sponsive or presented delirium. All participants were assessed by Mini-Mental State Examination/MMSE (cognition) and Camberwell Assessment of Need for the Elderly/CANE (needs). Additionally, cognitive decline was staged as: absent (MMSE = 30), questionable (26–29), mild (21–25), moderate (11–20) and severe ($\leq$ 10).

Results   The study included 175 elderly with a mean age of 80.6 (SD = 10.1) years, of which 58.7% presented cognitive decline. For these, the mean number of unmet needs was greater than for those without (4 vs 3, $P < 0.001$), and they differed significantly in the domains of daytime activities ($P < 0.001$), memory ($P < 0.001$) and psychotic symptoms ($P = 0.005$). A significant negative correlation was found between MMSE and number of unmet needs (rs = −0.369, $P < 0.001$). Considering the severity stages, unmet needs also differed: more needs in early stages in daytime activities (73.3%), and in advanced ones in memory (63.9%) and psychotic symptoms (23%).

Conclusions   Greater cognitive decline was related with more unmet needs, which agree with previous studies. The different nature of needs across severity stages also suggests that interventions should be tailored comprising this specificity and complexity, when effective care is planned.

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

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EW302

Burden of informal carers in northwest Ireland: A pilot study of factors that influence burden

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Introduction   Research has shown that approximately 67% of carers experience extreme mental tiredness, a decrease in their quality of life and a deterioration in their physical health since taking on a care-giving role.

Aims and objectives   This study aims to identify factors that influence carer burden and in doing so, identify the sub-populations of carers who are most susceptible to burden.

Methods   In northwest Ireland, 53 informal carers referred to the Carers Association, Sligo were contacted and met for a face-to-face interview. Measurements used included demographic data, the Neuropsychiatric Inventory, Zarit Burden Interview, Social Network Index and Brown's Locus of Control Scale.

Results   Of the 53 carers, 43 were females and 10 males (age range: 32–81 years, mean age of 64.5 years). Of the corresponding 53 patients, 21 were females and 32 males (age range: 17–92 years, mean age of 72.1 years). Multiple linear regression analysis showed that sex of carer, marital status and the patient's behavioural problems were statistically significant independent factors, which influenced carer burden (p < 0.01). Female sex and greater patient behavioural problems increased susceptibility to burden and being married increased resilience towards burden.

Conclusions   The ability to predict which carers are more susceptible to burden allows physicians to more quickly identify "higher risk" carers, facilitating routine check-ups by physicians and carer support services. Further research should explore why female and unmarried carers are more susceptible to burden and whether it is possible to tailor support services to their individual needs.

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EW303

Attachment representations in a population of elderly subjects

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Introduction   According to attachment theory, attachment relationships have a lasting impact on the functioning of the individual. If this impact has been much studied in children, few studies have been conducted in the elderly.

Objectives   Explore the representations of attachment in a population of elderly subjects.

Methods   The sample consists of 90 consultants over the age of 65. Each participant filled out demographic questionnaire, Relationship Scale Questionnaire (RSQ): questionnaire of 13 items, each item rated from 1 to 5, a lower score attests a more secure attachment and Adult Attachment Questionnaire: a categorical scale of 3 statements. Statement 1 corresponds to secure attachment style, 2 to avoidant attachment style and 3 to anxious-ambivalent attachment style.

Results   The age of participants ranged from 65 to 95 years with an average of 68.14. The sex ratio M:F was 0.8. The RSQ Score ranged from 16 to 56 with an average of 37.27. Of the participants, 72.2% have secure attachment style, 24.4% have an avoidant attachment style and 3.3% have an anxious-ambivalent attachment style. The study of correlations showed strong correlation between the two scales ($P = 0.00$) and the RSQ score was significantly associated with poor satisfaction of married life ($P = 0.025$), presence of psychological trauma in childhood ($P = 0.016$) and a separation experience ($P = 0.029$).

Conclusion   Our study highlights the importance of early childhood experiences that may impact late adult life. These finding are in accordance with attachment theory.

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EW304

A proactive geriatric liaison service to assess and manage medical problems on old age psychiatry wards

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Introduction   Older people with mental ill health are more likely to receive lower quality of healthcare, inappropriate prescriptions and reduced access to services, leading to increased rates of mortality[1,2,3]. The NHS mandate 2015 to 2016 emphasises the need to deliver care, which is joined up and seamless for users of services[4].

Aims and objectives   To identify the common medical comorbidities on the Old Age Psychiatry Wards and to assess the management outcomes.

Methods   We audited all patients referred to the Liaison Geriatrician from 2008 to October 2015 from the Mount Hospital Leeds, which consists of 4 Old Age Psychiatry Wards. Data was collected in October 2015 and included referral date, patients' age and sex, number of referrals, reason for referral and the outcome.