

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.

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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.

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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)

were administrated to evaluate cognitive and depressive symptoms. Adherence to Med-Diet was evaluated using the Med-Diet 14-Item questionnaire (MDQ). Pearson correlation was used to test association between variables. The Preacher and Hayes' strategy was used to test the mediational model.

Results One hundred and forty-three subjects were included in the study. Significant inverse correlations of MDQ with GDS ($r = -0.317$; $P < 0.001$) and CIRSG-SI ($r = -0.247$; $P = 0.003$) were found, with and without adjustment for potential confounders. A direct correlation between CIRSG-SI and GDS was also observed ($r = 0.304$; $P = 0.001$), with this association being moderated by MDQ ($b = 0.386$; $P = 0.047$).

Conclusion These findings (i) add to the accumulating evidence that Med-Diet is crucially involved in the regulation of physical and mental health of elderly people, and (ii) suggest that a Mediterranean-style diet may contribute to protect elderly subjects with higher levels of poly pathology/multi-morbidity from the development of depressive symptoms.

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

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EV0744

Diagnostic accuracy of the overlapping infinity loops, wire cube, clock drawing tests and their combined score for cognitive impairment in mild cognitive impairment and dementia

T. Charernboon

Faculty of Medicine, Thammasat university, Department of Psychiatry, Pathumthani, Thailand

Objectives To investigate the diagnostic accuracy of the overlapping infinity loops, wire cube, clock drawing tests (CDT) and the combined score in the detection of mild cognitive impairment (MCI) and dementia.

Methods The participants were 60 normal controls (NC), 35 patients with MCI, and 47 patients with dementia. For the overlapping infinity loops and wire cube tests, the participants were told to copy the figures from the examples. For the CDT, the participants were asked to draw a clock face with numbers on it with the hands at ten past five.

Results The results illustrate that infinity loops, cube, or CDT alone, or combined score, were not able to discriminate between NC and MCI groups. In dementia detection, the CDT had the highest diagnostic accuracy (sensitivity 76.6% and specificity 87.4%) followed by infinity loops (sensitivity 83.7% and specificity 78.9%) and cube (sensitivity 93.6% and specificity 46.3%). Additionally, when the three tests were combined, better diagnostic accuracy was demonstrated with a sensitivity of 87.2% and specificity 86.3%.

Conclusion This study demonstrates that the three drawing tests are sensitive detectors of dementia but not MCI. The combination of these three drawing tests is a brief tool of good diagnostic accuracy for dementia screening.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0745

Anxiety for body symmetry and sexual performance in old and young patients, case series presentation

I. Christodoulou*, A. Kapsimalis, G. Dounias, N. Peitsidis, C. Lahana, D. Gonezou

G. Papanikolaou General Hospital, Thessaloniki, Greece, B'surgical Department, Thessaloniki, Greece

* Corresponding author.

Introduction It is not rare, old patients asking for better aesthetic results on multi-operated bodies causing anxiety and inconvenience. Objectives of our study is to present the emotional confrontation of patients towards surgery.

Methods We present 4 cases of interest.

Results A 75-year-old woman with abdominal asymmetry due to lose abdominal walls and prior operations underwent a failed operation because of her own persistence and finally was convinced to stop asking new surgery when she was told that her abdomen would never become symmetrical. A 79-year-old man, keen on parachuting, was interested to improve his sexual performance and tighten his loose skin with a re-operation on his well done hernia operation. A married man of 50-years-old with a temporary colostomy due to ruptured sigmoid colon suffering from acute diverticulitis, two months later was not at all interested in any kind of aesthetic improvement or his sexual life, and his only care was his nutrition and the avoidance of infections. A divorced man of 49-years-old, with a permanent colostomy, due to familial adenomatous polyposis and cancer occurrence on the site of his old operation (prior total colectomy in 1995), not even one time referred to sexual functioning or aesthetic problems, while his constant problem was to take care of his colostomy by himself.

Conclusions Old age does not mean loss of interest for body icon and sexuality. On the other hand middle-aged men seem to be more practical and less emotional than old patients.

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

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EV0746

“The old lady and the dead bird” – A case of very-late-onset schizophrenia-like psychosis

V. Coveló*, M. Marinho, A.S. Machado, J. Rebelo, R. Moreira São João Hospital Centre, Clinic of Psychiatry and Mental Health, Porto, Portugal

* Corresponding author.

Introduction In 1943, Bleuler defined “late-onset schizophrenia” as a form of schizophrenia with onset after the age of 40. Half a century had passed with no consensus on the late psychosis' terminology, when in 1998 the international late-onset schizophrenia group Consensus proposed a nosology for these disorders: late-onset schizophrenia and very-late-onset schizophrenia-like psychosis.

Objectives Presentation of a case and diagnostic discussion.

Methods Interviews with the patient during his hospitalisation.

Results We present a case of a 73-year-old single woman, with no psychiatric history, who was driven to the emergency department by her relatives when they noticed her bizarre behaviour: she had drowned and strangled her pet bird. At examination she was agitated, had persecutory delusions, thought broadcasting, cenesthetic and auditory hallucinations in the form of a masculine voice, who sang and dialogued with her. Symptoms had evolved during the past six months with no apparent functional impairment. During hospitalisation she was treated with risperidone (up to 5 mg/day) with improvement in a few days. There were no significant abnormalities on cerebral tomography and analytical exams. Neuropsychological evaluation ruled out cognitive deficits. At the time of discharge although the patient kept referring auditory hallucinatory activity, she had an appropriate behaviour, and no evidence of negative symptoms.

Conclusions The small group of patients who meet schizophrenia's criteria for the first time at a later age present some particular