drial disorders deserve consideration as part of the differential diagnosis, especially if there is suspected involvement of other organ groups or positive family history of MD. There is no specific consensus approach for treating MELAS syndrome. Management is largely symptomatic and should involve a multidisciplinary team.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV716

Serine racemase in inhibitory neurons at striatum and it might be involved in schizophrenia's pathophysiology with D1 and D2 receptors

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Introduction There is substantial evidence that hypofunction of the *N*-methyl-D-aspartate receptor (NMDAR) is a core pathophysiological mechanism underlying schizophrenia. D-serine and serine racemase (SR) (NMDAR co-agonist and it's producer) are thought to be involved in schizophrenia's pathophysiology as NMDAR function moderators. Our laboratory showed that excitatory neuron specific SR knock out (SRKO) mice still have just 50% reduction of SR whereas full SRKO mice had no SR. Furthermore D-serine and SR are found in inhibitory neurons not only in excitatory neurons with immunohistochemistry methods. Because NMDAR has excitatory functions, the existence of D-serine and SR in inhibitory neurons and their functions are of interest.
Aims To elucidate the existence and roles of D-serine and SR in inhibitory neurons.
Methods Inhibitory neuron marker, GAD65, specific conditional SRKO (GAD65 SRKO) mice were made by Cre-lox recombination method. The GAD65 SRKO mice were analyzed by HPLC for D-serine concentration, western blotting for SR expression, immunohistochemistry for SR positive cell's character identification and behavioral testing.
Results GAD65 SRKO had about 50% reduction of SR in striatum but no reduction in hippocampus and frontal cortex. D-serine of GAD65 SRKO mice was not different from WT mice. Immunohistochemistry works revealed SR is in medium spiny neuron of striatum and has colocalization with DARRP-32, D1 receptor, and D2 receptor.
Conclusions SR is expressed in inhibitory neurons at least in striatum. It might be involved in schizophrenia's pathophysiology because it colocalizes with D1 and D2 receptors.
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Geriatric psychiatry

EV717

Catatonia and dementia

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Introduction Catatonia, described by Kahlbaum in 1874, is usually seen as a type of schizophrenia, but it can also occur in a wide range of other psychiatric/organic disturbances. There is a documented association between dementia and catatonia, in all phases of cognitive impairment.
Aims Literature review and discussion about Catatonia, regarding a case report.
Methods Clinical interviews and literature review in PUBMED database.
Results (case report) Female patient, 89 years old, without psychiatric history, was diagnosed with dementia 5 months prior to episode. On admission, she presents with prostration, mutism and refusal to eat/drink. Laboratory studies were normal and TC-CE shows signs of an old stroke in left temporo-parietal region and diffuse signs of ischemic leucoencephalopathy. At psychiatric evaluation, she was stuporous, unreactive to pain, mute, not following verbal commands, keeping her eyes closed and resisting attempts to open her eyelids. She had global rigidity, axial and limbs, and maintains the postures the examiner puts her into for long periods. She was already given chlorpromazine, without improvement. Then she takes diazepam 10 mg iv, with remission of the state.
Conclusions Although catatonia usually presents with drama, clinicians often forget to consider it in differential diagnosis, probably because of its traditional association with schizophrenia. A promptly diagnostic is crucial to provide adequate treatment, avoiding drugs that can worsen/perpetuate the clinical state. Some authors even support the idea that motor features associated with end-line dementias may correspond to lorazepam-responsive catatonia, in which treatment may have a tremendous impact worldwide.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV718

Mini-Mental State (MMS) evaluation of dementia in psychiatric patients admitted to a long stay ward

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MMS scores for 41 psychiatric patients were analyzed at admission and regularly throughout their stay.
Results Their average age at admission was 65.7. Thirty-six patients had a diagnosis of chronic psychosis, two with bipolar disorders, one with frontotemporal dementia, two with Korsakoff syndrome.
At admission, 21 (51%) patientsshowed mild cognitive deterioration (score = 18–26), 12 (29%) moderate deterioration (12–17), 6 severe deterioration (0–11), 2 had normal scores (27–30). Over the following years, 28 patients were reassessed:
– 12 (42%) were stable, 7 (25%) had a fluctuating score, 5 (18%) improved;
– 4 (14%) deteriorated over their successive MMS evaluations;
– age, socio-cultural level and psychiatric diagnosis were not associated with change in MMS scores;
– average change between initial and final assessment was +6.0 points for patients with improved score, –7.75 for those showing deterioration;
– 1.28 for those with fluctuating scores, –1.0 for stable patients.
Analysis Unstable psychiatric disorders associated with somatic pathologies influenced MMS scores for all patients, particularly for those with MMS deterioration or fluctuation even if this phenomenon could also be observed to a lesser extent in stable patients. By contrast, patients whose MMS scores improved over

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time were more mentally stable and had no current somatic problems. Multidisciplinary teamwork is important for patients with deteriorating MMS scores.
Conclusion By illustrating the impact of somatic and psychiatric factors on dementia, the present study underlines the value of multidisciplinary professional care, the role of the family and the importance of long-stay wards.
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EV719

Depressive symptoms in older people in Greece and Cyprus

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Introduction Depression is fast becoming a major public health problem with a very high prevalence rate in the 65 and over age group.
Objectives The aim of the present study was to estimate the prevalence of depression in Greeks and Cypriots older adults.
Methods A cross-sectional study was conducted among the 445 participants, 239 members of three day care centers for older people, in the municipality of Patras, West-Greece and 206 older adults (110 in the community, 65 in outpatient clinics, 31 in nursing homes) in Cyprus, aged > 60 years. A questionnaire was administered including socio-demographic characteristics. Depression was assessed using the Greek version of Geriatric Depression Scale (GDS-15).
Results The overall prevalence of depression according to GDS-15 was 33% (28% moderate, 5% severe type). Depressive symptoms were more frequent in women (41,6% vs. 28,3%, $P < 0{,}001$), in not married (43,0% vs. 29,3%, $P < 0{,}001$), in elderly with chronic diseases (36,8% vs. 25,0%, $P = 0{,}007$), in older people dwellers of urban areas compared to rural (36,3% vs. 26,4%, $P = 0{,}028$) and in ages between 70 to 80 years old (38,7% vs. 31,6%, $P = 0{,}038$). Moreover, higher prevalence of depression was measured in Greeks compared to Cypriots (44,3% vs. 20,6%, $P < 0{,}001$). In a univariate analysis, the following variables were significantly associated with depression: female gender ($P < 0{,}001$), co-morbidity ($P = 0{,}004$), higher age group ($P = 0{,}018$), place of living ($P = 0{,}022$) and Greek nationality ($P < 0{,}001$).
Conclusions High prevalence and several risk factors are strongly associated with depression, whereas Greeks are in higher danger of developing depressive symptoms in late life, than Cypriots.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV720

Treatment of Charles Bonnet syndrome with continuous positive airway pressure in an older adult

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Introduction Charles Bonnet syndrome (CBS) is a disorder in older adults, and is characterized by a triad of recurrent vivid visual hallucinations, ocular pathology causing visual impairment due to lesions in central or peripheral visual pathways, and normal cognitive status. It is often misdiagnosed as a psychosis, early dementia or a drug related condition. Hypoxemia was anecdotally reported as a cause of CBS.
Objectives We present an older adult with CBS caused by severe obstructive sleep apnea syndrome.
Aims To report a case study, describing treatment of obstructive sleep apnea syndrome as a cause of CBS.
Methods A case study is presented and discussed.
Results An older male adult was admitted to hospital for persistent vivid visual hallucinations. There was no personal or family history of mental illness. Neurological examination was normal, except for visual impairment due to age related macular degeneration. The remainder of his physical examination was normal. Previous treatment with antipsychotics proved not to be effective. Severe hypoxemia (SaO_2 79%) was diagnosed with overnight pulse oximetry and subsequent polysomnography revealed an obstructive sleep apnea syndrome. After three nights of nasal continuous positive airway pressure, the vivid hallucinations ceased.
Conclusion Physicians need to understand the underlying causes and mechanisms of CBS. One should be aware of the importance of a full clinical examination and sleep apnea research in elderly persons with visual impairment.
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EV721

Management of late-life insomnia

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Introduction Insomnia is the most frequent sleep disorder in late life. Forty-two percent of elderly people in the United States often complain about difficulties to get or maintain sleep, or awakening too early. Insomnia is frequent in old people greatly due to frequency of concomitant medical illnesses and polypharmacy, rather than because of age.
Objectives The objective of our research was to revise the current state of knowledge about management of insomnia in people above 65 years of age.
Methodology For that, a bibliographical search through PubMed.gov has been made. From the obtained results, the 14 which best suited for our goals were selected, 10 of them dealing with people above 65 years and the rest with people above 75 or 80 years of age.
Results Based on the literature reviewed, the current options of management of late-life insomnia are based on behavioral or pharmacological therapy. The combination of behavioral therapies shows results and is currently considered as an option, especially given the possibility of medicine interaction and the secondary effects hypnotic and sedative medicines might produce. There is a paucity of long-term safety and efficacy data for the use of non-benzodiazepine sedative-hypnotics. There are no criteria for the use of antidepressant sedatives in elderly people without diagnosed depression, although they are still used in practice.
Conclusion Possibility of using behavioral therapy as first option. In case of polymedicated or multi-pathological patients, pay special attention when starting a pharmacological treatment, choose the most suitable one and supervise it closely.