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Introduction Twenty percent of people aged over 80 have a serious dementia. Cognition disturbances are present both in depressive disorder and dementia. Vortioxetine is a new antidepressant with a multi-modal mechanism of action, being one of the antidepressants with more procholinergic action.

Aims to know the efficacy of vortioxetine in elder people with cognitive disturbances due to both pathologies: depression and dementia.

Methods It is described the result of using vortioxetine in one elder woman with dementia and affective symptoms with no clinical improvement after using two classical antidepressants.

Results Woman aged 82 without psychiatric history came to our consultation in April 2016. She had been diagnosed with dementia last year by a neurologist and she had started treatment with Donepezil 10 mg/d. Six months after this diagnosis she complained of depressive mood and faster deterioration of her previous cognition disturbances in terms of functionality level and autonomy, so her neurologist prescribed escitalopram until 10 mg/d and mirtazapine until 30 mg/d without clinical improvement. After first exploration, we decided starting treatment with vortioxetine 10 mg/d and withdraw previous antidepressants. Next week she complained of nausea and vomiting so we reduced the dose to 5 mg/d with good tolerance after that moment. Six months later her depressive mood had improved and her family remarked she had a little more autonomy and more desire to do things.

Conclusions Vortioxetine might be an effective and safe option in elder people who have cognitive disturbances due to mood disorder and/or dementia, probably because of its procholinergic action.

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EV0769

The neutrophil and platelet to lymphocyte ratios in people with subjective, mild cognitive impairment and early Alzheimer's disease

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Background In this study we aimed to explore the role of inflammation in subjects with mild Alzheimer dementia (AD), mild cognitive impairment (MCI) and subjective cognitive decline (SCD) via new potential inflammation markers of Neutrophil-lymphocyte ratio (NLR) and Platelet-lymphocyte ratio (PLR). NLR and PLR are useful and cost-effective biomarkers, showing peripheral systemic inflammation, were previously shown in neuropsychiatric disorders [1].

Methods In screening phase the patients were assessed with mini-mental state examination, clinical dementia rating scale (CDR), geriatric depression scale (GDS) and Hachinski Ischemic Scale (HIS) after unstructured psychiatric interview according to

diagnostic and statistical manual of mental disorder, Text Revised (DSM-IV, TR). Spectrum of cognitive decline includes 31 patients with mild Alzheimer's disease, 30 subjects with mild cognitive impairment, 31 individuals with subjective cognitive decline. Thirty-one healthy controls enrolled to the study.

Results NLR value of patients with AD was 2.38 ± 0.81 , subjects with MCI was 2.48 ± 1.19 , SCD group was 2.24 ± 1.11 and control group was 1.85 ± 0.80 . NLR was significantly higher in AD and MCI groups when compared with control group ($P=0.006$, $P=0.03$, respectively). Platelet-lymphocyte ratio was not correlated with cognitive impairment. Neutrophil counts were indifferent when comparing either of groups. Lymphocyte levels were significantly lower in each of cognitive decline groups when compared to healthy controls.

Conclusion The present findings suggest that systemic inflammation may have a role in developing Alzheimer's Disease.

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

Reference

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EV0770

Association between the use of benzodiazepines and the occurrence of acute angle-closure glaucoma in the elderly: A population-based study

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Introduction Acute angle-closure glaucoma (AACG) is an ophthalmic emergency, accompanied with severe eye pain, headache, and visual changes because of acute intraocular pressure elevation. Among psychotropic drugs, several antidepressants, typical antipsychotics with strong anticholinergic effects, and topiramate have been known to increase a possibility of AACG. Benzodiazepines have been used widely in the treatment of mental and physical illnesses regardless of age or indication. Since benzodiazepines have some anticholinergic properties and affect pupillae muscles, their use could be theoretically a risk factor for AACG. However, it is unclear whether benzodiazepines actually increase the risk of AACG. To our knowledge, there was no population-based study on the risk of benzodiazepines to the occurrence of AACG.

Objectives/aims To know whether benzodiazepines increase the risk of AACG in a geriatric population.

Methods We will perform a case-control study using a geriatric cohort from the National Health Insurance database. Case subjects will be defined as cases diagnosed with AACG confirmed by the claim data of laser iridotomy, which is the definitive treatment of AACG. The controls, which were not diagnosed with AACG, will be matched with case subjects according to similar age, sex, and the scores of the Charlson comorbidity index.

Results The data handling and statistical analyses will be executed in autumn and winter 2016.

Conclusions Any preliminary findings of this study will be presented at the EPA 2017. We will discuss the importance of a pharmaco-epidemiological study in the geriatric research.

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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.

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

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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].