

Widows/widowers above 65 years of age referred to in- or out-patient treatment at the Department of Psychiatry at Odense or Aarhus University Hospital are included. Narrative interviews are conducted and analysed according to grounded theory. The qualitatively developed theories will then be tested quantitatively through the Lundby Study by comparing widows/widowers above 65 years with age-matched controls, who are still married.

Results In the Lundby Study, 597 persons above 65 years were identified in the latest follow-up: 176 (29.5%) were widow/widowers, 421 (70.5%) were married/cohabitating. Depending on the theories developed a total of 384 possible variables regarding physical health, mental health and general living circumstances are tested. Further results will be presented.

Conclusions The causes of adverse health effects in widowhood are poorly understood. This study will potentially contribute to unravelling these by identifying possible risk factors.

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EW299

Anticholinergic burden in inpatient psychogeriatric population – Do we care?

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Background Although recent studies have found that there is significant association between anticholinergic and cognitive impairment, especially in the elderly population, there seems to be minimal emphasis on anticholinergic burden (ACB) when prescribing medications to the inpatient psychogeriatric population.

Aim To evaluate the prescribing patterns in Older Person Mental Health Inpatient Unit (OPMHU), whether the ACB Score on admission has been reviewed for lowest possible ACB while maintaining therapeutic effects. A protocol will be developed to ensure that ACB is reviewed for future admissions and discharges.

Methodology Fifty patients admitted and discharged from OPMHU are recruited retrospectively from 30th September 2015, excluding outliers and deceased patients. For those who had multiple admissions during that period, only the most recent admission would be included for evaluation. Individual ACB score is calculated on admission and discharge based on pharmacist final medication summary. Their mental health records are also audited for any documented ACB review by the treating team, while making note for any pre-existing cognitive impairment.

Result ACB has not been taken into consideration in all patients by the treating team on admission as well as when prescribing medications on discharge. Hence, it is unsurprising that the ACB score showed an increment of 30% on discharge (3.25) when compared to the admission score (2.5).

Conclusion The study found that although ACB poses significant risks on cognitive impairment, this knowledge has not been employed pragmatically. A protocol should be developed to ensure that ACB is evaluated and managed accordingly.

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EW300

Delirium related distress in family: A non-systematic review

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Introduction Delirium is a common neuropsychiatric syndrome, particularly in elderly hospitalized patients, and is associated with an increase in morbidity and mortality. Although these negative consequences are well documented, only a few studies describe the experience of delirium from the families' perspective.

Aims To analyze studies regarding the experience and distress caused by delirium in the families/caregivers of adult/elderly hospitalized patients.

Methods A non-systematic review of published articles until October 2015 in the database PubMed was carried out. The keyword "Delirium" was combined with: "experience", "distress", "anxiety" and "family", "carer" and "relatives". Inclusion criteria were: standardized diagnosis of delirium, systematic/prospective assessment of distress level. Clinical cases were excluded.

Results Sixteen studies met the inclusion criteria for analysis. In most of them, family members (mostly younger) showed high levels of distress, even higher than health care professionals and patients. Several predictors of family distress were found, including poor functional status, psychomotor agitation, delusions, emotional lability, incoherent speech, inattention and disorientation. Higher distress was associated with long-term consequences (e.g. generalized anxiety). In the qualitative research, family members interpreted delirium as a sign of approaching death, result of pain/discomfort or an effect of medication. In addition, distress was associated with rapid and unexpected changes or unable to recognize the loved ones.

Conclusions Delirium in patients was associated with significant distress in family members. These findings underline the importance of providing information and the development of appropriate supportive and psychoeducational interventions in order to help families throughout this process and reduce the associated distress. This work is supported by FCT (SFRH/BPD/103306/2014).

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EW301

Dementia severity among institutionalized elderly: Are there more unmet needs?

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Introduction The ageing population and the resulting increase in chronic diseases, including dementia, make the evaluation of their emergent needs a crucial step in psychogeriatric care. Unmet needs are found to be important clinical targets that should be followed by active management in order to improve health status and survival.

Objectives To analyze the relation between unmet needs and cognition, and explore the nature of these needs across dementia severity stages.

Methods A cross-sectional study was conducted in three nursing homes. Residents were excluded if they were terminally ill, unre-

sponsive or presented delirium. All participants were assessed by Mini-Mental State Examination/MMSE (cognition) and Camberwell Assessment of Need for the Elderly/CANE (needs). Additionally, cognitive decline was staged as: absent (MMSE = 30), questionable (26–29), mild (21–25), moderate (11–20) and severe (≤ 10).

Results The study included 175 elderly with a mean age of 80.6 (SD = 10.1) years, of which 58.7% presented cognitive decline. For these, the mean number of unmet needs was greater than for those without (4 vs 3, $P < 0.001$), and they differed significantly in the domains of daytime activities ($P < 0.001$), memory ($P < 0.001$) and psychotic symptoms ($P = 0.005$). A significant negative correlation was found between MMSE and number of unmet needs ($r_s = -0.369$, $P < 0.001$). Considering the severity stages, unmet needs also differed: more needs in early stages in daytime activities (73.3%), and in advanced ones in memory (63.9%) and psychotic symptoms (23%).

Conclusions Greater cognitive decline was related with more unmet needs, which agree with previous studies. The different nature of needs across severity stages also suggests that interventions should be tailored comprising this specificity and complexity, when effective care is planned.

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EW302

Burden of informal carers in northwest Ireland: A pilot study of factors that influence burden

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Introduction Research has shown that approximately 67% of carers experience extreme mental tiredness, a decrease in their quality of life and a deterioration in their physical health since taking on a care-giving role.

Aims and objectives This study aims to identify factors that influence carer burden and in doing so, identify the sub-populations of carers who are most susceptible to burden.

Methods In northwest Ireland, 53 informal carers referred to the Carers Association, Sligo were contacted and met for a face-to-face interview. Measurements used included demographic data, the Neuropsychiatric Inventory, Zarit Burden Interview, Social Network Index and Brown's Locus of Control Scale.

Results Of the 53 carers, 43 were females and 10 males (age range: 32–81 years, mean age of 64.5 years). Of the corresponding 53 patients, 21 were females and 32 males (age range: 17–92 years, mean age of 72.1 years). Multiple linear regression analysis showed that sex of carer, marital status and the patient's behavioural problems were statistically significant independent factors, which influenced carer burden ($p < 0.01$). Female sex and greater patient behavioural problems increased susceptibility to burden and being married increased resilience towards burden.

Conclusions The ability to predict which carers are more susceptible to burden allows physicians to more quickly identify "higher risk" carers, facilitating routine check-ups by physicians and carer support services. Further research should explore why female and unmarried carers are more susceptible to burden and whether it is possible to tailor support services to their individual needs.

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EW303

Attachment representations in a population of elderly subjects

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Introduction According to attachment theory, attachment relationships have a lasting impact on the functioning of the individual. If this impact has been much studied in children, few studies have been conducted in the elderly.

Objectives Explore the representations of attachment in a population of elderly subjects.

Methods The sample consists of 90 consultants over the age of 65. Each participant filled out demographic questionnaire, Relationship Scale Questionnaire (RSQ): questionnaire of 13 items, each item rated from 1 to 5, a lower score attests a more secure attachment and Adult Attachment Questionnaire: a categorical scale of 3 statements. Statement 1 corresponds to secure attachment style, 2 to avoidant attachment style and 3 to anxious-ambivalent attachment style.

Results The age of participants ranged from 65 to 95 years with an average of 68.14. The sex ratio M:F was 0.8. The RSQ Score ranged from 16 to 56 with an average of 37.27. Of the participants, 72.2% have secure attachment style, 24.4% have an avoidant attachment style and 3.3% have an anxious-ambivalent attachment style. The study of correlations showed strong correlation between the two scales ($P = 0.00$) and the RSQ score was significantly associated with poor satisfaction of married life ($P = 0.025$), presence of psychological trauma in childhood ($P = 0.016$) and a separation experience ($P = 0.029$).

Conclusion Our study highlights the importance of early childhood experiences that may impact late adult life. These findings are in accordance with attachment theory.

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EW304

A proactive geriatric liaison service to assess and manage medical problems on old age psychiatry wards

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Introduction Older people with mental ill health are more likely to receive lower quality of healthcare, inappropriate prescriptions and reduced access to services, leading to increased rates of mortality^{1,2,3}. The NHS mandate 2015 to 2016 emphasises the need to deliver care, which is joined up and seamless for users of services⁴.

Aims and objectives To identify the common medical comorbidities on the Old Age Psychiatry Wards and to assess the management outcomes.

Methods We audited all patients referred to the Liaison Geriatrician from 2008 to October 2015 from the Mount Hospital Leeds, which consists of 4 Old Age Psychiatry Wards. Data was collected in October 2015 and included referral date, patients' age and sex, number of referrals, reason for referral and the outcome.