

Methods: Non-systematic review of literature, using PubMed as database and filtering the results for meta-analysis.

Results: Four articles were included in this review.

Zhong G et al. concluded that risk of dementia increased in consumers of benzodiazepines and it was associated with higher doses. In turn, AlDawasari A et al., when trying to clarify the use of different sedative-hypnotic drugs, found and increased risk with the consumption of benzodiazepines. After exclusion of articles with confounders and adjustment for protopathic bias, the risk was not maintained.

Lucchetta RC et al. concluded that the risk exists but without inferring differences between doses or duration of action.

Finally, Penninkilampi R e Eslick GD investigated this association, after controlling for the protopathic bias, concluding, contrary to AlDawasari et al., that the association benzodiazepines consumption and dementia do not result from this bias.

Conclusions: We cannot draw robust and concrete conclusions between benzodiazepines consumption and the pathogenesis of dementia because not only is the literature limited, but results are also heterogeneous.

However, these prescriptions must be carried out cautiously, especially in the elderly, due to the known adverse effects associated with them.

Disclosure of Interest: None Declared

EPV0669

Prevalence of Dementia, associated Co-morbidities, and Multidisciplinary Team Involvement in a Psychiatry of Old Age Service

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Introduction: Dementia is a common diagnosis in service users seen by Psychiatry of Old Age (POA) Services. This clinical audit was conducted prior to the services engagement with a focus group, which aimed to explore the implementation of the “Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia” (National Clinical Guideline No. 21) and identify additional resource requirements to be submitted for consideration by the HSE’s estimate process for 2023.

Objectives: Its aims were to evaluate:

- The prevalence of service users with a dementia diagnosis among those seen by the POA Service, from January 2018–June 2022
- The prevalence of co-morbid psychiatric diagnoses among those with a dementia diagnosis.
- The resources needed to manage currently active cases with a diagnosis of dementia, by evaluating MDT member involvement.

Methods: Data is routinely collected on service users treated by the POA service for service evaluation, including service users’ diagnoses, and current MDT member involvement. All service users seen by the POA service between Jan 2018 – June 2022 were included. The total number of service users, and service users with

dementia and mild Cognitive impairment were counted, in order to evaluate the prevalence of dementia. We then evaluated the proportion of those with dementia who had co-morbid psychiatric diagnoses. We then looked at currently active cases with dementia, and evaluated how many MDT members were involved in their ongoing care.

Results: 392 service users were treated by the service from Jan 2018–June 2022. Of these 104 cases were still active with the service. 152 (39%) of these service users had a diagnosis of dementia. Of those with dementia, 45% (68, n=152) also had another psychiatric co-morbidity. Psychosis was the most common psychiatric co-morbidity, seen in 22% of those with dementia (33, n=152). 12% of active service users with a dementia diagnosis were only seen in outpatients clinics only, 60% were seeing one MDT member, 28% were seeing multiple MDT members (n=25).

Conclusions: Dementia was the most common diagnosis among service users seen by the POA service. 45% of service users with dementia being seen by the POA service also had another psychiatric co-morbidity. Such patients require significant MDT input.

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EPV0670

Underrated and Underestimated – Deprivation in Dementia. A Case Report

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Introduction: Deprivation is widely known in children and adolescents and means a lack of social, emotional, or sensory stimuli, due to disabilities such as deafness, but also social isolation and reduced parental care. It may cause developmental disorders such as impaired language, motoric and social development. Little is known of the impact of social deprivation in demented patients. Stimulus shielding, which is a widespread option for psychiatric symptoms of dementia such as agitation, vocalization and aggressive behavior may – if frequently used- have similar effects on demented patients.

Objectives: We report the case of a 71-year-old patient with dementia caused by PSP (Progressive Supranuclear Palsy), who was in inpatient treatment due to continuous undirected vocalizations. She presented with inability to walk, dysarthria, aphasia, and hearing difficulties beside major mnemonic impairment. In a prior hospitalization and in her residency, she was frequently isolated from other patients due to loud screaming and vocalizations in terms of stimulus shielding by suspected overstimulation. In order to that, for four months, she developed progressive difficulties to speak, hear, understand, as well as gait disorders. In addition, the vocalizations increased.

Methods: We rated the symptoms due to deprivation, triggered by lack of mobilization, social experiences, visual, tactile and acoustic stimuli following a vicious circle of anxiety, vocalizations and recurrent isolations. Therefore, a multimodal therapy assessment was implemented, including daily physical therapy, mobilization, basal stimulation, social reintegration and basal conversation training.