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EV722

Late-life depression and dementia risk

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Introduction A substantial body of evidence linking late-life depression and dementia is now available. However, precise estimates of the relative risk attributable to late-life depression assessed with specific screening instruments at specified thresholds have not been previously produced.

Objective Summarise dementia risks associated with depression.
Aims Conduct a systematic review of the literature to produce precise and specific risk estimates for all cause dementia, Alzheimer's disease (AD), and vascular dementia (VaD).

Methods The PubMed, PsycInfo, and Cochrane databases were systematically searched. Studies assessing incident dementia using validated measures of clinical depression or depressive symptomatology from prospective population studies were selected. The most specific analyses were conducted using both continuous symptomatology ratings and categorical measures of clinical depression based on single instruments with defined cut-offs.

Results The literature search yielded 121,301 articles, of which 36 were eligible. Included studies provided a combined sample size of 66,532 individuals including 6593 dementia, 2797 AD, and 585 VaD cases. Random-effects summary estimates showed that the risk associated with depression did not differ by type of dementia. The most widely used instrument was the CES-D. A clinical threshold of 20 produced similar estimates for all-cause dementia (HR 1.83, 95% CI 0.95–3.52) and for AD (HR 1.97, 95% CI 0.96–4.04). Estimates based on other thresholds and continuous measures produced consistent results.

Conclusion Reliable dementia risk estimates associated with late-life depression can be produced and do not differ between dementia types. Such estimates should be used in evidence-based medicine practice to assess individual risk and to inform policy on interventions to decrease risk in the population.

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Syndrome of inappropriate antidiuretic hormone secretion associated with desvenlafaxine

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Introduction Desvenlafaxine is a prescription medication approved for the treatment of major depressive disorder in adults. Hyponatremia secondary to inappropriate secretion of antidiuretic hormone (SIADH) is a possible side effect in patients receiving serotonin-norepinephrine reuptake inhibitors (SNRIS)

Method To report a case of SIADH associated with desvenlafaxine.

Results We present a 80-year-old female patient who required hospitalization due to an episode of psychotic depression. During the hospitalization, the patient developed hyponatremia after commencing treatment with desvenlafaxine. The serum sodium at this time was 117 mmol/L, serum osmolality was 249 mosmol/kg, urine osmolality 395 mosmol/kg and urine sodium 160 mmol/L, consistent

with a diagnosis of SIADH. Desvenlafaxine was ceased and fluid restriction implemented. The mental status improved, and electrolyte studies 6 days later revealed serum sodium and osmolality values of 135 mEq/L during treatment with duoxetine.

Conclusions SIADH has been reported with a range of antidepressants in elderly patients. This case report suggests that desvenlafaxine might cause clinically significant hyponatremia. Close monitoring is recommended in patients starting therapy with antidepressant treatment to study and prevent possible adverse effects.

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Questions about dementia with Lewy bodies, personal beliefs and real performance for financial capacity tasks

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Introduction Although cognitive impairment occurs early in the course of dementia with Lewy bodies, little is known about DLB and its impact on more complex civil capacities, such as financial capacity.

Method Three patients (mild DLB, severe DLB and MCI in DLB) were examined. Their total scores and (sub)scores on a financial capacity test revealed below normal (more than 1.5–2 SDs below) performance in contrast to cognitive intact elders (see Table 1).

Results This is in contrast with their personal beliefs of financial capacity, which reflect a tendency to overestimate their level of financial capacity as recorded on a Likert-scale questionnaire.

Conclusions The findings prompt a need for further research for an emerging problem in forensic psychiatry, that takes the form of the question: do all DLB patients – even in the stage of MCI – have the capacity for financial transactions?

Table 1

	Patient A	Patient B	Patient C	Healthy elders (n = 146)
Sex	Female	Female	Female	
Age	78	72	83	
Education	6	12	2	
MMSE or HINDI	17	27	21	> 26
FRSSD	13	1	7	< 5
GDS	6	5	2	< 6 or 7
Legal Capacity for Property Law Transactions Assessment Scale (LCPLTAS total score)	88	124	77	207.56 (13.64)
Basic monetary skills	4	12	4	13.78 (.95)
Cash transactions	1	4	0	7.84 (.54)
Bank statement management	1	4	0	7.69 (.94)
Bill payment	3	7	3	7.81 (.62)
Financial conceptual knowledge	15	27	9	31.36 (2.10)
Financial decision making	44	50	47	111.43 (7.88)
Knowledge of personal assets	20	20	14	27.62 (1.41)