– the average score of FAS was about 52.4% with an important emotional charge (score >60).
– twenty-five caregivers wished the death of the patient and 42 others admitted being sarcastic with him.
– We noticed a correlation between mistreatment and both cognitive function and behavioural disorders.
Conclusion Our results support the fact that mistreatment of people with dementia is closely related with the exhausting situation of the main caregiver.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0756

Depression in the elderly with chronic medical illness

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Background There is a bi-directional relationship between depression and chronic medical disorders.
Aims The objectives of our study were to measure the prevalence of depression in the elderly with chronic medical illness in primary care and to determine the socio-demographic and clinical factors related to depression.
Methods We conducted a descriptive and analytical cross-sectional study of patients aged over 65, followed at the outpatient chronic diseases in Oudhref's district hospital (south of Tunisia) during the month of September 2014. We used two instruments: the activity of daily living (ADL) to determine the degree of autonomy and the geriatric depression scale (GDS) validated in Tunisia.
Results At the end of our investigation, 100 chronic disease patients met inclusion criteria. The average age of our population was 75 years. Prevalence of depression was 48%. The most frequent chronic pathology was hypertension (79%), followed by diabetes (70%). In analytical study, we noted no correlation between depression and socio-demographic variables such as age, sex and marital status. Regarding clinical variables, depression was significantly more frequent in patients with sensory impairments (82% vs 18%, $P = 0.017$), dependent (80% vs 20%, $P = 0.002$). Regarding chronic disease, depression was significantly more frequent in patients with respiratory disease (80% vs 20%, $P = 0.033$), a higher number of co-morbidities ($P = 0.005$), who were hospitalised at least once ($P = 0.015$).
Conclusion Depression is common in elderly with a chronic disease. Using screening instruments for major depression by primary care clinicians will help to detect depression.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0757

Correlation between depression and cognitive decline in elderly outpatients: A preliminary study

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Introduction Depressive disorder is common psychiatric morbidity among the elderly outpatients. It is also evident that cognitive disorders, ranging from mild cognitive impairment to severe dementia, are widely prevalent in the elderly coexistence of the above is quite common. Treatment for both conditions is quite challenging, aiming at symptomatic relief and improvement in functional status.
Objectives To investigate the coexistence of depression and cognitive impairment in aged depressive outpatients, 65 years or older. Correlation of cognitive level and depressive symptomatology was measured.
Method We used hamilton depression scale (HAM-D) and MMSE in 35 (mean age 68.2 years) depressed outpatients over 65-year-old. We excluded depressed schizophrenics and bipolar patient.
Results. On a preliminary basis, a correlation between low MMSe and HAM-D ($P < 0.05$) was found. An interesting finding, though not measured primarily, was that low MMSE was accompanied with a low compliance with medication.
Conclusions The mental deterioration that accompanies cognitive impairment is being widely studied and it is real complex. In our ongoing study previous findings are confirmed and can be interpreted both ways, i.e. depression is a risk factor for dementia and also the fact that existing dementia is positively correlated with a low HAM-D.
Compliance to medication is affected, among other variables, by the patients' mental state.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0758

Dementia or mania

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Background In the clinical practice we encounter different clinical situations that require precise differential diagnosis and special treatment. This poster reviews the diagnosis and pharmacotherapy of two cases that points out how likely is to confuse the diagnosis of two apparently different pathologies, as are bipolar disorder and frontotemporal dementia. We study and compare two cases that were hospitalised in the psychiatric ward of Sant Joan's Hospital. Following their treatment and evolution. The first case is a 75-years-old man that presented behavioural changes, hypomania, and insomnia without previous known psychiatric history other than alcoholism. The family explained a history of episodes of mood changes going from depression to mania, compatible with a bipolar diagnosis never diagnosed, and the neuropsychological exam that was performed did not show any cognitive impairment finally receiving a diagnosis of bipolar disorder after the good response to the lithium treatment. In the second case we have a 58-years-old man with behavioural disturbances and mood fluctuation that changes from short periods of hypomania with disinhibition and insomnia to a predominance of hypothymia, apathy and self-care negligence, which received at the beginning a diagnosis of bipolar disorder and that after the proper complementary tests was shown to be a frontotemporal dementia.
Conclusions When facing behavioural and mood changes in advance age in the absence of psychiatric history we should take into account the considerable percentage of patients with a final diagnosis of frontotemporal dementia that received previously a mistaken diagnosis of bipolar disorder and vice versa.
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