

**Methods** Thirty-four patients with late-onset depression were included after they had reached remission. They were compared to twenty-four age-, gender- and education-matched healthy controls. Each participant completed a single item computer version of the Stroop task using verbal response mode. EEG and RT were simultaneously recorded.

**Results** Revealed abnormal late positive Stroop-related potentials in the period of about 500–600 ms period corresponding to the latency of the so-called P300b wave.

**Conclusion** Study supports the view that patients with late onset depression are also cognitively impaired and that this impairment persists in the period of early remission. Using more sensitive ERP measurement of the Stroop task, we demonstrated impaired information processing at an earlier, pre-response related stage.

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

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### EW309

#### **Cognitive screening in the acute hospital: Preliminary findings from a cognitive screening program in a university-affiliated, tertiary-referral hospital with 6-month interval outcomes**

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**Introduction** Cognitive impairment impacts on patient outcomes [1] but is under-recognised in acute hospitals [2]. Data on rates and degree of impairment among hospital inpatients remain sparse. This information is vital for strategic planning of health services as the European population ages.

**Objectives** To examine the rates and degree of cognitive impairment among patients aged 65 and older who were admitted to an acute general hospital and to assess its impact on patient outcomes.

**Methods** All patients aged over 65 who were admitted over a 2-week period were invited to participate. Those who met the inclusion criteria were screened for delirium then underwent a cognitive screening battery. Normative values for age and level of education were obtained from the TILDA study [3]. Demographic and outcome data were obtained from medical records.

**Results** One hundred and forty-eight patients underwent cognitive screening. Thirty-nine over 148 (26%) met the DSM-IV criteria for dementia of whom only 16 (41%) had a previously-documented impairment. Thirty over 148 (20%) had evidence of cognitive impairment that did not meet criteria for dementia, only 3 (10%) of whom were previously documented. Seventy-three over 148 (49%) were normal. Six over 148 (4%) were not classifiable. The impact of cognitive status on length of hospital stay, number of readmissions in 6 months and discharge destination was investigated. Impact on length of stay was significant ( $P=0.017$ ) but significance was not achieved against number of readmissions or discharge destination.

**Conclusions** Cognitive impairment is pervasive and under-recognised in the acute hospital and impacts on length of hospital stay. Longer interval analysis is necessary to investigate further implications.

References 1–3 available upon request.

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

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### EW311

#### **Dementia in acutely-ill medical elderly patients**

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**Introduction** Dementia is one of the leading causes of disability and burden in Western countries. In Portugal, there is a lack of data regarding dementia prevalence in hospitalized elderly patients and factors associated with in-hospital adverse outcomes of these patients.

**Objectives** Determine dementia prevalence in acutely-ill medical hospitalized elderly patients and its impact in health outcomes.

**Methods** All male patients (>65 years) admitted to a medical ward (>48 h) between 1.03.2015 to 31.08.2015 were included in the study. Patients were excluded if unable to be assessed due to sensorial deficits, communication problems or severity of the acute medical condition. Baseline evaluation included socio-demographic variables, RASS, NPI, Barthel Index and Confusion Assessment Method.

**Results** The final sample consisted of 270 male subjects with a mean age of 80.9 years, 116 (43%) having prior dementia. Dementia patients were significantly older (83.5 vs 78.9;  $P<0.001$ ) and had lower values of Barthel Index (dementia: 34.8 vs non-dementia: 85.8;  $P<0.001$ ). Mortality rate (9.3%) and length of hospitalization (11.2 days) were similar between groups (12.1 vs 7.1;  $P=0.204$  and 11.9 vs 10.6;  $P=0.218$ , respectively). Patients with dementia had higher rates of all neuropsychiatric symptoms except depression, anxiety and mood elation. The level of consciousness (measured by RASS) was impaired in 50% of patients with dementia, which was significantly higher than in non-demented subjects (12.3%;  $P<0.001$ ). Delirium rates were 29.5% in dementia compared with 7.1% in controls ( $P<0.001$ ).

**Conclusions** There is a high prevalence of dementia and an appreciable rate of delirium among these patients.

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

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### EW312

#### **Depression and mild cognitive impairment – Comorbidity and/or continuum?**

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**Introduction** Depression and mild cognitive impairment are common among the elderly. Half the patients with late-life depression also present some degree of cognitive decline, making the distinction between these conditions difficult.

**Objectives** To conduct a database review in order to understand the relationship between these entities, and treatment approaches.

**Aims** To create and implement clinical guidelines at our institution, to evaluate and treat elderly patients presenting with depression and mild cognitive impairment.

**Methods** A PubMed database search using as keywords “late life depression”, “depression”, “cognitive impairment”, “mild cognitive impairment” and “dementia” between the year 2008 and 2015.