

Among reasons leading to early identification, memory complaints (76.4%) was the most mentioned by GPs surveyed. the Mini Mental State was the most used (34.5%) by general practitioners. Twenty-nine point one percent (29.1%) of physicians conducted a comparative assessment 6 to 12 months later if the initial evaluation was normal and 83.6% send the patient to a specialist in case of a detected disorder. For GPs, in 58.2% of the cases, the major impediment is the lack of time, in 32.7% of the cases it is patient's and family's denial and in 23.6% of the cases it is the absence of effective medical treatment. A cross analysis shows that GPs who have had further training in geriatrics have a better approach.

Conclusion Our study shows a lack in the early identification of cognitive impairment in the elderly by GPs. Develop simple cognitive tests, reinforce training of doctors and promote research to develop new drugs would improve early diagnosis and management of dementia.

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

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EV0780

Cardiac issues raised by an examination of the antipsychotic prescribing practices in the elderly of St. James's hospital (SJH), Dublin

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Background Antipsychotic medication use may be associated with prolongation of the QTc interval, increasing the risk of potentially fatal arrhythmias [1]. This is particularly pertinent in the elderly due to comorbid cardiovascular disease and polypharmacy. Attention to the ECG and co-prescribed medications is essential to minimise cardiac risk when prescribing antipsychotics.

Methods On 23rd February 2016 all inpatients aged over 65 who were prescribed antipsychotic medications were identified as part of a hospital-wide survey. Data was collected from medical and electronic patient notes and medication kardexes.

Results Complete data was obtained for 36 patients aged over 65 who were newly-prescribed an antipsychotic or had their antipsychotic changed. Of these, 39% (n = 13) had a cardiac history. One quarter did not have an ECG in the 12 months preceding antipsychotic initiation. Of the 28 patients with an ECG, 57% (n = 16) had a QTc > 450ms before starting antipsychotic treatment. Only 11% (n = 4) had an ECG within 24 hours of starting the antipsychotic. The average change of the QTc interval in those with a repeat ECG was 30msecs. 42% (n = 15) were co-prescribed another QTc-prolonging medication.

Conclusion Current monitoring of QTc interval in an elderly population newly prescribed antipsychotic medications is inadequate and a cause for significant safety concerns. Education and clear guidance is warranted to improve safety and minimise risk in this population.

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

Reference

[1] Alvarez PA, Pahissa J. QT alterations in psychopharmacology: Proven candidates and suspects. *Current Drug Safety* 2010;5(1):97–104.

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EV0781

Acute catatonic syndrome associated with hyponatraemia

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Introduction A 71 year old gentleman presented with two discrete episodes of delirium with prominent psychotic features and catatonia, over a 3-year period. Symptomatically, he was suffering from fluctuating consciousness, paranoid ideation and both auditory and visual hallucinations. He went on to develop catatonia, demonstrating negativism and mutism and he also exhibited pseudo-seizures. His symptoms resolved entirely after three weeks. He re-presented 3 years later with profound psychosis and hyponatraemia. On this occasion, he exhibited catalepsy, negativism, echolalia and mutism, which resolved when his sodium was corrected.

Objectives/aims To illustrate 2 episodes of acute catatonia temporally associated with hyponatraemia in an otherwise healthy elderly gentleman.

Methods This is a case study. Consent was sought from the patient to write up his case and distribute it for educational purposes. His medical inpatient notes, psychiatric inpatient notes, correspondence and bloods pertaining to both admissions were reviewed and analysed. A literature review was carried out using Pubmed.

Results Low sodium levels were a common factor in his presentations and normal sodium levels were associated with a return to normal consciousness.

Conclusions While medical issues confounded his first presentation of hyponatraemia associated catatonia, his second presentation was directly related to hyponatraemia. Given the coincidence of hyponatraemia during his first admission, it would strongly suggest that low sodium levels were an important factor in this gentleman's presentation. Importantly, this is the first case in the literature to demonstrate catatonia related to hyponatraemia on two separate occasions in the same individual.

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Psychological and physical problems in elderly people with problems of falls

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Introduction Falls of the elderly to a degree been associated with poor mental health, poor social support and poor physical health.

Objectives To investigate the falls of elderly people in relation to their mental and physical healthy.

Aims To compare the effects of falls in the elderly in the areas of mental and physical health.

Methods The current study used purposive sampling compromised from 48 people that visited the emergency department at the Patras University Hospital in 2016. The inclusion criterion for participation was age (> 65 years). Data was collected using WHO's questionnaire, the WHOQUOL-BREF. Finally, data was analyzed using the test t test for independent samples.