

EW0199

Psychotropic use in elderly with cognitive impairment living in nursing homes

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Introduction Elderly patients in nursing homes (NH) are often prescribed medications for many physical and mental health problems, with polypharmacy. There is a considerable number of studies documenting this extensive prescription of psychotropic medication, despite the raised concerns about their overuse/misuse, due to serious adverse effects, including increased rate of cognitive decline associated with antipsychotics.

Aims To characterize the prescription of psychotropics in elderly sample with cognitive impairment living in NH.

Methods Elderly living in three Portuguese NH were included in this cross-sectional study. All residents were eligible, unless they were unwilling or unresponsive. Participants' medication was obtained from medical records. Guidelines of ATC were used to categorize the drugs. Participants were assessed with MMSE and GDS.

Results The sample included 172 elderly, mostly women (90%), with average of 81(sd=10) years and median lengths of stay of 3 years. Overall, 79.1% used ≥ 1 nervous system-acting drugs. Anxiolytics (54.7%), antidepressants (29.1%) and antipsychotics (23.3%) were the most frequent. The majority (58%) presented cognitive impairment (MMSE). Among those, 46.2% presented depression (GDS) and 79.6% took at least one drug for the CNS and 41.9% ≥ 3 . Antipsychotics were received by 26.5%, while 57.1% used anxiolytics, 31.6% antidepressants and 16.3% anti-dementia drugs. No significant relation between GDS and antidepressants was found.

Conclusion This study confirms the high usage of CNS drugs in patients with cognitive impairment in NH. These rates were comparable with previous studies. Antidepressants appear to be under-used, which can be related to the under-recognition of depression. Also, potential harmful psychotropic drugs such as anxiolytics and antipsychotics are overused.

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EW0200

A systematic review of association between pain and suicidal behavior in elderly people

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Introduction Suicide rates worldwide are highest in elderly people compared to younger ages. The recognition of risk factors for late life suicide may be crucial, since one in four attempts is consummated. In this context, pain has been identified as a major event raising the probability for suicide in elders although very little research has examined this association.

Objective To conduct a systematic review to examine whether pain is a risk factor for suicidal behaviour (suicide ideation/attempt/suicide) in elderly people.

Methods The Cochrane Collaboration's guidelines and PRISMA statement were used. The electronic databases considered were MEDLINE, ISI Web of Knowledge, Scopus and PsycARTICLES. Search terms were "pain", "suicide" and "elderly". Studies that assessed the relation between pain and suicidal behavior among people aged ≥ 60 years were included.

Results Of the 2655 references founded, only 41 articles met the inclusion criteria. Most of the quantitative studies concluded that there is a relationship between pain and late life suicidal ideation, in particular severe and chronic pain. Physical or psychological pain was also reported as the cause of attempting suicide in two studies and was considered an important risk factor for committed suicide in eight of them.

Conclusion The results suggest that pain is a risk factor for suicidal behaviour in elderly people, especially suffering from severe and chronic pain, which are in accordance with previous reviews in this field. Future studies are needed to clarify this association and highlight about the importance of pain in suicide prevention initiatives for elders.

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EW0201

Predictive factors of hospitalization related to the caregiver burden in older adults presenting to the emergency department

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Background Long-term care for the elderly by their family members represents a serious burden in Italy. The physical and psychological health of informal caregivers is a growing public health issue. Old patients often seek urgent medical attention in the Emergency Department (ED) and hospitalisation is frequent event among the elderly.

Aim Aim of the study was (1) to investigate the burden of care among the caregivers of old patients; (2) to examine the influence of the burden experienced by the caregivers on ED and hospital admissions of the elderly.

Methods We conducted a descriptive study of patients aged 75 years or older and their caregiver admitted to the ED from 10/1/15 to 6/10/15 (77 patient-caregiver pairs). The caregivers were evaluated using the Caregiver Burden Inventory (CBI). A case manager collected the patient's data.

Results CBI score is the highest among patients seeking ED evaluation due to caregiver's concern. The majority of the elderly admitted to the ED whose caregiver shows elevated emotional burden at the CBI do not present with serious or urgent medical condition and are not hospitalised. Emotional burden is the high-