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## DIALOGUE AND CHALLENGE AMONG DIFFERENT SPECIALITIES

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Introduction: Thanks to social, technological, and medical advances occurred during the last century, the aging of the population has become a worldwide phenomenon (Kinsella, 2002). The high socio-economic impact of this demographic transition has recently stimulated a growing interest for the aging process (Lunenfeld, 2008) and elderly mental health has been receiving increasing attention (Mental Health in Older People. Consensus, 2008).

Objective: Old age psychiatry, or psychogeriatric, deals with psychiatric conditions that predate the ageing process such as schizophrenia or depression, and with diseases occurring later in life like dementia and other cognitive disorders. To cope with the increased workload due to older people, Psychiatric Services are required to provide multidisciplinary, comprehensive and integrated care.

Aims: To investigate the attitude of Bologna's Psychiatric Services in the care of elderly affected by psychiatric disorders.

Methods: Self-completed questionnaires administered to psychiatrists.

Results: Psychogeriatric is the second main priority of psychiatry for the new millennium. Psychiatrists working in liaison-consultation settings take care of around 20 elderly patients per week. Sedation, insomnia and resistant-depression treatment are the most frequent interventions required to psychiatrists by colleagues of other specialities. Psychiatrists report feelings of un-satisfaction and worries for potential drugs side-effects. They "don't like much" dealing with elderly people especially with patients affected by un-treatable conditions such as dementia (narcissistic wound?).

Conclusion: Accessible and responsive services working in liaison with other medical specialists, geropsychiatric nurses, case manager and social workers might be a good response to the increasing needs of elderly with mental health disorders.