

Introduction The ageing process is characterized by a high level of complexity, due to the co-occurrence of multiple chronic diseases (comorbidity) that often results in the concomitant use of multiple drug therapies (polypharmacy) for treatment and prophylaxis. Institutionalized elderly may be regarded as the paradigm of this complexity because of their multiple chronic diseases and decreased functional and cognitive functions.

Objective To explore and characterize the prevalence of comorbidity and polypharmacy in a sample of institutionalized elderly.

Methods A cross-sectional study was conducted with an elderly sample recruited from three Portuguese nursing homes. Clinical information was obtained through interview and by review of residents' medical records. The Anatomical Therapeutic Chemical/ATC classification was used to indicate the main group of medicines used, and polypharmacy was categorized into minor (2–4 medicines) or major (≥ 5). Comorbidities were coded using the individual body systems of Cumulative Illness Rating Scale for Geriatrics/CIRS-G.

Results The sample included 175 elderly with a mean age of 81 (sd=10) years and institutionalized for an average of 7 (sd=11) years. Residents presented a mean of 9 (sd=4) co-morbid medical conditions, mostly psychiatric (80.8%), vascular (76.7%) and endocrine/metabolic (70.3%). Major polypharmacy was verified for 73.9% of residents. The mean number of medicines was 7 (sd=3), most commonly for cardiovascular (86.0%) and nervous system (79.1%) and for blood and blood-forming organs (69.2%).

Conclusions As in other studies in similar settings, polypharmacy was fairly common. These results convey an important message considering that polypharmacy has been associated with negative clinical outcomes that could otherwise be preventable by reducing the number of prescribed medicines.

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EV736

A case report of a Capgras' syndrome in elderly

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Introduction Capgras syndrome is the most frequent delusional misidentification syndrome (DMS) which was first described in 1923 by Capgras and Reboul-Lachaux as 'L'illusion des sosies'. Consists of believe that close relatives have been replaced by nearly identical impostors. It can occur in the context of psychiatric disorders (schizophrenia, major depression) such organic, in which onset of delirium is usually later coinciding with neurological damage or neurodegenerative disease.

Case report Woman 73-year-old diagnosed of schizophrenia since more than thirty years ago. Her family talk about general impairment of the patient in the last two years. She needed a couple of psychiatric hospitalizations because of her psychiatric disease, and probably onset of cognitive impairment. In this context, we objectified the presence of a Capgras syndrome.

Objectives To review the literature available about Capgras syndrome in elderly and illustrate it with a clinical case.

Methods Review of literature about Capgras syndrome in elderly by searching of articles in the PubMed database of the last five years to illustrate the exposure of a single case report.

Results The etiology of this syndrome is not yet well understood. Advanced age is frequently found Capgras syndrome with or without the concomitant presence of an obvious cognitive impairment.

Conclusions Since it is a complex process an etiological model that combines cognitive and perceptual deficits, organic impairment and psychodynamic factors should be proposed. And it is

important to make a correct differential diagnosis that allows us to carry out the best possible treatment.

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

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Depression in geriatric inpatients: Correlations with nutritional state and cognitive functions

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Background Although the prevalence of malnutrition is relatively low among elderly people, the risk increases significantly among inpatients and even more in those with mental deterioration.

Aims To evaluate the possible association between the severity of depressive symptoms, the nutritional status and the cognitive decline in a sample of geriatric inpatients.

Methods Fifty-one geriatric inpatients completed the following tests:

- Hamilton Depression Rating Scale (HAM-D), to assess the severity of depressive symptoms;
- Mini Nutritional Assessment (MNA), as a nutrition screening and assessment tool;
- Mini Mental State Examination (MMSE), to assess the cognitive impairment.

Results There is a negative proportional relationship between HAM-D and MMSE scores ($P=0.001$) and between HAM-D and MNA scores ($P=0.023$). Depressed patients found to have a greater cognitive impairment and a worse nutritional status. Considering a HAM-D cut-off point of 14, distinguishing mild than moderate depression, it shows a significant correlation with the MNA scores ($P=0.008$). Patients with HAM-D scores ≥ 14 have an average MNA score of 19.8, while patients with HAM-D scores < 14 have an MNA average score of 23.6. Euthymic or mildly depressed patients are not at risk of malnutrition, while those with moderate or severe depression have an increased risk of malnutrition.

Conclusions Our study shows significant correlations between the severity of depressive symptoms and the risk of malnutrition or cognitive impairment. A mild depression state does not seem to be associated with an increased risk of malnutrition.

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

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Neuropsychological and motivational factors of cognitive efficiency in elderly patients with essential arterial hypertension

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Introduction The diagnostics of cognitive disorders (CD) in patients with essential arterial hypertension (EAH) is often necessary for the choice of treatment strategy.

Objective To assess the role of neuropsychological and motivational factors in cognitive efficiency of elderly EAH patients.