

- 1) Department of Psychiatry, Osaka University Graduate School of Medicine
- 2) Department of Behavioral Neurology and Neuropsychiatry, Osaka University United Graduate School of Child Development
- 3) Department of Psychiatry, Nippon Life Hospital
- 4) Yamagata Prefectural University of Health Sciences
- 5) Department of Psychiatry, Asakayama General Hospital

Background: Capgras syndrome is a delusion in which the patient believes that a particular individual has been replaced by an imposter. It is observed in patients with psychiatric disorders such as schizophrenia but also occurs in patients with a neurodegenerative disease including Lewy body disease and Alzheimer's disease. Here we report a patient with early-onset Alzheimer's disease who presented with a unique form of Capgras syndrome.

Case presentation: An early 60's right-handed woman with 12 years of education, visited our outpatient clinic for evaluation of her memory impairment. Neurological examination was not remarkable. A MMSE score was 25/30 and a neuropsychological examination indicated mild impairment of attention and episodic memory, and relatively preserved visuospatial function. Six months after the initial visit of our clinic, she started to claim that she met several imposters of her husband. She called each imposter in different name, described each as a slightly different appearance, and expressed different level of sense of familiarity. An additional examination of face recognition using photographs of her husband revealed that there was a difficult to recognize her husband especially viewed from the side of his face. In addition, she showed a difficulty in discriminating between two different unknown faces and in judging approximate age of face in photographs. Brain MRI showed no significant atrophy and IMP-SPECT showed an extensive hypoperfusion in the bilateral, right-side dominant temporal, parietal, and occipital lobes. Both FP-CIT SPECT and MIBG scintigraphy were negative. Florbetapir PET was positive. Thus, a diagnosis of early-onset Alzheimer's disease was made. Acetylcholinesterase inhibitors and antipsychotics were used to treat her Capgras syndrome, but the symptom lasted for more than a year.

Discussion: There are several possible factors that may induced patient's unique Capgras syndrome: (1) psychodynamic background- the patient and her husband had been in a long-term common-law relationship; (2) mild impairment in face recognition; (3) dysfunction of right hemisphere, which is known to be strongly related to Capgras syndrome. The combination of these factors may result in the occurrence of multiple imposters of her husband with different degrees of familiarity.

P189: TELEMATIC CONTROL OF BEHAVIORAL DISORDERS IN PATIENTS WITH DEMENTIA

Authors: Tatiana Calderón Prieto, Mercedes Fernández, Estel Vall-Ilosera

Objective: We want to assess the use of a telematics tool against the ordinary follow-up in consultations in the control of Behavioral and Psychological Symptoms of Dementia (BPSD) in a group of patients with dementia.

Methods: A randomized prospective clinical study with two parallel intervention groups Unicentro of the Geriatrics service of the General Hospital of Hospitalet (CSI).

Two groups of patients/caregivers were compared: a control group (CG) that followed regular controls in the office and another telematic group (TG) that followed controls on the TECUIDE platform. The follow-up has been carried out for one year.

Data on age, gender, comorbidity, treatment received, analytical parameters, and functional, nutritional, and sensory status were collected, as well as the Reisberg GDS scale and the self-administered Cummings Neuropsychiatric Inventory (NPI).

Results: 72 CG patients. 76 TG patients. mean GDS of CG: was 4.5, and the mean GDS of TG: was 4.7.

Total group baseline SPCD: Delusions: 48.6%, hallucinations: 43.8%, agitation/aggression: 46.6%, depression 66.4%, anxiety 5.7%, euphoria: 12.3%, apathy: 76%, disinhibition: 39%, irritability: 57.5%, abnormal motor behavior: 43.2%, sleep disorder, 37%, eating disorder: 46.6%.

Mean NPI at the beginning of the study: GC: 5.3, TG: 6. Mean NPI at the end of the study: GC was 4.5 and GT was 4. That is, the average SPCD is higher in the TG than in the GC at the beginning of the study, while at the end of the study, the GC exceeds the TG.

When comparing the BPSD at the beginning and end of the study, a decrease is seen in all in general in the TG and an increase in hallucinations and sleep disturbances in the CG.

In the analysis of drugs, an increase in the consumption of neuroleptics in the CG was observed with a statistically significant difference (p 0.039).

Conclusion: The TECUIDE telematic program is an effective tool for the control of patients with dementia, reducing BPSD and the consumption of drugs (neuroleptics, benzodiazepines, and antidepressants).

P197: Delirium in nursing homes (DeliA) - an interdisciplinary health services research project

Authors: (Vincent Molitor¹, Theresa Sophie Busse², Chantal Giehl², Romy Lauer², Alexandre Houdelet-Oertel³, Jonas Dörner³, Zafer Arslan⁴, Petra Thürmann^{4, 5}, Ina Otte², Horst Christian Vollmar², Bernhard Holle^{1, 3} & Rebecca Palm¹)

¹ Faculty of Health, Department of Nursing Science, Witten/Herdecke University, Germany.

² Institute of General Practice and Family Medicine (AM RUB), Faculty of Medicine, Ruhr University Bochum, Bochum, Germany. ³ Deutsches Zentrum für Neurodegenerative Erkrankungen e.V. (DZNE), Witten, Germany ⁴

Faculty of Health, School of Medicine, Chair of Clinical Pharmacology, Witten/Herdecke University, Witten, Germany. ⁵Philipp Klee-Institute of Clinical Pharmacology, Helios University Hospital Wuppertal, Wuppertal, Germany

Background: Delirium is a potential emergency with serious consequences. Little attention has been paid to residents of nursing homes, although they are at extreme risk for developing delirium. Health Care Professionals (HCPs) such as nurses and general practitioners are assumed to know little about delirium in nursing homes.

Objectives: The German project DeliA (delirium in nursing homes) comprises three sub-studies and two reviews. The sub-studies have the following objectives: (1) to determine the prevalence of delirium and its sub-types in German nursing homes; (2) to describe and assess the quality of delirium care practices (prevention, diagnosis, therapy) of HCPs in nursing homes; and (3) to develop a Technology Enhanced Learning (TEL) to increase the delirium-specific knowledge of HCPs in nursing homes. The reviews aim to (a) summarize the prevalence of