

EV744

Collaborative care between clinical pharmacists and general practitioners in patients with Alzheimer's disease in Slovenia



M. Stuhec^{1,*}, A. Premus Marusic²

¹ Ormoz's Psychiatric Hospital, Clinical Pharmacy, Ormoz, Slovenia

² General Hospital Murska Sobota, Clinical Pharmacy, Murska Sobota, Slovenia, Slovenia

* Corresponding author.

Background Alzheimer's disease (AD) patients are often treated with inadequate doses of AD's medications, which can lead to harms and additional costs.

Objective In most European countries, there is no data on inappropriate prescribing (IP) in patients with AD in terms of inadequate doses. In Slovenia, the interest for a collaborative care between clinical pharmacists and physicians is increasing, mainly because of payer's interest to reduce several additional costs.

Aim The main aim of this paper was to present the benefits of clinical pharmacist interventions in AD patients in community health centres in Eastern Slovenia.

Methods All included outpatients with AD in 2013 were included, where clinical pharmacists' interventions were ordered by the general practitioners (GPs). All study data from the patients' records were obtained from the clinical pharmacists' reports and patients' charts. Main outcome measures were obtained from the summary of the patients' treatments and the questionnaires.

Results Six hundred and twenty-nine patients were included. Before the clinical pharmacist medications review, 39 patients were treated with AD medications (10 without established AD). In 51.0% of these cases, the suggestions to GPs were provided (mainly dose adjustment). In 70.0% of all cases, the recommendations were accepted by GPs, which led to a total reduction in the number of patients with IP (before 20 and after 6).

Conclusions A clinical pharmacist could help GPs in recognizing IP in patients with AD. These data will guide health system directors and clinical coordinators in allocating resources to establish this cooperation in more European countries.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1729>

EV745

Weathering the silver tsunami: Dementia community services in Singapore



C.H. Ting*, W.P. Lim

Tan Tock Seng Hospital, Psychological Medicine, Singapore, Singapore

* Corresponding author.

Introduction The prevalence of dementia rises with the rapidly increasing elderly population in developed world. In Singapore, 10% of the elderly population is estimated to have dementia. Other than physical and psychological needs, social welfare should also be addressed with the support of specialised geriatric care sources to improve their quality of life.

Objective To study a case of an elderly with dementia, who was identified and managed through a multi-agency approach and to describe different services involved for dementia care.

Aim To highlight the various elderly care organizations available in Singapore to address healthcare and social needs in dementia.

Method Through a case report of an elderly who presented to hospital for medical issues with dementia, the social needs were identified and multiple agencies were involved to provide holistic care in dementia.

Result A 77-year-old gentleman was brought by a community social worker to hospital as he was found ill during home visit.

During admission, the concern for poor self-care and cognition decline was raised by his family. Mini-mental state examination was 16/30. He was diagnosed with vascular dementia with clinical and MRI Brain finding. With active multidisciplinary intervention, his medical issues were addressed, and family and social needs were attended by several voluntary welfare organizations. Access to memory clinic service was also arranged for. This intervention also provided opportunity for his long-term care and welfare.

Conclusion Multi-agency approach is crucial in dementia care to identify their unmet needs and plan for long-term care in Singapore.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1730>

Intellectual disability

EV749

A case of catatonia, Klebsiella pneumoniae lung infection and intellectual disability: Differential diagnosis



A. Ballesteros^{1,*}, L. Montes², W. Jaimes³, B. Cortés⁴, F. Inchausti⁵, P. Alex⁶, J. Collantes⁷

¹ Red de Salud Mental Gobierno de Navarra, CSM Estella, Estella, Spain

² Red de Salud Mental de Navarra Gobierno de Navarra, Complejo Hospitalario de Navarra, Pamplona, Spain

³ Hospital de Donostia Osakidetza, Psychiatry, Donostia, Spain

⁴ Consulta privada Dr. B. Cortés, Psychiatry, Salamanca, Spain

⁵ Proyecto Hombre de Navarra, Comunidad Terapéutica Proyecto Hombre de Estella, Estella, Spain

⁶ Greater Manchester West Mental Health NHS Foundation Trust, Psychiatry, Manchester, United Kingdom

⁷ Consulta privada de psicología, Psicología, Madrid, Spain

* Corresponding author.

Introduction In DSM-V, catatonia is individualized as a disease of its own. The priority is to look first for organic causes like intoxication. We present a clinical case diagnosed with intellectual disability (ID) and catatonia.

Objective To study a case of catatonia which underwent testing using Bush-Francis Catatonia rating scale (BFCRS) prior/after clinical intervention. We therefore study catatonia's etiology in ID population.

Aims To study the etiology of catatonia (and its clinical complications) in ID.

Method Our patient is 48-year-old female with DI. Considering her clinical features of catatonia (using BFCRS) and clinical examination (fever and hypoxia), the case orientated towards a secondary diagnosis. Work-up tests revealed pneumonia in the lower lobe of the right lung (chest radiography showed opacities and blood tests showed Leukocytosis with a left shift). The case further received a course oral levofloxacin (500 mg/day) and haloperidol was stopped. Valproic acid was also added to a dose of 600 mg/day, which led to clinical improvement. Remaining psychotropic treatment (duloxetine 60 mg/day, lorazepam 15 mg/day, diazepam 35 mg/day) was not modified.

Results After 1 month, the patient improved according to BFCRS score.

Conclusions We presented a case of presence of catatonia in other psychiatric conditions and undiagnosed general medical conditions. Haloperidol is contraindicated those circumstances and it may have worsened her clinical state (it should be used cautiously in DI). Other medications (gabaergic drugs) should be considered