

Health care should be improved to provide better response to this type of patients.

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EW0205

Effects of smartphone-based memory training for older adults with subjective memory complaints

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Introduction Brain health has garnered increasing attention as a requisite condition for healthy aging. The rapid growth in mobile health and increasing smartphone ownership among older adults has paved the way for smartphones to be utilized as effective tools for improving mental fitness.

Objectives There are few studies that have explored the efficacy of smartphone-based cognitive training. The present study examined the memory-enhancing effects of smartphone-based memory training for older adults.

Aims We explored whether newly developed application “Smartphone-based brain Anti-aging and memory Reinforcement Training (SMART)” improved memory performance in older adults with subjective memory complaints.

Methods A total of 53 adults (mean age: 59.3 years) were randomised into either one of two smartphone-based intervention groups (SMART vs. Fit Brains[®]) or a wait-list group. Participants in the intervention groups underwent 15–20 minutes of training per day, five days per week for 8 weeks. We used objective cognitive measures to evaluate changes with respect to four domains: attention, memory, working memory (WM), and executive function (inhibition, fluency, etc.). In addition, we included self-report questionnaires to assess levels of subjective memory complaints.

Results The performance on WM test increased significantly in the SMART group ($t[17]=6.27, P<0.0001$) but not in the control groups. Self-reports of memory contentment, however, increased in the Fit Brains[®] group only ($t[18]=2.12, P=0.048$).

Conclusions Use of an 8-week smartphone-based memory training program may improve working memory function in older adults. However, objective improvement in performance does not necessarily lead to decreased subjective memory complaints.

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EW0206

Drug–drug interactions between antibiotics and psychopharmaceuticals in Slovenian nursing homes: A retrospective observational cohort study from a national perspective

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Background Drug–drug interactions (DDIs) between antibiotics and psychopharmaceuticals in large national data have not been described yet.

Objectives In most European countries, there is no national data on DDIs in patients within nursing homes.

Aim To present the most important DDIs in the Slovenian nursing homes to avoid serious DDIs in the future.

Methods A retrospective study was carried in 2015 and with 233 patient on antibiotic treatment. All study data from the patients' records were obtained from the patients' charts. DDIs were determined by different interaction classes with Lexicomp Online[™] 19.0 version and only X (major interactions) and D (minor interactions) were included.

Results A total of 233 patients (age = 83.5, SD = 9.8) were treated with antibiotics (only 2 without psychopharmaceuticals). The number of patients with at least 1 interaction was: 72 (30.9%) for X and 172 (73.8%) for D and the average number of medication/patient was 10.9 (SD = 3.9). Twenty-seven patients (11.5%) were treated with at least 1 X DDIs (17 patients ciprofloxacin, 6 moxifloxacin, 3 azithromycin and 1 levofloxacin). Quetiapine and ciprofloxacin was most frequent DDIs occurred in 12 patients. Twenty-seven DDIs were pharmacodynamic (QTc prolongation) and 3 pharmacokinetic (ciprofloxacin-tizanidine, ciprofloxacin and duloxetine in 2 patients; $n=3$). Quetiapine was most frequent prescribed psychopharmaceutical in X DDIs.

Conclusions DDIs between these two groups are seen very often. If an antidepressant should be used in these patients, we recommend sertraline instead of escitalopram and venlafaxine instead of duloxetine and mirtazapine instead of quetiapine. We also recommend a use of penicilins instead of ciprofloxacin and azithromycin.

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EW0207

Efficacy of rivastigmine on loss of appetite in patients with Alzheimer's disease

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Introduction It has been said that nearly 30% of the patients with Alzheimer' disease (AD) manifest loss of appetite, which might increase cognitive impairments and the incidence of neuropsychiatric symptoms, and malnutrition. As a result, a vicious cycle decreases functionality and quality of life in patients with AD. Cholinesterase inhibitors (ChEIs) is the first-line drugs in the treatment of AD. On the one hand, appetite or weight loss can be seen due to gastrointestinal side effects in the treatment of ChEIs. On the other hand, there are some reports in clinical-settings that patients with AD treated with rivastigmine transdermal patch showed the improvement of appetite loss.

Objectives To evaluate the efficacy of rivastigmine transdermal patch in AD patients with poor appetite.

Methods In this 16-weeks, multicenter prospective study, patients with mild to moderate AD, who manifest loss of appetite and began to receive rivastigmine transdermal patch therapy, were enrolled. The amount of food, total time-eating, body weight, Mini Mental State Examination (MMSE) and Neuropsychiatric Inventory (NPI) were evaluated.