

Figure 1: A resident living with dementia and her family after interacting with PARO
(Distribution of this photo has been approved by the resident and her family)



P118: The Geriatric Psychiatry Fellowship Program in Mexico

Authors: Moncayo-Samperio Luis, Velázquez-López Guillermo, Aguilar-Salas Ismael, Ugalde Hernández Oscar.

This program was established by Dr. Oscar Ugalde in the year 2000 at the National Institute of Psychiatry of Mexico and was supported by the National Autonomous University of Mexico.

Now starting its 23rd year, the 12-month program allows 1 to 4 national or foreign psychiatrist each academic year to develop clinical geriatric psychiatry practice knowledge, as well as academic and research skills to attend to the mental health of the aging population. It provides supervised clinical training in different settings: outpatient geriatric psychiatry clinic, cognition clinic, nursing home setting, geriatrics clinic and neurology clinic. The fellowship also provides the opportunity to learn about thanatology, research methodology, philosophy, spirituality, social work, neuropsychology, dementia, geriatrics, as well as legal, financial and legal issues related to the care of older adults.

The over 60 fellowship graduates from Bolivia, Colombia, Ecuador, Peru, and Mexico have established themselves as national and international leaders in the field of old age mental health.

The Geriatric Psychiatry Fellowship in Mexico is accredited by de National Autonomous University of Mexico and The National Institute of Psychiatry of Mexico Ramón de la Fuente Muniz at Mexico City is the primary training facility.

In this presentation, the assistant professor of the program, Dr. Luis Moncayo, will lay out an overview of the content, structure, and goal of The Geriatric Psychiatry Fellowship Program in Mexico.

P119: The Valladolid Multicenter Study: The Use of Benzodiazepines in the Elderly and Falls Reported By a Liaison Psychiatry Units

Authors: M^ª Desamparados D. Perez Lopez, Elena Alonso, Alejandro Compared Sanchez, Eduardo Delgado Parada, Miguel Alonso Sánchez, Leire Narvaiza Grau, Monica Prat Galbany, Andrea Santoro, Maria Iglesias Gonzalez, Cristina Pujol Riera, Eduardo Fuster Nacher

Objective The objective of this study is to describe the prevalence of benzodiazepine in a sample of patients (≥ 65 years) attended by liaison psychiatry units (LPU) in Spain and its possible relation to falls.

Methods: This is an observational, cross-sectional, multicenter study. We obtained data from a sample of 165 patients (≥ 65 years) admitted to 7 general hospitals in Spain referred from different departments to each liaison psychiatry unit. Data was collected for a month and a half period. Psychiatric evaluations were performed while the patients were on wards.

Results: We obtained a sample of 165 patients (78 women, 88 men) with a mean age of 76,03 years old (42.10% < 75 years, 57,83% ≥ 75 years). Most of them were married and they lived accompanied (67,27%). Only 5,45% lived in a nursing home. 65,45% of patients had prescribed at least one psychotropic drug before LPU intervention; mainly (50,9%) benzodiazepines (60% women/40% men). 70,9% of these group of patients had more than one psychotropic drug prescribed before LPU. After LPU intervention in 39,39% at least one drug was withdrawn (in 50,81 % of cases benzodiazepines). Falls in the past 6 months were reported in 24.8% of total patients. Patients under benzodiazepine treatment had fallen in 29% of cases. After LPU intervention benzodiazepines were withdrawn in 56,25% % of them.

Conclusions: Benzodiazepines are widely used in our sample and frequently is associated with polypharmacy. LPU intervention might be a useful tool to reduce the use of them, specially for those who reported falls.

Longitudinal studies might be carried out to study these factors and their possible relationship with falls, given that Benzodiazepines are consistently associated with a higher risk of falls. It is unclear whether specific subgroups such as short-acting benzodiazepines and selective serotonin reuptake inhibitors are safer in terms of fall risk. Ppropriate prescription of medications such as BZDs is an important public health issue.

P121: Efficacy of adjunctive therapy of zonisamide versus increased dose of levodopa for motor symptom in DLB parkinsonism: a randomized, controlled, non-inferiority study, DUEL Study.

P122: Differences of the treatment needs of patients with dementia with Lewy bodies and their caregivers with duration after diagnosis

Author: Manabu Ikeda¹⁾, Mamoru Hashimoto^{1),2)}, Yuta Manabe³⁾, Hajime Yamakage⁴⁾, Shunji Toya⁵⁾

Institution

- 1) Department of Psychiatry, Osaka University Graduate School of Medicine, Suita, Osaka, Japan
- 2) Department of Neuropsychiatry, Kindai University Faculty of Medicine, Osakasayama, Osaka, Japan
- 3) Department of Dementia and Geriatric Medicine, Division of Clinical Science, Kanagawa Dental University School of Dentistry, Yokosuka, Kanagawa, Japan
- 4) Insight Clinical Development Group, 3H Medi Solution Inc., Toshima-ku, Tokyo, Japan
- 5) Medical Affairs, Sumitomo Pharma Co., Ltd., Chuo-ku, Tokyo, Japan