sponsive or presented delirium. All participants were assessed by Mini-Mental State Examination/MMSE (cognition) and Camberwell Assessment of Need for the Elderly/CANE (needs). Additionally, cognitive decline was staged as: absent (MMSE = 30), questionable (26–29), mild (21–25), moderate (11–20) and severe ($\leq$ 10).

Results The study included 175 elderly with a mean age of 80.6 (SD = 10.1) years, of which 58.7% presented cognitive decline. For these, the mean number of unmet needs was greater than for those without (4 vs 3, $P < 0.001$), and they differed significantly in the domains of daytime activities ($P < 0.001$), memory ($P < 0.001$) and psychotic symptoms ($P = 0.005$). A significant negative correlation was found between MMSE and number of unmet needs (rs = -0.369, $P < 0.001$). Considering the severity stages, unmet needs also differed: more needs in early stages in daytime activities (73.3%), and in advanced ones in memory (63.9%) and psychotic symptoms (23%).

Conclusions Greater cognitive decline was related with more unmet needs, which agree with previous studies. The different nature of needs across severity stages also suggests that interventions should be tailored comprising this specificity and complexity, when effective care is planned.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.419

EW302
Burden of informal carers in northwest Ireland: A pilot study of factors that influence burden

G. McCarthy[1,*], I. Gresswell[2], D. Adamis[3]
[1] *Sligo Medical Academy NUI Galway, Psychiatry, Sligo, Ireland*
[2] *NUI Galway, Psychiatry, Galway, Ireland*
[3] *Sligo Mental Health Services, Psychiatry, Sligo, Ireland*
* *Corresponding author.*

Introduction Research has shown that approximately 67% of carers experience extreme mental tiredness, a decrease in their quality of life and a deterioration in their physical health since taking on a care-giving role.

Aims and objectives This study aims to identify factors that influence carer burden and in doing so, identify the sub-populations of carers who are most susceptible to burden.

Methods In northwest Ireland, 53 informal carers referred to the Carers Association, Sligo were contacted and met for a face-to-face interview. Measurements used included demographic data, the Neuropsychiatric Inventory, Zarit Burden Interview, Social Network Index and Brown's Locus of Control Scale.

Results Of the 53 carers, 43 were females and 10 males (age range: 32–81 years, mean age of 64.5 years). Of the corresponding 53 patients, 21 were females and 32 males (age range: 17–92 years, mean age of 72.1 years). Multiple linear regression analysis showed that sex of carer, marital status and the patient's behavioural problems were statistically significant independent factors, which influenced carer burden (p < 0.01). Female sex and greater patient behavioural problems increased susceptibility to burden and being married increased resilience towards burden.

Conclusions The ability to predict which carers are more susceptible to burden allows physicians to more quickly identify "higher risk" carers, facilitating routine check-ups by physicians and carer support services. Further research should explore why female and unmarried carers are more susceptible to burden and whether it is possible to tailor support services to their individual needs.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.420

EW303
Attachment representations in a population of elderly subjects

M. Moalla[1,*], I. Feki[1], A. Ktata[2], R. Sellami[1], D. Triqui[1], I. Baati[1], I. Abida[1], J. Masmoudi[1]
[1] *CHU Hédi Chaker S department of psychiatry "A", Sfax, Tunisia*
[2] *Manzel Bouzayen Hospital, consultation, Sidi Bouzid, Tunisia*
* *Corresponding author.*

Introduction According to attachment theory, attachment relationships have a lasting impact on the functioning of the individual. If this impact has been much studied in children, few studies have been conducted in the elderly.

Objectives Explore the representations of attachment in a population of elderly subjects.

Methods The sample consists of 90 consultants over the age of 65. Each participant filled out demographic questionnaire, Relationship Scale Questionnaire (RSQ): questionnaire of 13 items, each item rated from 1 to 5, a lower score attests a more secure attachment and Adult Attachment Questionnaire: a categorical scale of 3 statements. Statement 1 corresponds to secure attachment style, 2 to avoidant attachment style and 3 to anxious-ambivalent attachment style.

Results The age of participants ranged from 65 to 95 years with an average of 68.14. The sex ratio M:F was 0.8. The RSQ Score ranged from 16 to 56 with an average of 37.27. Of the participants, 72.2% have secure attachment style, 24.4% have an avoidant attachment style and 3.3% have an anxious-ambivalent attachment style. The study of correlations showed strong correlation between the two scales ($P = 0.00$) and the RSQ score was significantly associated with poor satisfaction of married life ($P = 0.025$), presence of psychological trauma in childhood ($P = 0.016$) and a separation experience ($P = 0.029$).

Conclusion Our study highlights the importance of early childhood experiences that may impact late adult life. These finding are in accordance with attachment theory.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.421

EW304
A proactive geriatric liaison service to assess and manage medical problems on old age psychiatry wards

U. Narayana[1,*], O.J. Corrado[2], S. Kaur[3]
[1] *Health Education Yorkshire and Humber, ST5 Old Age Psychiatry and Leadership fellow, Hull and East Yorkshire NHS Trust, United Kingdom*
[2] *Leeds Teaching Hospitals NHS Trust, Consultant Geriatrician, Leeds, United Kingdom*
[3] *Bradford District Care Trust, Audit Officer, Bradford, United Kingdom*
* *Corresponding author.*

Introduction Older people with mental ill health are more likely to receive lower quality of healthcare, inappropriate prescriptions and reduced access to services, leading to increased rates of mortality[1,2,3]. The NHS mandate 2015 to 2016 emphasises the need to deliver care, which is joined up and seamless for users of services[4].

Aims and objectives To identify the common medical comorbidities on the Old Age Psychiatry Wards and to assess the management outcomes.

Methods We audited all patients referred to the Liaison Geriatrician from 2008 to October 2015 from the Mount Hospital Leeds, which consists of 4 Old Age Psychiatry Wards. Data was collected in October 2015 and included referral date, patients' age and sex, number of referrals, reason for referral and the outcome.

Results We assessed 339 (142 F, 197 M) patients with a mean age of 77 (range: 56–94). Cardiovascular problems were the biggest group of referrals (in particular oedema, hypotension and rhythm disturbances) (34%) followed by central nervous system problems (11%), respiratory (8%), gastrointestinal (8%) and infection (8%). Some unusual problems were diagnosed including a spontaneous pneumothorax, primary biliary cirrhosis. The most common intervention was advice on treatment or investigation, very few patients needed acute admission and some unnecessary admissions were aborted as a result of the physician's intervention.

Conclusions This audit emphasises the need for a joint coordinated approach between psychiatry and medicine in managing health problems in older people. A dedicated Geriatric Liaison service can improve care, avoid unnecessary acute admissions and is more convenient for patients who would otherwise attend repeated outpatient appointments.

References are not available for this abstract.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.422

EW305

Depression, physical illness and mortality in a Spanish community-dwelling elderly people

J. Olivera-Pueyo [1,*], S. Benabarre-Ciria [2], T. Lorente-Aznar [3], M. Rodríguez-Torrente [3], C. Pelegrín-Valero [1], A. Acín-Sampietro [3], J. Aguaviva-Bascuñana [3], C. Alastrué-Pinilla [3], J. Alcubierre-Cura [3]
[1] Hospital San Jorge, Psychiatry, Huesca, Spain
[2] Fundación Agustín Serrate, Psychology, Huesca, Spain
[3] Atención Primaria, Unidad Docente, Huesca, Spain
* Corresponding author.

Objectives The aim of this study is to investigate the association between depression, physical factors and mortality in elderly people living in the community.

Methods Prospective longitudinal multicenter study for 5 years. Cohort of 293 people aged 65 years and older living in the province of Huesca (Spain). Individual face-to-face interviews and with appropriate caregiver. The following information was collected:
– demographic data;
– psychosocial factors: sex, age, education, marital status, live-in family members, social relationships, life events;
– physical factors: severity of physical illness, comorbidity (Cumlative Illness Rating Scale);
– psychiatric factors: cognitive function (Spanish version of Mini-Mental State Examination), depression (Geriatric Depression Scale), diagnostic criteria according DSM-IV-TR.

Statistical analyses:
– a bivariate analysis;
– a multivariate analysis. Cox regression model (explanatory variables).

Results Two hundred ninety-three participants, simple representative of people aged 65 years old or more in province of Huesca (Spain). Monitored 5 years follow-up study. Sixty-four people died (21.8%), annual mortality rate: 5.3%. Depression: 66 people (22.5%), (32.2% women, 13.3% men). Cognitive impairment: 51 people (17.4%). Bivariate: factors associated ($P < 0.005$) with mortality: functional impairment, living in nursing home, sensorial impairment, polypharmacy, severe physical illness and psychiatric comorbidity: depression (34.8 vs 18.1%), cognitive impairment (49.1 vs 15.8%). Association between some factors and mortality was nullified after multivariate statistical model; the case for depression (Hazard Ratio: 1.1), cognitive impairment (HR: 1.2) or functional impairment (HR: 1.3).

Conclusions Depression and cognitive impairment are associated with mortality in elderly community living people in bivariate analysis, therefore, this association disappears after multivariate analysis. Severity physical illness seems to nullify the effect of other variables, such as depressive symptomatology.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.423

EW307

Religiosity and its influence on mental health of late age persons

L. Pishchikova
Moscow, Russia

Christian anthropology considers personality as a unity of spiritual, emotional and corporal manifestation. Spirituality is defined as highest level of development and self-control of mature personality, ignoring which leads to moral dissonance and spiritual conflict. For the believing person, it is indisputable that belief, church sacraments and practices are capable to facilitate not only corporal, but also spiritual diseases. Clinical and expert analysis of 235 late age patients (> 60 years), who underwent forensic psychiatric examination in criminal and civil cases, helped to identify the influence of religiosity on mental health of late age persons. At late age, appeal to spirituality defines further evolutionary development of the person and favorable forms of aging. It is noted that elderly believers have no expressed cognitive and emotional frustration. When developing mental disorders, they resort to church sacraments and prayers. Thus, a patient with visual hallucinosis noted that during a prayer "visions calmed down, left or started listening". A patient with acoustical hallucinosis ("blasphemous" voices) considered them as manifestation of "dark powers", fought them by appeal to the icon of the Mother of God. A patient with menacing acoustical hallucinations read Psalmbook, dawned on them a cross sign with "consecrated hand" (venerated to Sacred relics) and "locked" them in room corner. Ignoring spirituality, which is observed in psychiatry, is connected with incompatibility of representations based on science and belief; low level of religiousness among psychiatrists; underestimation of religion role in life of patients; lack of special knowledge of this area.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.425

EW308

Abnormal Stroop-related event related potentials in patients with late onset depression in remission period

M. Pišljar [1,*], Z. Pirtošek [2]
[1] Psychiatric Hospital Idrija, Geriatric department, Idrija, Slovenia
[2] University Medical Centre, Department of Neurology, Ljubljana, Slovenia
* Corresponding author.

Introduction Depression in late life follows a relapsing course and it has been related to impaired cognitive control. Information processing speed, memory and executive abilities are most frequently impaired.

Objectives Cognitive changes are difficult to confirm during depressive episode, as signs of both disorders largely overlap. Therefore, it makes more sense to assess cognition after a remission has been reached. Electrophysiology may be particularly convenient as a tool in such studies, as it can separate central cognitive processing from the motor processing.

Aims The study of cognition was focused on executive function and speed of information processing. It was measured with Stroop-related event related potentials (ERPs) and reaction times (RTs) in a modified computer version of the Stroop test which is highly sensitive to frontal functions.