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EV0774

Just hypochondria or something else?

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Introduction In the older adult hypochondria is one of the most common somatoform disorders, and represents a particular challenge for approach, diagnosis and treatment, since in this age group, non-psychiatric medical comorbidity and concomitant presence of other psychiatric disorders very high. It is therefore very complex differentiate hypochondria disease with a real organic cause [1].

Methods Review of the relevant literature on the subject by searching PUBMED, limited to studies of greater scientific hierarchy.

Results Analysis of symptoms present in a hypochondriac patient with comorbid psychiatric disorders and organic pathology, valuing the importance it has in its clinical manifestations and the difficulty of differential diagnosis.

Conclusions In the elderly, the high frequency of somatic disease conditions the need for a deeper physical and mental examination to avoid subjecting patients to unnecessary scrutiny and risky complementary tests [1].

The evolution of hypochondriacs, dragging hypochondria from youth is not good, persisting in his complaint and his need to see a doctor for diagnostic examinations [2]. The therapeutic approach depends on the type of complaint, in which the treatment of the underlying disease as a psychotherapeutic and pharmacological mixed approach may be the right things [2].

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Behavioral and psychological symptoms: A contribution for their understanding based on the unmet needs model

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Introduction Behavioural and psychological symptoms (BPSD) are frequent in dementia and their contribution to poor health outcomes is well recognized. Four major frameworks attempt an explanation their aetiology: biological, behavioural, environmental vulnerability and unmet needs models. The latter states that BPSD are symptoms of needs that are not being met due to patients' decreased ability to communicate/fulfil them. This model also implies that if needs were met, BPSD would improve.

Aims To explore the relation between needs and BPSD, and describe which unmet needs were contributing to BPSD in an elderly sample.

Methods A cross-sectional study was conducted in three Portuguese nursing homes. All residents were considered eligible. However, those unwilling or unable to participate were excluded. For each elderly patient, needs were assessed with camberwell assessment of need for the elderly/cane and BPSD with European Portuguese neuropsychiatric inventory/NPI.

Results The final sample included 166 elderly with an average of 80.9(sd = 10.2) years. Significant correlations between NPI and unmet and global needs were found ($r_s = 0.181, P = 0.020$; $r_s = 0.254, P = 0.001$, respectively). Additionally, the unmet needs of daytime activities ($P = 0.019$), company ($P = 0.028$) and behaviour ($P = 0.001$), presented significant correlations with NPI.

Conclusion In this sample, a high number of unmet needs were found. The absence of daytime activities, company and behaviour contributed to the identified BPSD, which is in line with other studies also highlighting the importance of these needs in nursing homes. This not only provides a framework for understanding BPSD, but also points to the identification of unmet needs as pivotal in prevention and treatment of these symptoms.

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Elderly diabetic patients: Depression and adherence to treatment

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Introduction Demographic changes with the aging of the worldwide population imply an increase in prevalence of chronic diseases, such as diabetes mellitus. Many studies have suggested that depression is higher in diabetic patients, and that this association often contributes to under-recognition of the illness, limiting adequate metabolic control.

Aims To study the association between depression and adherence to treatment in elderly diabetic patients.

Methods A cross-sectional study was conducted with elderly outpatients (≥ 65 years) from the Internal Medicine Department in São João Hospital (CHSJ, Porto). Patients unable to communicate were

excluded. Anxiety and depression were assessed with the Hospital Anxiety and Depression Scale/HADS, and adherence to treatment with a clinical interview and from medical records.

Results The final sample included 78 patients, with an average of 75.3 (sd=6.75) years. They were mostly female (80%), married (66.7%) and with low education level (62.8%). The mean number of comorbidities was 5.76 (sd=1.6) and 98.7% took ≥ 5 drugs. In this sample, 23.1% had cognitive impairment, 16.7% depression and 24.4% anxiety. Patients not adhering to treatment presented a higher depression score, when compared with adherents (median 6vs3), even without statistical significance ($P=0.56$).

Conclusions Diabetic patients not adhering to treatment tend to present more depression, in spite of the lack of statistical significance. These results suggest that depression can limit the adherence to treatment, which is in line with previous studies. In this context, the early diagnosis and treatment of depression seems to be an important target in the management of diabetes, particularly in elderly patients.

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Review of association between delirium and dementia in elderly people

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Delirium is a neuropsychiatric syndrome, characterized by an acute change in mental status with a fluctuating course of symptoms, that affects almost 50% of people aged 65 years or older, admitted to hospital. Delirium is associated with negative outcomes, including increased risk of mortality, cognitive and functional decline. In 50% of the cases, the cause of delirium is multifactorial, resulting from a complex inter-relationship between several predisposing factors (e.g. advanced age, dementia) in highly vulnerable patients that are exposed to precipitating factors (e.g. infections). In this context, cognitive impairment and dementia are important risk factors for delirium, increasing its risk by two to five times, associated with worse outcomes. The underlying brain vulnerability of these patients with dementia may predispose to the development of delirium, as a consequence of insults related to the acute medical disease, medication or environmental factors. On the other hand, delirium may cause permanent neuronal damage, which may lead to the development or worsening of a pre-existing dementia. As a result, delirium and dementia frequently coexist and overlap, challenging differential diagnosis.

The identification of risk factors for delirium, specifically pre-existing cognitive impairment or dementia, in elderly people admitted to hospital is essential to the implementation of preventive strategies that may contribute to the decrease of delirium rates. The present literature review aims to highlight the association between delirium and dementia in elderly people, focusing on diagnosis, pathophysiology, prevention, and management.

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Portuguese version of delirium experience questionnaire (DEQ): Feasibility study

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Introduction Delirium is a frequent and serious acute neuropsychiatric syndrome, namely in elderly hospitalised patients, described as a psychologically traumatic experience by patients, family/caregivers and health professionals (HPs). In this context, the Delirium Experience Questionnaire (DEQ) was developed as a face-valid instrument assessing the delirium experience recall and the degree of distress related to delirium episodes in patients, family/caregivers, and HPs.

Aim To present the translation and cultural adaptation of the Portuguese version of DEQ (DEQ-PT).

Methods The translation process followed ISPOR guidelines. After preparation, forward translation, reconciliation, back translation, back translation review, harmonization and cognitive debriefing (involving experts' consensus), the DEQ-PT was tested (pre-test) in a group of elderly patients with delirium (≥ 65 years) in two Intermediate Care Units (Intensive Care Medicine Service-CHSJ, Porto). Exclusion criteria were: brain injury, blindness/deafness, unable to communicate, and Glasgow Coma Scale ≤ 11 . Their families were also assessed, as well as the HPs (physicians/nurse) in charge of patients during hospitalisation.

Results After obtaining permission to use the instrument, the DEQ was successfully translated into Portuguese, with harmonization of all new translations. Pre-test included a group of 5 patients, 5 families and 5 nurses. This version revealed good cognitive equivalence with the original English version and also a good level of comprehensibility.

Conclusion The DEQ-PT showed good feasibility, being suitable, quick and easy to use in the assessment of delirium experience in intermediate care units. These findings will be further developed by an ongoing validation study.

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Attitudes and practices of general practitioners towards elderly patients with cognitive deficits

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Background Tunisia has experienced a considerable increase in degenerative diseases associated with aging including in particular dementia and Alzheimer's disease.

Objectives To evaluate the diagnostic procedures of cognitive impairments in general medicine and to identify obstacles concerning the early diagnosis of dementia in these patients.

Methods An email questionnaire was sent to a sample of general practitioners (GPs) working in the Sfax region, Tunisia.

Results We received 55 answers. When facing a mnemonic complaint, 20% of GPs perform a screening of cognitive disorders.