

Methods Thirty-four patients with late-onset depression were included after they had reached remission. They were compared to twenty-four age-, gender- and education-matched healthy controls. Each participant completed a single item computer version of the Stroop task using verbal response mode. EEG and RT were simultaneously recorded.

Results Revealed abnormal late positive Stroop-related potentials in the period of about 500–600 ms period corresponding to the latency of the so-called P300b wave.

Conclusion Study supports the view that patients with late onset depression are also cognitively impaired and that this impairment persists in the period of early remission. Using more sensitive ERP measurement of the Stroop task, we demonstrated impaired information processing at an earlier, pre-response related stage.

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EW309

Cognitive screening in the acute hospital: Preliminary findings from a cognitive screening program in a university-affiliated, tertiary-referral hospital with 6-month interval outcomes

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Introduction Cognitive impairment impacts on patient outcomes [1] but is under-recognised in acute hospitals [2]. Data on rates and degree of impairment among hospital inpatients remain sparse. This information is vital for strategic planning of health services as the European population ages.

Objectives To examine the rates and degree of cognitive impairment among patients aged 65 and older who were admitted to an acute general hospital and to assess its impact on patient outcomes.

Methods All patients aged over 65 who were admitted over a 2-week period were invited to participate. Those who met the inclusion criteria were screened for delirium then underwent a cognitive screening battery. Normative values for age and level of education were obtained from the TILDA study [3]. Demographic and outcome data were obtained from medical records.

Results One hundred and forty-eight patients underwent cognitive screening. Thirty-nine over 148 (26%) met the DSM-IV criteria for dementia of whom only 16 (41%) had a previously-documented impairment. Thirty over 148 (20%) had evidence of cognitive impairment that did not meet criteria for dementia, only 3 (10%) of whom were previously documented. Seventy-three over 148 (49%) were normal. Six over 148 (4%) were not classifiable. The impact of cognitive status on length of hospital stay, number of readmissions in 6 months and discharge destination was investigated. Impact on length of stay was significant ($P=0.017$) but significance was not achieved against number of readmissions or discharge destination.

Conclusions Cognitive impairment is pervasive and under-recognised in the acute hospital and impacts on length of hospital stay. Longer interval analysis is necessary to investigate further implications.

References 1–3 available upon request.

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EW311

Dementia in acutely-ill medical elderly patients

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Introduction Dementia is one of the leading causes of disability and burden in Western countries. In Portugal, there is a lack of data regarding dementia prevalence in hospitalized elderly patients and factors associated with in-hospital adverse outcomes of these patients.

Objectives Determine dementia prevalence in acutely-ill medical hospitalized elderly patients and its impact in health outcomes.

Methods All male patients (>65 years) admitted to a medical ward (>48 h) between 1.03.2015 to 31.08.2015 were included in the study. Patients were excluded if unable to be assessed due to sensorial deficits, communication problems or severity of the acute medical condition. Baseline evaluation included socio-demographic variables, RASS, NPI, Barthel Index and Confusion Assessment Method.

Results The final sample consisted of 270 male subjects with a mean age of 80.9 years, 116 (43%) having prior dementia. Dementia patients were significantly older (83.5 vs 78.9; $P<0.001$) and had lower values of Barthel Index (dementia: 34.8 vs non-dementia: 85.8; $P<0.001$). Mortality rate (9.3%) and length of hospitalization (11.2 days) were similar between groups (12.1 vs 7.1; $P=0.204$ and 11.9 vs 10.6; $P=0.218$, respectively). Patients with dementia had higher rates of all neuropsychiatric symptoms except depression, anxiety and mood elation. The level of consciousness (measured by RASS) was impaired in 50% of patients with dementia, which was significantly higher than in non-demented subjects (12.3%; $P<0.001$). Delirium rates were 29.5% in dementia compared with 7.1% in controls ($P<0.001$).

Conclusions There is a high prevalence of dementia and an appreciable rate of delirium among these patients.

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EW312

Depression and mild cognitive impairment – Comorbidity and/or continuum?

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Introduction Depression and mild cognitive impairment are common among the elderly. Half the patients with late-life depression also present some degree of cognitive decline, making the distinction between these conditions difficult.

Objectives To conduct a database review in order to understand the relationship between these entities, and treatment approaches.

Aims To create and implement clinical guidelines at our institution, to evaluate and treat elderly patients presenting with depression and mild cognitive impairment.

Methods A PubMed database search using as keywords “late life depression”, “depression”, “cognitive impairment”, “mild cognitive impairment” and “dementia” between the year 2008 and 2015.

Results Late-life depression and cognitive impairment are frequent among the elderly (10–20%). Depression is also common in the early stages of dementia decreasing as the cognitive decline progresses. The causal relationship between these entities is not well understood and some authors advocate a multifactorial model (genetic risk factors; neuroendocrine changes; vascular risk factors) and the cognitive impairment of said changes is dependent on the individual's cognitive reserve. Regarding treatment of depression in patients with cognitive impairment, most authors advocate a stepped approach with watchful waiting and then, if symptoms persist, the introduction of pharmacotherapy and psychosocial intervention.

Conclusions The relationship between cognitive impairment and depression is still not clear and probably multifactorial. The diagnosis of depressive symptoms in patients with severe cognitive impairment can be difficult and most forms of pharmacological treatment in this population are not beneficial, making it important to carefully evaluate the benefits of introducing new medication.

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EW313

Anosognosia in dementia – Relevance for clinical-practice in a memory clinic

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Introduction Anosognosia is a common symptom in patients with dementia, although data on prevalence vary widely. It is associated with decreased compliance to medical diagnosis and treatment. The rejection of assistance challenges professionals as well as caring relatives.

Objectives Anosognosia increases with progression of disease but is also found in early stages. The underlying mechanisms are not completely understood; past studies described an association with executive dysfunction.

Aims Our study aims to identify the frequency of anosognosia in our memory clinic.

Methods We evaluated disease awareness using the Clinical Insight Rating Scale in 124 patients presenting with diagnosis of Alzheimer's disease in our memory clinic. We correlated the degree of awareness with standardized cognitive, affective, and functional parameters.

Results One hundred and fourteen patients (90.9%) showed decreased awareness, in 51.7% of our sample awareness was seriously impaired or even entirely lacking. In accordance with the literature, anosognosia correlated significantly with the result of the Mini-Mental-Status-Examination as indicator of global cognitive functioning ($r = -0.291$, $P < 0.05$) and with the need for assistance in everyday-life ($r = .364$, $P < 0.05$). We found no correlation with depressive symptoms or age.

Conclusion The phenomenon of anosognosia is frequent in the setting of a memory clinic and has special impact on clinical practice as it is well correlated with executive functioning and global cognition and, thus, is a relevant factor for the initiation of medical care for patients with dementia.

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Guidelines/guidance

EW315

Effectiveness and cost-effectiveness of a cardiovascular risk prediction algorithm for people with severe mental illness

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Introduction Cardiovascular risk prediction tools are important for cardiovascular disease (CVD) prevention, however, which algorithms are appropriate for people with severe mental illness (SMI) is unclear.

Objectives/aims To determine the cost-effectiveness using the net monetary benefit (NMB) approach of two bespoke SMI-specific risk algorithms compared to standard risk algorithms for primary CVD prevention in those with SMI, from an NHS perspective.

Methods A microsimulation model was populated with 1000 individuals with SMI from The Health Improvement Network Database, aged 30–74 years without CVD. Four cardiovascular risk algorithms were assessed; (1) general population lipid, (2) general population BMI, (3) SMI-specific lipid and (4) SMI-specific BMI, compared against no algorithm. At baseline, each cardiovascular risk algorithm was applied and those high-risk (> 10%) were assumed to be prescribed statin therapy, others received usual care. Individuals entered the model in a 'healthy' free of CVD health state and with each year could retain their current health state, have cardiovascular events (non-fatal/fatal) or die from other causes according to transition probabilities.

Results The SMI-specific BMI and general population lipid algorithms had the highest NMB of the four algorithms resulting in 12 additional QALYs and a cost saving of approximately £37,000 (US\$ 58,000) per 1000 patients with SMI over 10 years.

Conclusions The general population lipid and SMI-specific BMI algorithms performed equally well. The ease and acceptability of use of a SMI-specific BMI algorithm (blood tests not required) makes it an attractive algorithm to implement in clinical settings.

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