

**Conclusion** Pain in elderly persons with dementia is a significant problem. This underlines high needs of research as well as excellent implementation concepts for assessment and treatment of pain.

**Disclosure of interest.** The authors have not supplied their declaration of competing interest.

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#### EV0765

### Depression in elderly patients with schizophrenia

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**Background** The presence of depressive symptoms impacts negatively the lives of patients suffering from schizophrenia-spectrum disorders. Likewise, the treatment poses many challenges for clinicians.

**Objectives** To specify the profile of elderly with schizophrenia and to evaluate the prevalence of depression and its related factors.

**Methods** A descriptive and analytic study involved 40 elderly patients aged 65 and over with DSM-5 diagnoses of schizophrenia or schizoaffective disorder, followed to the outpatient psychiatry department of Hedi Chaker University Hospital, in Sfax, Tunisia, during the two months of September and October 2015. Positive and negative syndrome scale (PANSS) and Calgary depression scales were used to assess respectively the symptoms of schizophrenia dimensionally and depression.

**Results** The majority of our patients was male (62.5%), single (55%), with low school and socioeconomic level. The mean duration of disease was  $45 \pm 6.02$  years and patients were mostly (90%) in classical neuroleptics. The scale of PANSS showed the predominance of negative symptoms (67.5% of cases). In addition, according to Calgary scale, depression was found in 25% of patients. Factors positively correlated to depression were: the female sex among single ( $P=0.043$ ), absence of family support ( $P=0.001$ ), treatment with conventional neuroleptics ( $P=0.039$ ) and negative symptoms ( $P=0.001$ ).

**Conclusion** Depression in patients with schizophrenia is far from exceptional. It is often difficult to diagnose due to the recovery of other symptoms.

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#### EV0766

### Pupillometric assessment of cholinergic functioning in people with Alzheimer disease: A study from India

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**Background** Diagnosis of Alzheimer disease is mainly clinical, based on longitudinal history and clinical criteria due to lack of specific biochemical tests and neuroimaging studies. Deficient central cholinergic activity of AD pathology is said to be reflected as decreased peripheral cholinergic activity. Assessing peripheral cholinergic function with pupillometer for diagnostic and prognostic purpose may be beneficial, as it may be a non-invasive, acceptable, and easily administered diagnostic tool if proven so.

**Method** This is a single point case control pilot study with sample size of 45 (25 AD patient and 20 controls). CAMDEX-R based

interview, HMSE, and DSM-IV criteria were used for detailed assessment and diagnosis. The pupillometric parameters (Horizontal and vertical diameters of pupil) were measured by Oasis Colvard pupillometer (SKU-0401A) under three conditions namely after 5 minute of dark adaptation in dark room (PD-5min-DA i.e. Baseline PD); after 5 minutes (PD-5min-T) and 15 minutes (PD-15min-T) of instillation of 2–3 drops of 1.0% Tropicamide.

**Results** There was no difference in baseline pupil diameter (horizontal + vertical) of AD patients and age matched healthy controls. 1% tropicamide induced significant increment in pupil diameters from baseline to after 5 ('PD-5min-T') and 15 minutes ('PD-15min-T') of its instillation in both AD patients and age matched healthy controls. But tropicamide induced increment in pupil diameters were approximately equal in cases and controls.

**Conclusion** The study did not find the role of 1% tropicamide induced pupillary hypersensitivity in AD patients for diagnostic purpose.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0767

### The burden of caregivers of patients with Alzheimer

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**Introduction** The Alzheimer's patient assistance relationship is a morally painful experience, most frequently discussed in terms of "burden" in the literature, especially as professionals and institutional intermediaries are underdeveloped in Tunisia.

**Goal** It is intended to assess the level of burden among caregivers of patients with Alzheimer's disease and to search factors associated with a high level of burden.

**Methodology** This is a retrospective descriptive study. Patients were recruited from neurology department of Razi hospital, which were hospitalised between the months of December 2012 and March 2013. The burden was measured using the Zarit inventory.

**Results and discussion** Thirty patients were included. The majority female, most caregivers are descendants (60%), then, daughters in law (33%), and finally the spouses (23%). 80% of caregivers lived in the same home as patients. Caregivers were asked about all the items of the grid Zarit. The average burden in our sample is  $59.9 \pm 16.3$ . We observed that 33% have absent to light burden (score <21), 10% have a light to moderate burden (between 21 and 40), 36, 66% have moderate to severe burden (between 41 and 60) and 50% have a severe burden (>60), according to the classification proposed by Zarit. Sex, kinship and cohabitation with the patient were not associated with a higher burden.

**Conclusion** The study of factors correlated with high levels of burden aims at finding ways of intervention and support to fight against the isolation of caregivers and the occurrence of anxiodepressive complications.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV0768

### Cognitive symptoms: The border between dementia and depression, a report of one case

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**Introduction** Twenty percent of people aged over 80 have a serious dementia. Cognition disturbances are present both in depressive disorder and dementia. Vortioxetine is a new antidepressant with a multi-modal mechanism of action, being one of the antidepressants with more procholinergic action.

**Aims** to know the efficacy of vortioxetine in elder people with cognitive disturbances due to both pathologies: depression and dementia.

**Methods** It is described the result of using vortioxetine in one elder woman with dementia and affective symptoms with no clinical improvement after using two classical antidepressants.

**Results** Woman aged 82 without psychiatric history came to our consultation in April 2016. She had been diagnosed with dementia last year by a neurologist and she had started treatment with Donepezil 10 mg/d. Six months after this diagnosis she complained of depressive mood and faster deterioration of her previous cognition disturbances in terms of functionality level and autonomy, so her neurologist prescribed escitalopram until 10 mg/d and mirtazapine until 30 mg/d without clinical improvement. After first exploration, we decided starting treatment with vortioxetine 10 mg/d and withdraw previous antidepressants. Next week she complained of nausea and vomiting so we reduced the dose to 5 mg/d with good tolerance after that moment. Six months later her depressive mood had improved and her family remarked she had a little more autonomy and more desire to do things.

**Conclusions** Vortioxetine might be an effective and safe option in elder people who have cognitive disturbances due to mood disorder and/or dementia, probably because of its procholinergic action.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV0769

### The neutrophil and platelet to lymphocyte ratios in people with subjective, mild cognitive impairment and early Alzheimer's disease

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**Background** In this study we aimed to explore the role of inflammation in subjects with mild Alzheimer dementia (AD), mild cognitive impairment (MCI) and subjective cognitive decline (SCD) via new potential inflammation markers of Neutrophil-lymphocyte ratio (NLR) and Platelet-lymphocyte ratio (PLR). NLR and PLR are useful and cost-effective biomarkers, showing peripheral systemic inflammation, were previously shown in neuropsychiatric disorders [1].

**Methods** In screening phase the patients were assessed with mini-mental state examination, clinical dementia rating scale (CDR), geriatric depression scale (GDS) and Hachinski Ischemic Scale (HIS) after unstructured psychiatric interview according to

diagnostic and statistical manual of mental disorder, Text Revised (DSM-IV, TR). Spectrum of cognitive decline includes 31 patients with mild Alzheimer's disease, 30 subjects with mild cognitive impairment, 31 individuals with subjective cognitive decline. Thirty-one healthy controls enrolled to the study.

**Results** NLR value of patients with AD was  $2.38 \pm 0.81$ , subjects with MCI was  $2.48 \pm 1.19$ , SCD group was  $2.24 \pm 1.11$  and control group was  $1.85 \pm 0.80$ . NLR was significantly higher in AD and MCI groups when compared with control group ( $P=0.006$ ,  $P=0.03$ , respectively). Platelet-lymphocyte ratio was not correlated with cognitive impairment. Neutrophil counts were indifferent when comparing either of groups. Lymphocyte levels were significantly lower in each of cognitive decline groups when compared to healthy controls.

**Conclusion** The present findings suggest that systemic inflammation may have a role in developing Alzheimer's Disease.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

**Reference**

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## EV0770

### Association between the use of benzodiazepines and the occurrence of acute angle-closure glaucoma in the elderly: A population-based study

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**Introduction** Acute angle-closure glaucoma (AACG) is an ophthalmic emergency, accompanied with severe eye pain, headache, and visual changes because of acute intraocular pressure elevation. Among psychotropic drugs, several antidepressants, typical antipsychotics with strong anticholinergic effects, and topiramate have been known to increase a possibility of AACG. Benzodiazepines have been used widely in the treatment of mental and physical illnesses regardless of age or indication. Since benzodiazepines have some anticholinergic properties and affect pupillae muscles, their use could be theoretically a risk factor for AACG. However, it is unclear whether benzodiazepines actually increase the risk of AACG. To our knowledge, there was no population-based study on the risk of benzodiazepines to the occurrence of AACG.

**Objectives/aims** To know whether benzodiazepines increase the risk of AACG in a geriatric population.

**Methods** We will perform a case-control study using a geriatric cohort from the National Health Insurance database. Case subjects will be defined as cases diagnosed with AACG confirmed by the claim data of laser iridotomy, which is the definitive treatment of AACG. The controls, which were not diagnosed with AACG, will be matched with case subjects according to similar age, sex, and the scores of the Charlson comorbidity index.

**Results** The data handling and statistical analyses will be executed in autumn and winter 2016.

**Conclusions** Any preliminary findings of this study will be presented at the EPA 2017. We will discuss the importance of a pharmaco-epidemiological study in the geriatric research.