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Portuguese ABE's BPSD score (ABS): exploring agreement between ABS items and neuropsychiatric inventory domains

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Introduction: Neuropsychiatric symptoms (NPS) are common, disabling and burdensome core-features of dementia, with important diagnostic and prognostic value. However, their measurement remains challenging. The Neuropsychiatric Inventory (NPI) is the most widely used NPS measure. Nevertheless, it is also time-consuming and impractical in most clinical settings. Therefore, the Abe's BPSD score (ABS) has been proposed as a brief score to facilitate the NPS assessment.

Objectives: To explore the concurrent validity of the Portuguese ABS by comparing the 10 ABS items with the relevant NPI-12 domains.

Methods: A cross-sectional study was conducted with outpatients attending a gerontopsychiatric consultation. Patients were included if they were ≥ 65 years and had a reliable caregiver. NPS frequency rates (number of patients with a symptom) were estimated with ABS and NPI-12, and an agreement analysis was undertaken by calculating kappa-coefficients (k) and the respective 95% confidence interval [95%CI] between ABS items and relevant NPI-12 domains.

Results: Overall, 107 patients were included. Kappa-values ranged from 0.277 to 1.000. Higher agreement was recorded for the ABS items eating/toilet problems ($k=1.000$), day-night reversal ($k=0.976[0.925-1.000]$) and depressive/gloomy mood ($k=0.957[0.899-1.000]$), with the NPI-12 appetite/eating abnormalities, night-time behavioural disturbances and dysphoria domains, respectively. The ABS item violent force recorded the lowest agreement ($k=0.277[0.104-0.45]$) with the NPI-12 agitation/aggression domain.

Conclusions: This exploratory analysis demonstrates good levels of agreement between most ABS items and relevant NPI-12 domains. Data add to the evidence that both measures capture a comparable broad spectrum of psychopathology, supporting the ABS use in clinical routine. Support: FCT(PD/BD/114555/2016), and National Funds through FCT-within CINTESIS, R&D Unit (ref. UIDB/4255/2020).

Keywords: Neuropsychiatric symptoms; dementia; Psychiatric Status Rating Scales; Validation study

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Benzodiazepines prescribing in elderly patients: A study about the prescribing behaviour of tunisian psychiatrists

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Introduction: Prescribing benzodiazepines (BZD) in patients over 65 years old requires special precautions in view of the frequency and the severity of their side effects, especially in this age group.

Objectives: The objectives of our work were to evaluate the modalities of BZDs prescribing in elderly patients in psychiatry and to assess their compliance with international recommendations.

Methods: This is a descriptive cross-sectional study conducted through a Google-forms self-administered questionnaire, intended for psychiatrists and psychiatric residents, over a period of two months, from April 1 to May 31, 2019.

Results: One hundred physicians practicing in psychiatry answered our questionnaire. The response rate was 28%. Special precautions were taken in elderly patients by 96.5% of the participants. In elderly patients, long half-life BZDs were prescribed in 15% of cases. The majority of the participants indicated that the risk of falls (98.1%) and memory impairments (75.2%) were the main risks to which they were particularly vigilant during the prescribing of BZDs in elderly patients. In the elderly, 20% of the participants said they did not take special precautions when stopping BZDs.

Conclusions: The frequency and severity of side effects associated with BZDs in the elderly are the cause of strict prescribing rules in this age group. According to the results of our study and to the literature data, the prescribing practices of these molecules in the elderly remain insufficiently in accordance with the guidelines.

Keywords: Benzodiazepines; Prescribing; psychiatry; elderly

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Psychogeriatrics and case-mix in residential and home services

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Introduction: The frail elderly with multimorbidity and polytherapy may need both residential and home services. The psychogeriatric patient can make both of these contexts very demanding and painful, so that the care burden increases. Psycho-behavioral events lead to an unexpected and particularly complex workload, requiring specific and integrated skills in the fields of health, social assistance and education.

Objectives: Evaluate whether the integrated team, operating in the health district, is able to intercept multimorbidity in the presence of psychogeriatric disorders. A possible index of the ability to take charge of psychogeriatric multimorbidity is to measure admission rates to acute psychiatric services or to nursing homes.