

≥ 22 , -2.37 ($P=.047$); ≥ 24 , -2.80 ($P=.035$); ≥ 26 , -2.70 ($P=.096$); ≥ 28 , -3.07 ($P=.156$). Comparison of effect sizes (pregabalin vs placebo at endpoint) showed sustained benefit as the severity of baseline anxiety symptoms increased: ≥ 20 , 0.261 ; ≥ 22 , 0.276 ; ≥ 24 , 0.324 ; ≥ 26 , 0.301 ; ≥ 28 , 0.332 .

Conclusions: Pregabalin efficaciously reduced the symptoms of GAD in patients aged 65 years and older, regardless of the severity of their anxiety symptoms at baseline.

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Use of antipsychotic depot medication in the elderly in UK

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Background: The use of antipsychotic depot medication in old age needs to be reviewed for knowing the adequacy on its prescription in this part of the population. The patterns of depot medication use in an area of England are presented.

Aims and objectives: Know patient's sociodemographic characteristics, type of diagnoses, care status, and type of depot medication.

Review if depot medication is prescribed between the recommended frequencies and doses.

Value the suitability of depot treatments in these patients.

Value the follow up, included recommended investigations.

Methods: Retrospective and descriptive study over a sample of 23 patients on depot medication (Age >64 years old).

Sociodemographic, clinical, care, suitability, follow up and monitoring variables are collected.

The results are analyzed in accordance with the NICE guidelines recommendations.

Results: The profile of an old patient receiving depot medication is a woman, about 73 years old, single, living in a residential home or alone and with a diagnoses of schizophrenia (30 years on illness).

The 2 most prescribed medications were Zuclopentixol and Fluphenazine.

The majority of patients didn't relapse with depot medication.

Conclusions: The patients have been seen by the community team between the recommended intervals; depot medications have been given between the recommended limits of frequency and range of dose.

In an important proportion of patients it's unknown the time on depot and which other oral medications have been tried.

About the follow up of the patients, The recommended monitoring hasn't been followed or it hasn't been recorded in the case notes.

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Suicide attempts in over 60 years old patients

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Aims: To study the characteristics of the population attended in the Service of Urgencies of a General Hospital with a suicide attempt, and particular characteristics of patients' subgroup of sixty or more years in comparison with the rest of patients.

Methods: Of all urgencies attended by psychiatry in the year 2003 in our hospital we selected those in which consultation motive was suicide attempt. In all of them were analyzed following variables: age, sex, psychiatric history, previous history of suicide attempts, need of income

and suicide method used. Characteristics of patients over 60 years old were analyzed, comparing them with the rest of patients.

Results: Middle age of the sample ($n=286$) were 35,7 years, 26 patients (9,1%) were 60 years or more. Among elders 46,2% was men and 53,8% women. 81% of elders had some psychiatric diagnosis (77% the rest of patients), most frequent was depression. Two (7,7%) of 26 elder patients had some personality disorder, opposite to 19,5% of other patients. 65,4% of elders committed suicide attempt by drugs ingestion, more employees were benzodiazepines (47,4%). All elders attended by suicide attempt needed to be income.

Conclusions: In over 60-year-old people psychiatric comorbidity is more frequent than in the rest of patients who commit suicide attempt, though personality disorders are minor. Method used does not differ from rest of patients. There is frequent these patients need to income.

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Chronic pain, depression and opioids misuse in elderly people. A case report.

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Background: Chronic pain is associated with opioid prescription. Chronic pain, as well as mental disorders are associated with initiation and use of prescribed opioid in the general population. Furthermore, psychiatric disorders are associated with increased physical symptoms and may be associated with opioid use (Sullivan et al., 2005).

Aims: To report a case in order to underline the relationship between chronic pain, depression and opioids misuse.

Methods: Case study and description of a patient admitted in a General Hospital.

A literature's review about chronic pain, depression and opioids misuse in elderly people was made through PubMed.

Results: A 73 year old woman was admitted in a General Hospital's emergency room for renal failure related to opioid abuse. The patient was prescribed opioid 10 years ago, to treat spinal cord pain, which she followed until 2 years ago. At that time, she began to misuse her treatment. The case review showed that the patient had been suffering from an under diagnosed depression. The depression may have diminished her pain tolerance threshold, inducing opioid misuse.

Conclusions: In patients with chronic pain, there is a need to deal with patient's psychopathology when considering opioid treatment.

Pain tolerance threshold may diminish when patient suffers from a mental disorder.

When opioid medication is less effective, psychiatric comorbidities should be evaluated, instead of increasing opioid medication.

As many elderly patients suffer from chronic pain, it's recommended that they are evaluated for opioid misuse, especially when presenting with an unexpected clinical profile.

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Depression and its pharmacological approach in Spanish nursing home

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