

**Conclusions** ED is an iceberg top, of a three-step ladder. The intermediate step is built of personality traits and disorders forging the variety of ED clinical expressions. The hidden base of iceberg is represented by both the emotional (de)regulation and the level of impulsivity. Therapies focused on the base of this iceberg are needed for a clinical resolution of eating symptoms.

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#### EW0611

### Benefits of antidepressant treatment after a stroke

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**Introduction** Stroke is an important cause of morbidity and is responsible for 9% of all deaths worldwide. The most frequent neuropsychiatric consequence of stroke is post-stroke depression (PSD). It has been shown to be associated with both impaired recovery and increased mortality. The aim of our study is to determine the benefits of antidepressant prescription after a stroke.

**Method** The databases from *Medline* and *PubMed* were reviewed for articles related to post-stroke depression (PSD), antidepressant treatment and stroke, post-stroke depression and functional recovery, stroke related impairment.

**Results** Antidepressant drugs have been shown to be effective in treating PSD in six double blind randomized studies. Patients treated with antidepressants had better recovery from disability than patients who did not receive antidepressant therapy: it was proved that antidepressant drugs cause an improvement in cognitive skills and functional recovery in PSD patients. In patients with ischemic stroke and moderate to severe motor deficit, the early prescription of fluoxetine with physiotherapy enhanced motor recovery after 3 months. Some studies showed that PSD can be effectively prevented: nortriptyline, fluoxetine, milnacipran and sertraline appeared to be efficacious in preventing depression after stroke and are to use without significant adverse effects in stroke patients.

**Conclusion** Antidepressant treatment plays an increasing role in the management of patients with acute stroke. Therefore, early initiation of antidepressant therapy, in non-depressed stroke patients, may reduce the odds for development of PSD, and improve cognitive and functional recovery.

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## e-Poster Walk: Consultation liaison psychiatry and psychosomatics - Part 2

#### EW0612

### Polypharmacy among elderly populations

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**Introduction** Potentially inappropriate prescribing, is highly prevalent among older patients hospitalized with major psychiatric illness. Inappropriate use of psychotropic medications in elderly patients has become a focus of concern.

**Objectives** To determine the prevalence of potentially inappropriate prescribing including potentially inappropriate medications (PIMs) and potential prescription omissions (PPOs), according to STOPP-START, Beers and PRISCUS criteria applied by CheckTheMeds<sup>®</sup>.

**Aims** To identify potentially IP, PPO and the prevalence of contraindications, interactions and precautions in older patients hospitalized with major psychiatric illness.

**Methods** Retrospective cross-sectional study with patients over 65 discharged from the Psychiatric acute unit of the university hospital of La Princesa (Madrid) between January 2013 and October 2015 was conducted. The CheckTheMeds<sup>®</sup> program was used to identify IP.

**Results** A total of 104 elders—74 females and 30 males—were included, with a mean age of 76 years (range: 65–91). An average of 5.73 (range: 1–16) was prescribed drugs at discharge. The IP results STOPP 81.73% (n=85), START 43.26% (n=45), Beers 94.23% (n=98) y PRISCUS 40.38% (n=42). Contraindications were described in the 21.15% of the patients, precautions in 83.65% and interactions in 83.65%. Psychotropic drugs were the most often inappropriate prescribed medications.

**Conclusion** Prescribing omissions are twice as prevalent as IP in the elderly. Currently, inappropriate prescription of psychotropic agents is very common for the elderly. Application of such screening tools to prescribing decisions may reduce unnecessary medication, related adverse events, healthcare utilization and cost and non-pharmacological interventions, should be thoroughly explored.

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

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#### EW0613

### To the question of the role of consultation liaison psychiatry in diagnostics of psychosomatic disorders

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**Background** Relevance of consultation liaison psychiatry is conditioned by trend of steady rise of psychosomatic disorders and insufficient development of supplied forms and methods of medical care to patients with this pathology.

**Aim** To study incidence rate of psychosomatic disorders in primary health care, to develop algorithm of medical care.

**Material and methods** A total of 2010 patients of the primary health care unit were examined. Methods used: clinical-psychopathological, clinical-dynamic, questionnaire screening, statistical (factor analysis).

**Results** Mental disorders, co-morbid with physical pathology, constituted 3.9% of the contingent with predominance of psychosomatic disorders—15.6 per 10,000 of the population. Respective from clinical-dynamic structure of psychosomatic disorders three groups of patients were distinguished: in need for consultation by a psychiatrist (22.9%); for course treatment by psychiatrist and subsequent observation by physicians (28%); and for systematic therapy and observation by psychiatrist (49.1%). Patients with psychosomatic disorders addressed general medicine network 1–2 years after onset of mental disorder and 6.4 ± 1.2 years after diagnostics of somatic pathology. Patients had predominantly cardiovascular (37.7%;  $P < 0.05$ ), respiratory (20.5%), and gastrointestinal diseases (20.9%). Exacerbation of psychosomatic disorder was reliably interrelated with psychotraumatic situation and exacerbation of physical pathology. Introduced algorithm of psychiatric consultation consisted of: