

Conclusion Pain in elderly persons with dementia is a significant problem. This underlines high needs of research as well as excellent implementation concepts for assessment and treatment of pain.

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

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EV0765

Depression in elderly patients with schizophrenia

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Background The presence of depressive symptoms impacts negatively the lives of patients suffering from schizophrenia-spectrum disorders. Likewise, the treatment poses many challenges for clinicians.

Objectives To specify the profile of elderly with schizophrenia and to evaluate the prevalence of depression and its related factors.

Methods A descriptive and analytic study involved 40 elderly patients aged 65 and over with DSM-5 diagnoses of schizophrenia or schizoaffective disorder, followed to the outpatient psychiatry department of Hedi Chaker University Hospital, in Sfax, Tunisia, during the two months of September and October 2015. Positive and negative syndrome scale (PANSS) and Calgary depression scales were used to assess respectively the symptoms of schizophrenia dimensionally and depression.

Results The majority of our patients was male (62.5%), single (55%), with low school and socioeconomic level. The mean duration of disease was 45 ± 6.02 years and patients were mostly (90%) in classical neuroleptics. The scale of PANSS showed the predominance of negative symptoms (67.5% of cases). In addition, according to Calgary scale, depression was found in 25% of patients. Factors positively correlated to depression were: the female sex among single ($P=0.043$), absence of family support ($P=0.001$), treatment with conventional neuroleptics ($P=0.039$) and negative symptoms ($P=0.001$).

Conclusion Depression in patients with schizophrenia is far from exceptional. It is often difficult to diagnose due to the recovery of other symptoms.

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Pupillometric assessment of cholinergic functioning in people with Alzheimer disease: A study from India

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Background Diagnosis of Alzheimer disease is mainly clinical, based on longitudinal history and clinical criteria due to lack of specific biochemical tests and neuroimaging studies. Deficient central cholinergic activity of AD pathology is said to be reflected as decreased peripheral cholinergic activity. Assessing peripheral cholinergic function with pupillometer for diagnostic and prognostic purpose may be beneficial, as it may be a non-invasive, acceptable, and easily administered diagnostic tool if proven so.

Method This is a single point case control pilot study with sample size of 45 (25 AD patient and 20 controls). CAMDEX-R based

interview, HMSE, and DSM-IV criteria were used for detailed assessment and diagnosis. The pupillometric parameters (Horizontal and vertical diameters of pupil) were measured by Oasis Colvard pupillometer (SKU-0401A) under three conditions namely after 5 minute of dark adaptation in dark room (PD-5min-DA i.e. Baseline PD); after 5 minutes (PD-5min-T) and 15 minutes (PD-15min-T) of instillation of 2–3 drops of 1.0% Tropicamide.

Results There was no difference in baseline pupil diameter (horizontal + vertical) of AD patients and age matched healthy controls. 1% tropicamide induced significant increment in pupil diameters from baseline to after 5 ('PD-5min-T') and 15 minutes ('PD-15min-T') of its instillation in both AD patients and age matched healthy controls. But tropicamide induced increment in pupil diameters were approximately equal in cases and controls.

Conclusion The study did not find the role of 1% tropicamide induced pupillary hypersensitivity in AD patients for diagnostic purpose.

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

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The burden of caregivers of patients with Alzheimer

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Introduction The Alzheimer's patient assistance relationship is a morally painful experience, most frequently discussed in terms of "burden" in the literature, especially as professionals and institutional intermediaries are underdeveloped in Tunisia.

Goal It is intended to assess the level of burden among caregivers of patients with Alzheimer's disease and to search factors associated with a high level of burden.

Methodology This is a retrospective descriptive study. Patients were recruited from neurology department of Razi hospital, which were hospitalised between the months of December 2012 and March 2013. The burden was measured using the Zarit inventory.

Results and discussion Thirty patients were included. The majority female, most caregivers are descendants (60%), then, daughters in law (33%), and finally the spouses (23%). 80% of caregivers lived in the same home as patients. Caregivers were asked about all the items of the grid Zarit. The average burden in our sample is 59.9 ± 16.3 . We observed that 33% have absent to light burden (score <21), 10% have a light to moderate burden (between 21 and 40), 36, 66% have moderate to severe burden (between 41 and 60) and 50% have a severe burden (>60), according to the classification proposed by Zarit. Sex, kinship and cohabitation with the patient were not associated with a higher burden.

Conclusion The study of factors correlated with high levels of burden aims at finding ways of intervention and support to fight against the isolation of caregivers and the occurrence of anxiodepressive complications.

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

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Cognitive symptoms: The border between dementia and depression, a report of one case

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