

Geriatric psychiatry

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Agreement and equation between Mini Mental State Examination (MMSE) and Montreal Cognitive Assessment (MoCA) in an old age psychiatry outpatient clinic population

D. Adamis^{1,*}, L. Helmi², O. Fitzpatrick¹, D. Meagher³, G. McCarthy²

¹ Sligo Mental Health Services, Psychiatry, Sligo, Ireland

² Sligo Mental Health Services, Sligo Medical Academy, NUI Galway, Psychiatry, Sligo, Ireland

³ Medical School, University of Limerick, Psychiatry, Limerick, Ireland

* Corresponding author.

Introduction Both MMSE and MoCA are two widely used cognitive screening test. Comparison of the two tests has been done in specific populations (Parkinson) but not in general elderly psychiatric populations. In research, equating methodologies has been used to compare results among studies that use different scales, which measure the same construct.

Aims To explore their level of agreement within a particular clinical setting.

Objectives (a) To find MoCA and MMSE agreement. (b) To derive a conversion formula between the two scales and test it in a random population of similar setting.

Methods Prospective study of consecutive community dwelling older patients who attend outpatient clinic or day hospital. Both tests were administered from the same researcher the same day in random order.

Results The total sample ($n=135$) was randomly divided in two. One from where the equating rule derived ($n=70$) and a second ($n=65$) in which the derived conversion was tested. Agreement of the two scales (Pearson's r) was 0.86 ($P<0.001$), and Lin's Concordance Correlation Coefficient (CCC) was 0.57 (95% CI 0.45–0.66). In the second sample, we convert the MoCA scores to MMSE scores according to equating rule from the first sample and after we examined the agreement between the converted MMSE scores and the originals. The Pearson's r was 0.89 ($n=65$, $P<0.001$) and the CCC 0.88 (95% CI 0.82–0.92).

Conclusions Although the two scales overlap considerably, the agreement is modest. The conversion rule derived showed promising accuracy in this population but need further testing in other populations.

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

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Burden of care among relatives of people with dementia attending tertiary care in Oman

M. Al Maqbali*, H. A-Sinawi

Sultan Qaboos University Hospital, Behavioral Medicine, Muscat, Sultanate of Oman

* Corresponding author.

Introduction Providing care to people with dementia is a stressful experience and has been associated with high burden of care. Such issue has been under-researched in Arabic/Islamic parts of the world.

Aims and objectives The aim of this study is to determine the degree of burden of care among caregivers of people with demen-

tia attending the Old-Age clinic, Sultan Qaboos University Hospital, Oman.

Methods Fifty patients with dementia and their primary care caregivers were included in the study. The diagnosis of dementia was based on DSM 5 criteria and the severity was rated according to the Global Deterioration Scale for Assessment of Primary Degenerative Dementia and Clinical Dementia Rating. Level of dependency was measured using the Katz Index of Independence in Activities of Daily Living (ADL) and Lawton Instrumental Activities of Daily Living (IADL) Scale. For the caregivers, burden of care was determined by Zarit Burden Interview (ZBI).

Results The majority of caregivers were adult children (90%) who are supported by other relatives. Overall, 70% of caregivers demonstrated high degree of burden as quantified by ZBI. Factors such as patient's age, duration and severity of dementia, level of dependency and female gender of the caregiver were associated with higher burden.

Conclusion Burden is common among dementia caregivers and several factors interplay to influence the perceived stress. As increased burden was evidenced to be associated with higher incidence of mental disorders, screening and early intervention will impact positively on the caregiver as well as the patient.

Keywords Dementia; Caregiver; Burden; Oman

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First psychiatric hospitalization in patients older than 65 years

J. Ballesteros, A. Uría, P. Rico*

Hospital Universitario de Getafe, Psychiatry, Getafe, Spain

* Corresponding author.

Introduction Medical assistance for elderly people with mental health problems increases at the same time that life expectancy does.

Objectives The aim of this work is to describe several demographic and clinical characteristics of elderly patients admitted for the first time to an acute inpatient psychiatry unit.

Methods Observational, descriptive, and retrospective study from June 2013 to May 2015, where it is analysed patients older than 65 years admitted to the acute psychiatric ward of Hospital de Getafe in that period without psychiatric hospitalization in their personal background.

Results Seventeen patients were included of a total of 428 patients admitted in that period (3.97%). Mean age: 70.7 ± 4.7 . A total of 10 male (58.9%). The average stay in the studied group was 18.5 days, slightly lower than general average stay in that period (19.2 days). No psychiatric background was found in 4 patients. The most common diagnoses was depressive episode (5 patients) followed by manic episode (4 patients) and delusional disorder. Every of them but one, were taking at least one antipsychotic drug at discharge.

Conclusions Elderly patients represent a low percentage of the total of patients admitted to an acute inpatient psychiatry unit. Many of them, despite having long-term ambulatory psychiatric follow-up, require a first psychiatric hospitalization after 65 years, as well as other patients begin their treatment in the mental health services in that hospitalization. It is noteworthy that antipsychotic drugs are used very commonly in those patients.

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