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#### EV0771

### The widowhood effect–mortality and adverse health effects when losing a spouse in old Age

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**Introduction** Losing one's spouse is a major life event which is associated to an increased risk of mental health problems as depression and sleep-disorders. There is also an increased risk of adverse effects on physical health, and even an increased risk of mortality. A phenomena called “the widowhood effect” Though this is well-known clinically, few studies have established the extent of the problem in old age.

**Objectives** This study aims to examine the risk of mortality associated to widowhood in old age, and adverse health effects both regarding physical and mental health.

**Methods** A nationwide register-based case control study. All Danish people aged 65 years and above who became widowed in the period of 2000–2010 are included. A background population sample of 4:1 is matched on age and gender. By using the personal identification number a linkage between registers containing information regarding health service use, pharmacologic use and demographic information is made. Mortality is analysed using Kaplan-Meier estimate and the statistical comparison between the groups is done by Cox-regression. Adverse health effects are assessed by the health care use and pharmacological use, and are compared between the two groups by t-test, linear and logistic regression depending on the variables.

**Results** The study is under conduction, results will be presented.

**Conclusions** Widowhood in old age has been associated to an increased risk of mortality and adverse health effects. This study assesses the outcome of this in a nationwide register-based sample.

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#### EV0772

### Case report of treatment issues in the management of dementia with parkinsonism

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**Background** Parkinsonism as a clinical syndrome needs to be diagnosed multidisciplinary. Cognition problems and behavioural symptoms together with the neurologic symptomatology make the treatment very complicated.

**Aims** To emphasize the importance of effective management strategies that may extend quality of life and independence.

**Methods** This is a case report of 59 year old male with complicated clinical presentation of dementia with parkinsonism last

two years treated with levodopa. Admitted with symptoms of fluctuating cognition, memory problems, visual hallucinations and depression and also generalized rigidity after introduction of atypical antipsychotic. Medical history: epilepsy in the last 15 years, trauma 7 years ago. After admission he was examined clinically and the brain computed tomography (CT) and electroencephalography (EEG) were done.

**Results** We analyzed possible etiologies and differential diagnosis of presented symptoms—extrapyramidal signs, mental confusion with hallucinations which are the three most common clinical features of Parkinson's disease dementia (PDD). CT reveals diffuse cortical atrophy with encephalopathy in the white matter combined with dilatation of lateral ventricles. EEG was with theta disrhythmic activity. After consultation with neurologist the patient was given Carbamazepine for epilepsy and Levodopa/Carbidopa to control parkinsonism. Donepezil was introduced. Two weeks after admission the patient was discharged with given advice to be treated in geriatric clinic.

**Conclusion** After thorough clinical examination with proper diagnostic procedures with imaging modalities we should try cholinesterase inhibitors because they might improve cognition and can be beneficial for reduction of the hallucinations and behaviour disturbances combined with proper management of the surroundings.

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#### EV0773

### The evolution of mania in the elderly: A case study

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**Introduction** Bipolar disorder in elderly patients may present as an evolution of the disease initiated in younger stages or as an entity newly emerging. In addition, mania in the elderly, has characteristics that make it different from the adult. These disorders can be correlated with underlying vascular or degenerative disorders [1].

**Methods** Review of the relevant literature by searching PUBMED, limited to studies of greater scientific hierarchy.

**Results** The existence of changes in the manic phase motivated by the influence of vascular disease, as well as the importance of the changes experienced in therapy at the rate of underlying organic disease described. The useful pharmacotherapeutic approach in this case is discussed.

**Conclusion** The most recent research points in the direction of a more organic for mania late age-related substrate. The diverse etiology requires differential diagnosis for addressing the underlying causes [1]. The clinic does not dim with age, but increases the tendency to develop rapid cycling as age progresses. It is also more frequent occurrence of paranoid and aggressive traits, especially in situations of confrontation, along with increased dysphoria [2]. The therapeutic management by neuroleptics require very careful attention, because of the vulnerability of this group to develop adverse effects. Mood stabilizers use has been demonstrated as effective as in young [2].