

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

**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.

## P411

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.

## P412

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.

## P413

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.

## P414

Depression and its pharmacological approach in Spanish nursing home

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**Objectives:** To know prevalence of depression in Spanish nursing home(NH) by analysing the clinical profile of residents from RESYDEM study (Identification of patients with cognitive deterioration and dementia in NH).

**Design/methods:** A multicentral, transversal, observational study was carried out in April 2005. 71 geriatrician from 54 NH representing the Spanish state participated. Depression was analysed in patients history and determined by NPI of Cummings, NH version.

**Results:** 1037 residents were randomized, 1020 were used by clinical data analysis. 941 were used to determine depression prevalence. Median age 83.4yo, 66.6% were women, 70.9% with basic educational level, 57.4% widows, 25.7% single, 41.5% had some degree of functional deterioration, 22.1% had delirium. In 26.4% were documented Stroke(17.9% TIA). 61.7% had dementia.

Depression appears in 31.4% of elderly institutionalized with the only diagnosis of depression or independent of others. There were no significant differences in age groups. However, was most frequent in women. 95.7% of patients with diagnosis of dementia had at least one drug for depression. Most used anti-depressants were trazadone (23%), citalopram (20.9%), sertraline (15.8%), fluoxetine (10.1%). No tricyclic anti-depressant reached 1% of consumption.

**Conclusions:** Depression affects practically one in three institutionalized elderly in Spain

Institutionalized elderly with depression are largely treated with ISRS. It is believed that the use of trazadone is linked with the effects on sleep and anxiety.

The high prevalence of depression, its overlapping with other processes and the comorbidity of residents requires a careful search and approach in NH which implies a challenge for professionals in order to treat it.

## P415

Analysis of symptomology in neuropsychiatric patients with dementia

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**Objectives:** Determine the presence of neuropsychiatric symptoms (NPS), using the NPI-NH(Neuropsychiatric Inventory Nursing Home(NH) Version), in order to provide a multidimensional profile in behavioural symptoms in residents and to calculate its prevalence in Spanish NH.

**Design/ Methods:** From randomized population of RESYDEM study (Identification of patients with cognitive deterioration and dementia in NH) a multi-central, cross-sectional and observational study was carried out. 71 geriatrician from 54 NH representative the Spanish state participated. NPS was determined by NPI Cummings NH version. This version includes upsets in sleep and feeding patterns.

992 residents were examined (Median age 83.4yo, 66.6% women, 91.8% received at least one type of treatment, 61.7% with dementia). 523 (52.7%) presented at least one type of NPS. In order of greatest frequency, the following were noted: alterations in sleep patterns (41.7%), depression/dysphoria (31.4%), anxiety (31.2%), agitation/aggressiveness (29.6%), apathy/indifference (25.8%), delirious ideas (23.7%), irritability (22.4%), feeding/appetite upsets (18.5%), anomalous motor behaviour (15.3%), hallucinations (13.8%), disinhibition (11.1%), euphoria (4.4%).

35.9% of residents received benzodiazepines, 26.7% antidepressants. Atypical neuroleptics were used in 15.8%, in contrast with 7.4% of the use of classic ones.

**Conclusions:** NPS's reached a high prevalence in NH and it is usual that more than one co-exists in the patients.

Alterations in sleep patterns, depression, anxiety, agitation/aggressiveness affect approximately one in three residents.

It is useful and recommendable to evaluate the 12 behavioural areas from the NH version of the NPI scale. This instrument was chosen as a sifting measure to establish neuropsychiatric symptomology in residences.

## P416

Adequate use of psychotropic agents at healthcare facility for elderly in Japan

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Now many elderly people use psychotropic agents for depression or anxiety or delirium or insomnia. Some of them can use those agents without prescriptions of psychiatrists. We wonder if many doctors other than psychiatrists tend to give such drugs without serious consideration. So we tried to invest one healthcare facility for elderly with no psychiatrists and checked prescriptions of psychotropic agents. And we consider adequate use of psychotropic agents for elderly there. We hope this presentation reveal new trend for use of such drugs for elderly people in Japan

## P417

Depression and the elderly

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About two decades ago, "Open Care Centers for Aged Citizens" have been established in Greece. These facilities consider as members everyone older than 65 years and provide social opportunities, entertainment, activities, education and work on artistic objects, as well as basic first degree health care by visitors physicians.

We performed an investigation with Geriatric Depression Scale (GDS 15 and 4) among the members of two such centers in order to examine the probable prevalence of depression in this population. Our sample consisted of 51 persons (38 females and 13 males) with average age 72±5.7 years. Besides the GDS we examined parameters as: marital status, education, known organic (somatic) or mental health problems.

From our results we mention that 23.5% of all (7 females and 5 males) were scored in GDS-15 over 5 and were referred for further psychiatric evaluation about the existence of depression. Only one of them was already diagnosed as depressive before our investigation.