

Results We assessed 339 (142 F, 197 M) patients with a mean age of 77 (range: 56–94). Cardiovascular problems were the biggest group of referrals (in particular oedema, hypotension and rhythm disturbances) (34%) followed by central nervous system problems (11%), respiratory (8%), gastrointestinal (8%) and infection (8%). Some unusual problems were diagnosed including a spontaneous pneumothorax, primary biliary cirrhosis. The most common intervention was advice on treatment or investigation, very few patients needed acute admission and some unnecessary admissions were aborted as a result of the physician's intervention.

Conclusions This audit emphasises the need for a joint coordinated approach between psychiatry and medicine in managing health problems in older people. A dedicated Geriatric Liaison service can improve care, avoid unnecessary acute admissions and is more convenient for patients who would otherwise attend repeated outpatient appointments.

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EW305

Depression, physical illness and mortality in a Spanish community-dwelling elderly people

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Objectives The aim of this study is to investigate the association between depression, physical factors and mortality in elderly people living in the community.

Methods Prospective longitudinal multicenter study for 5 years. Cohort of 293 people aged 65 years and older living in the province of Huesca (Spain). Individual face-to-face interviews and with appropriate caregiver. The following information was collected:

- demographic data;
- psychosocial factors: sex, age, education, marital status, live-in family members, social relationships, life events;
- physical factors: severity of physical illness, comorbidity (Cumulative Illness Rating Scale);
- psychiatric factors: cognitive function (Spanish version of Mini-Mental State Examination), depression (Geriatric Depression Scale), diagnostic criteria according DSM-IV-TR.

Statistical analyses:

- a bivariate analysis;
- a multivariate analysis. Cox regression model (explanatory variables).

Results Two hundred ninety-three participants, simple representative of people aged 65 years old or more in province of Huesca (Spain). Monitored 5 years follow-up study. Sixty-four people died (21.8%), annual mortality rate: 5.3%. Depression: 66 people (22.5%), (32.2% women, 13.3% men). Cognitive impairment: 51 people (17.4%). Bivariate: factors associated ($P < 0.005$) with mortality: functional impairment, living in nursing home, sensorial impairment, polypharmacy, severe physical illness and psychiatric comorbidity: depression (34.8 vs 18.1%), cognitive impairment (49.1 vs 15.8%). Association between some factors and mortality was nullified after multivariate statistical model; the case for depression (Hazard Ratio: 1.1), cognitive impairment (HR: 1.2) or functional impairment (HR: 1.3).

Conclusions Depression and cognitive impairment are associated with mortality in elderly community living people in bivariate analysis, therefore, this association disappears after multivariate

analysis. Severity physical illness seems to nullify the effect of other variables, such as depressive symptomatology.

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EW307

Religiosity and its influence on mental health of late age persons

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Christian anthropology considers personality as a unity of spiritual, emotional and corporal manifestation. Spirituality is defined as highest level of development and self-control of mature personality, ignoring which leads to moral dissonance and spiritual conflict. For the believing person, it is indisputable that belief, church sacraments and practices are capable to facilitate not only corporal, but also spiritual diseases. Clinical and expert analysis of 235 late age patients (> 60 years), who underwent forensic psychiatric examination in criminal and civil cases, helped to identify the influence of religiosity on mental health of late age persons. At late age, appeal to spirituality defines further evolutionary development of the person and favorable forms of aging. It is noted that elderly believers have no expressed cognitive and emotional frustration. When developing mental disorders, they resort to church sacraments and prayers. Thus, a patient with visual hallucinosis noted that during a prayer "visions calmed down, left or started listening". A patient with acoustical hallucinosis ("blasphemous" voices) considered them as manifestation of "dark powers", fought them by appeal to the icon of the Mother of God. A patient with menacing acoustical hallucinations read Psalmbook, dawned on them a cross sign with "consecrated hand" (venerated to Sacred relics) and "locked" them in room corner. Ignoring spirituality, which is observed in psychiatry, is connected with incompatibility of representations based on science and belief; low level of religiousness among psychiatrists; underestimation of religion role in life of patients; lack of special knowledge of this area.

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EW308

Abnormal Stroop-related event related potentials in patients with late onset depression in remission period

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Introduction Depression in late life follows a relapsing course and it has been related to impaired cognitive control. Information processing speed, memory and executive abilities are most frequently impaired.

Objectives Cognitive changes are difficult to confirm during depressive episode, as signs of both disorders largely overlap. Therefore, it makes more sense to assess cognition after a remission has been reached. Electrophysiology may be particularly convenient as a tool in such studies, as it can separate central cognitive processing from the motor processing.

Aims The study of cognition was focused on executive function and speed of information processing. It was measured with Stroop-related event related potentials (ERPs) and reaction times (RTs) in a modified computer version of the Stroop test which is highly sensitive to frontal functions.