

EV0741

A Case of erotomanic delusion in dementiaM. Arts^{1,*}, S. Petrykiv², J. Fennema³, L. De Jonge⁴¹ University of Groningen, University Medical Center Groningen, Department of Old Age Psychiatry, Groningen, The Netherlands² University of Groningen, University Medical Center Groningen, Department of Clinical Pharmacy and Pharmacology, Groningen, The Netherlands³ GGZ Friesland, Geriatric Psychiatry, Leeuwarden, The Netherlands⁴ Leonardo Scientific Research Institute, Geriatric Psychiatry, Groningen, The Netherlands

* Corresponding author.

Introduction In dementia, delusions are common with prevalence up to 75%. However, erotomanic delusions, or De Clerambault's syndrome, are a rarity in dementia. To date, only six case-reports have been described in vascular dementia, frontotemporal dementia, and Alzheimer's dementia.

Objectives To present a case of De Clerambault's syndrome in an older adult diagnosed with vascular dementia.

Aims To review available literature on De Clerambault's syndrome in dementia.

Methods A case report is presented and discussed followed by a literature review.

Results We report a 72-year-old female with a history of right posterior cerebral artery infarction. The patient developed a sudden onset erotomanic delusion after she met a male patient of her age during her stay in a dementia day care center. She was agitated, disorientated, presented with confabulation, and showed a dysphoric mood. On MMSE she scored 14/30, the clock-drawing test revealed visuospatial deficits. On MRI, the right occipital lobe showed an encephalomalacia. The patient was treated with sertraline 50 mg/day and olanzapine 5 mg/day. Her erotomanic delusions improved after 3 months of treatment.

Conclusion De Clerambault's syndrome is a rare and poorly understood disorder with generally a poor response to treatment. Some cases were successfully treated with atypical anti-psychotics. However, further research is needed to explore the course and treatment of this delusion.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1071>

EV0742

Late life depression, postural instability and dyspnea: The He.s.i.o.d. study (Hexameter study in older depressed)M. Belvederi Murri^{1,*}, E. Nerozzi², N. Padula³, C. Tacconi⁴, A. Coni⁵, L. Chiari⁵, B. Assirelli⁶, G. Toni⁷, R. Chattat⁸, T. Ferdinando⁹, F. Neviani¹⁰, A. Cremonini¹¹, M. Amore¹, S. Zanetidou¹¹, K.D. Bertakis¹²¹ Clinica Psichiatrica, Dinogmi, Genoa, Italy² School of Pharmacy, Biotechnology and Sport Science, Bologna, Italy³ Sport Science Professional, Private sector, Bologna, Italy⁴ University of Bologna, Health Sciences and Technologies-Interdepartmental Center for Industrial Research HST-ICIR, Bologna, Italy⁵ University of Bologna, Department of Electronics, Computer Science and Systems, Bologna, Italy⁶ Primary Care Physician, Private practice, Bologna, Italy⁷ Correggio Hospital, Unit of Cardiology, Correggio, Italy⁸ University of Bologna, Department of Psychology, Bologna, Italy⁹ Unit of Sports Medicine, Department of Public Health, Modena, Italy¹⁰ University of Modena and Reggio Emilia, Geriatrics Department, Modena, Italy¹¹ Psychiatric Consultation Service for Primary Care, Department of Mental Health, Bologna, Italy¹² U.C. Davis, Department of Family and Community Medicine, Sacramento, CA, USA

* Corresponding author.

Introduction Late life major depression (LLMD) is usually treated within primary care, but still with unsatisfactory outcomes and significant residual symptoms. Moreover, LLMD increases symptoms of anxiety, dyspnea, fear of falling (FOF), and risk of falls. Evidence from non-depressed patients suggests the efficacy of breathing and postural exercises; in particular, rhythmic breathing during poetry recitation was shown to improve cardio-respiratory synchronization. Thus, the aim of the HESIOD study was to test the efficacy of antidepressants plus breathing and postural exercises to improve patients' anxiety mood, dyspnea, FOF, and postural stability.

Methods Two non-randomised groups were compared: (1) antidepressant drugs plus weekly sessions of breathing/postural exercises based on the rhythmic recitation of hexameter poetry (intervention); (2) antidepressant drugs plus weekly sessions of group reading (comparator). Patients aged 65+, with non-psychotic recurrent LLMD were recruited from a psychiatric consultation-liaison program for primary care. The main outcome measure was remission from depression (MADRS score ≤ 10) at 24 weeks. Secondary outcomes will include accelerometer-based measures of postural stability; patient-rated dyspnea, and FOF.

Results Preliminary data on 34 patients show that patients receiving breathing and postural exercises displayed greater remission rates than those in the reading group (47.1% vs. 11.8%, $P=0.02$). Further analyses will examine the effects on postural stability, dyspnea and FOF.

Conclusions Breathing and postural exercises may exert significant clinical advantage when added to the standard antidepressant drug therapy for LLMD. This study might prompt further research on innovative treatment strategies to improve the outcomes of late life depression in primary care.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1072>

EV0743

The adherence to Mediterranean diet moderates the association between medical multi-morbidity and depressive symptoms in elderly outpatientsF.S. Bersani^{1,*}, R. Vicinanza², E. d'Ottavio², M. Biondi¹, M. Cacciafesta², G. Troisi²¹ Sapienza University of Rome, Department of Neurology and Psychiatry, Roma, Italy² Sapienza University of Rome, Department of Cardiovascular, Respiratory, Nephrologic, Anesthesiologic and Geriatric Sciences, Roma, Italy

* Corresponding author.

Background Depressive symptoms in the elderly are related to the advancing of age, loss of life purpose, medical multi-morbidity, cognitive decline and social-economic problems mounting evidence suggests that lifestyle behaviors and certain dietary patterns may improve mood and overall well-being in older adults. In the present study we investigated (i) the association of adherence to Med-Diet with depressive symptoms and multi-morbidity in a cohort of geriatric medical outpatients and (ii) the role of Med-Diet in mediating the association between depressive symptoms and multi-morbidity.

Methods Morbidity was assessed using the severity index of cumulative illness rating scale for geriatrics (CIRSG-SI). Montreal cognitive assessment (MoCA) and geriatric depression scale (GDS)