

P132: Efficacy of Vortioxetine in Major Depression in Terminal Cancer. About a Case

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Introduction: Major depression is one of the most widely recognized psychiatric disorders in cancer patients. In Spain, 16.49% of cancer patients develop a Major Depressive Disorder. It arises as a reaction to a traumatic experience influenced by events and environmental conditions and develops as a consequence, of an adverse event, whether single or recurring.

When depressive symptoms interfere with the proper functioning of cancer patients, antidepressants are the first line of treatment. We refer to Vortioxetine as the antidepressant of choice.

Medical History: We present a 68-year-old patient diagnosed with Prostate Neoplasm (Gleason Grade 6 STAGE IV Adenocarcinoma) with Bone and Pulmonary Metastasis, who was referred, to the PADES Service of CSS Bernat Jaume, for poor pain control at the L5-L7 lumbar spine level. (VAS 9/10), immobility and depression after his prognostic information and short-term expectations.

We want to assess the usefulness of Vortioxetine for depression in cancer terminal patients.

The diagnostic criteria for depressive disorder were evaluated according to the DSM-V(6) risk factors for depression in palliative patients. The Visual Analogue Scale for the evaluation of the pain (0 no pain and 10, unbearable pain). Previously used medications for pain control, and depression were assessed. It was decided to start treatment with Vortioxetine and assess the response.

Treatment: We started Vortioxetine 5 mg for a week and appetite improved, as well as VAS 5/10. After fifteen days, he was able to walk, and his insomnia and anxiety decreased. He remained stable with the prescribed medication until, due to complications secondary to his oncological pathology, he was admitted to The Palliative Care Unit to begin sedation.

Conclusions: In terminal cancer patients with depression, it would be advisable to use Vortioxetine to improve their quality of life in situation of last days.

P133: Impairment of Executive Functions in Dialysis Patients. Necessity of Evaluation Cognitive State in Advanced Chronic Kidney Disease

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Introduction: Cognitive impairment is common and underdiagnosed in patients in hemodialysis (HD) can be moderate and severe. About 38% of patients in Dialysis has serious deficits in executive function and this affects patients of all ages.

Material and methods: Based on the case of an 82-year-old patient in a HD program who enters from Nephrology to the Convalescence Unit for miscontrol of pain due to ganglion and liver recidivism after years of cystectomy by bladder neoplasia and having acute confusional syndrome (ACS) subsequently presented after treatment with morphine MST and Tramadol. We performed an integral geriatric evaluation that showed a

deterioration of the executive functions. Through medical literature we analyze this find of atypical pattern and its possible relationship to renal disease.

Results: BI 100/100. No known history of cognitive impairment. Despite optimal pain control with fentanyl patch, pregabalin, paracetamol, metamizol and dexamethasone, without new episodes of ACS, we saw high difficulties in comprehension time schedule, spatial location, bad understanding of medical treatment, etc. Neuropsychological study showed MMSE 24/30; SKT subtest of immediate memory 1/12, null recognition without understanding the task. Memory Impairly Screen 5/8, Test clock 3/7. In summary there were deficits in executive functions such as complex attention, mental control, fluency and reasoning. Fluctuating memory abilities. Mild multiple cognitive impairment executive domain. Atypical Profile.

Conclusions: There is a strong correlation between the decrease in GF and the degree of cognitive impairment. This worsens with the Dialysis due to hemodynamic changes. It is essential to evaluate the cognitive situation in all patients with CKD. Being the most affected cognitive domain, the function executive, it can avoid in these patients the correct assesment of established medications and dietary restrictions that are so important in the control of potassium, phosphorus and liquids that cause greater complications and even more mortality.

P136: Human Rights and Quality Standards for Services in Dementia Care

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People with dementia can experience violations of fundamental human rights and impeded access to healthcare. This work builds on the World Health Organization's good practice guidance on community mental health services by investigating the range of dementia services around the world and national/international clinical guidelines, and the views of experts regarding the use of the United Nations Convention on the Rights of People with Disabilities (CRPD) principles as quality standards for human rights-based care. Two scoping reviews of database and grey literature resources summarized the range of services, and clinical guidelines using content analysis. A single-round Delphi e-consultation with dementia experts was designed to evaluate each CRPD principle and collect feedback on their views about the applicability of the CRD principles.

Services in 31 countries were clustered in 7 categories: Supports and Services for families, Community centres, Community health and social outreach support, Crisis Services, Community health services, Networks of Services, Palliative/End-of-Life Care Services, and Supported living. National and international guidelines for quality practice were summarized for each service type. The CRPD principles were highly endorsed as quality standards, however as expected, given dominant practices in the field, several experts challenged the applicability of CRPD principles in relation to information disclosure, capacity assessment, stakeholders' involvement in decision making, respecting needs and preferences, holistic approaches in care practice, and protection of human rights against abuse, neglect and discrimination. These findings provide an overview of different services and clinical