

improved over time on aripiprazole, but was transferred to a residential care home setting due to persisting cognitive deficits and social care needs. This case highlights the importance of recognising multimorbidity, joint working and more research required in the area.

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Attitudes toward euthanasia: Contradictory views and ideas of alzheimer patients' relatives

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Introduction Alzheimer's disease (AD) is one of the pressing social problems as the negative effects of the disease often manifest on patients' relatives. Relatives of AD patients experience physical and psychological burden during the care.

Objectives To clarify what kind of views on euthanasia are more common among relatives of patients with AD.

Methods The study involved 23 AD patients' relatives (mean age 60, SD = 2). There were 5 men (22%) and 18 women (78%). All participants were directly involved in caring for their relatives with AD. A 19-item structured questionnaire (E. Nikolaev, 2016) was used for measuring medical, legal, ethical, socio-cultural, spiritual and personal aspects of attitudes to euthanasia.

Results The respondents were less likely to see euthanasia as medical issue. They also referred it to kind of ethical and legal problems. Legal aspects were determined by greater consent to its legalization and by awareness of imperfections of legal basis for its immediate implementation. Ethical issues according to which euthanasia practice was related to the development of humanity complemented this vision. These settings were in conflict with socio-cultural perceptions of euthanasia. Respondents were convinced in possibility of various forms of abuse during euthanasia. Supporting the ideas of euthanasia in general, many respondents on a personal level were not ready to apply them to their relatives with AD in practice.

Conclusions Attitudes to euthanasia in AD patients' relatives was contradictory. It was determined by divergent ideas about euthanasia in field of legal, social, cultural, spiritual and personal issues of this interdisciplinary phenomenon.

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Prescribing tricyclic antidepressants in the elderly

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Introduction Although not recommended as a first-line treatment for old patients with depressive, anxiety or somatic symptom disorders, we continue seeing tricyclic antidepressants being frequently prescribed.

Objectives To estimate the prevalence and to assess the implementation of safety measures related to the prescription of such molecules in the elderly. To explain their choice as a first-line treatment.

Methods We included all new patients aged 65 years or over between 1st January 2011 and 31st December 2015 whom, were

prescribed an antidepressant. Recommendations of the Canadian coalition for seniors' mental health, of the world federation of societies of biological psychiatry and of the national institute for health and care excellence were our evaluation tools. We compared tricyclic receivers to those having newer antidepressants to try to understand the choice of tricyclics as a first-line treatment.

Results Eighty patients were included. Mean age was of 75 years. 46% were prescribed a tricyclic as a first line treatment. Depressive disorders were the most diagnosed ones (79%) followed by anxiety disorders (14%) and somatic symptom disorders (7%). An electrocardiogram was not performed to all patients prior to the initiation of the tricyclic nor at anytime later. 11% continued being prescribed tricyclics in spite of contraindications. Only a low economic level was significantly related to their choice as a first-line treatment ($P=0.001$).

Conclusions Tricyclics' prescribing rate was high. Safety measures were not applied for all patients. Regular availability of newer antidepressants in public health structures and a better awareness of antidepressants prescribing guidelines in the elderly are mandatory.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Study of the sensitivity of the organic psychosyndrome after one year of the disease

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Introduction The delirium of the elderly is defined as an acute confusional state, with variation during the day, characterized by impaired consciousness, orientation, memory, thinking, attention and behavior.

Purpose The purpose of this research is to investigate whether the organic psychosyndrome of the elderly is a valid indicator of mortality after one year.

Material It was used material from patients with organic psychosyndrome older than 60 years, who were hospitalized in pathological clinics of the Hospital of Corfu and was diagnosed by the linker portion of the psychiatric clinic.

Methodology The patients diagnosed with organic psychosyndrome neither suffered from a psychiatric disorder psychotic type in the past, nor previously preceded anaesthesia in the context of physical disease. For the recognition and the criteria of ICD-10 to the exclusion of another psychiatric condition, it was used the delirium rating scale method.

Results According to the analysis of the data, 8% of patients died during hospitalisation, in the first 3 months after diagnosis, the 28% of the initially hospitalised patients, in 6 months the 42%, while during the year the 48% of the initial total patients died and in the next 12 months only one death was reported.

Conclusions The analysis of the survey results shows that while the instrument psychosyndrome could be considered as a poor diagnostic marker for the first 12 months, 48% mortality, in the long run it seems to lose its prognostic value with the mortality approaching the mortality index of the hellenic statistical authority for 2015 at ages 60+ (1.2%).

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