dementia. Fifty-eight percent ($n=31$) were newly prescribed an antipsychotic following admission. The commonest indications for antipsychotics were: delirium (53%) and BPSD (25%). Haloperidol (56%), quetiapine (19%) and risperidone (8%) were prescribed most frequently. Non-pharmacological interventions were documented in 50% however in many cases it is not clear what these interventions were. Antipsychotic use was discussed with patients and/or next of kin in less than 25% of cases. Adverse effects were noted in 6/36 (17%) with equal incidence of falls, EPSEs and ECG changes.

Conclusion Positive and negative aspects of current antipsychotic prescribing practices are highlighted. Antipsychotics were prescribed for a small number of patients for appropriate indications. However, there was poor consideration of non-pharmacological interventions and a lack of consultation with the patient/NOK. This may reflect, in part, inadequate medical documentation. A

guideline needs to specifically address these areas of concern to improve safety and promote best practice.

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EV0794

The association of recurrent affective disorders with functional capabilities in the subjects over 60 yeras of age. a preliminary findings

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Introduction Major depressive disorder (MDD) in the older adults is correlated with a significant decline in daily physical activity, consequently resulting in chronically impaired quality of life and an increased exposure to falls-risk.

Objectives Establishing whether geriatric depression Scale (GDS) scores, found correlated with dual motor tasks (TUG_{MAN}), are also correlated under the cognitive test constraints (TUG_{COG}).

Aims The study aimed to analyse the relationship of MDD symptoms, the number of depressive episodes and hospitalisations, with the efficiency of gait in single and dual task conditions, motor and cognitive, functional capabilities.

Methods The study was conducted in the outpatient clinic, university hospital, department of psychiatry, Krakow, on 30 patients over 60 years of age presenting recurrent MDD. The assessment consisted of GDS, MMSE, TUGT, TUG_{MAN}, TUG_{COG}, 30sChS, SLS. Spearman rho rank correlation was applied to determine the relationship between the variables.

Results Statistical analysis showed a significant association between the intensity of depressive symptoms expressed in the GDS and the number of completed episodes and depression and TUGT. The number of hospitalisations was associated with gait under motor (TUG_{MAN}) and cognitive (TUG_{COG}) constraints.

Conclusion Duration of the disorder and the number of hospital admissions are related to the functional efficiency of the single and dual-task performance in the persons suffering from this disorder for at least 10 years. Aged persons should effectively be encouraged to undertake physical activities.

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Fronto-temporal Dementia with Early Onset

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Introduction Even though it is not the most common type of dementia, frontotemporal dementia (FTD) is a major health problem. It affects people younger than 65 with similar frequency as