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OP-073

Psychotropic drug use among nursing home residents in Austria: a cross-sectional study

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Objectives: The use of psychotropic drugs and their adverse effects in frail elderly has been debated extensively. However, recent data from European studies show that these drugs are still frequently prescribed in nursing home residents. In Austria, prevalence data are lacking. We aimed to determine the prevalence of psychotropic drug prescription in Austrian nursing homes and to explore characteristics associated with their prescription.

Methods: Cross-sectional study and association analysis in forty-eight out of 50 nursing homes with 1844 out of a total of 2005 residents in a defined urban-rural region in Austria. Prescribed medication was retrieved from residents' charts. Psychotropic drugs were coded according to the ATC 2005. Cluster-adjusted multiple logistic regression analysis was performed to investigate institutional and residents' characteristics associated with prescription.

Results: Residents' mean age was 81; 73% of residents were female. Mean cluster-adjusted prevalence of residents with at least one psychotropic medication was 74.6% (95% confidence interval, CI, 72.0–77.2). A total of 45.9% (95% CI 42.7–49.1) had at least one prescription of an antipsychotic medication. Two third of all antipsychotic drugs were prescribed for bedtime use only. Anxiolytic medication was prescribed in 22.2% (95% CI 20.0–24.5), hypnotics in 13.3% (95% CI 11.3–15.4), and antidepressants in 36.8% (95% CI 34.1–39.6) of residents. None of the institutional characteristics and only few residents' characteristics were significantly associated with psychotropic drug prescription.

Conclusion: Psychotropic drug prescription frequency is very high in Austrian nursing homes compared to other countries. Interventions should aim at reduction and optimisation of prescriptions.

OP-074

Inability to lead an independent life and depression among geriatric patients in a general practice

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Introduction: With normal ageing there is a decline in function at cellular, tissue and organ level in general. Decline in function may affect activities of daily living (ADL) leading to dependence. Study was carried out to see the relationship between inability to lead an independent life and depression.

Methodology: Descriptive cross sectional study was carried out in a general practice and all the geriatric patients who consulted the general practitioner during a period of 2 months were recruited for the study. Their ability to lead an independent life was determined by assessing ADL using a structured questionnaire. Presence or absence of depression was determined using DSM 4 criteria.

Results: 127 geriatric patients consulted during the study period. Not a single ADL was impaired in 44% of the patients while others had problems with ADLs in the following manner: walking 53%, Bathing 23%, Eating 14%, toileting 7.6%, dressing 4.3%. Three or more activities were impaired in 12% of the study sample. Fifty seven percent of the patients having 3 or more ADL impairment were found to have depression.

Conclusion: Statistically significant relationship was found between inability to lead an independent life and depression. General practitioners should look out for depression when geriatric patients have impairment of ADL and consider ADL when they are found to have depression.

OP-075

Screening for cognitive impairments in primary health care using the 6 item cognitive impairment test: a collaborative study between Italy and Greece

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Aims: To assess the use of the 6 Item Cognitive Impairment Test (6CIT) compared to the Mini Mental State Examination (MMSE) in Italy and Greece as part of the cognitive impairments screening, and to evaluate the possible correlations with the Activities of Daily Living (ADL).

Design and Methods: During the last trimester of 2008, 84 patients in Italy and 128 in Greece, aged 65 years or over, were randomly selected from those accessing Primary Care practices (mean age 78.26 and 76.91 respectively). The MMSE and 6CIT were used to assess participants' cognitive capacity. The ADL was also carried-out.

Results: Compared to MMSE with a 23/24 cutoff, the 6CIT at the 7/8 cutoff presented a sensitivity of 65.22% and a specificity of 61.67% in Italy, versus 85.71% and 54.65% respectively in Greece.

Setting a 9/10 cutoff, resulted in increased specificity (78.33% for Italy, 70.93% for Greece) influencing negatively sensitivity (43.48%, 83.33% respectively). In Greece, 6CIT score was significantly correlated with age ($r = 0.43$) educational level ($r = -0.51$), MMSE score ($r = -0.74$) and ADL score ($r = 0.48$; all $ps < 0.001$). In Italy, 6CIT was correlated less strongly with educational level ($r = -0.26$, $p = 0.019$) and MMSE ($r = -0.50$, $p < 0.001$). Remarkably better ADL scores ($U = 1924.00$, $r = -0.55$, $p < 0.001$) and individual economic levels ($U = 628.50$, $r = -0.77$, $p < 0.001$) were noticed for Italy. A significant relationship between ADL scores and economic levels of all patients was also observed ($r = -0.39$, $p < 0.001$). ADL scores were significantly worse in Greek patients with MMSE < 24 ($U = 499.00$, $r = -0.62$, $p < 0.001$) or 6CIT < 8 ($U = 1333.50$, $r = -0.29$, $p = 0.001$), albeit the smaller effect size of the latter. Italian patients with MMSE < 24 or 6-CIT < 8 did not differ in ADL scores.

Conclusions: Whereas not equivalent to the MMSE, the 6CIT seems to be a notable tool for GPs. Demographic differences and partial correlation with ADL may advocate future studies on focused groups.

OP-076

Comparing depressive mood and sleep disturbances between Greeks and immigrants

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Aims and purpose: To assess the ratio of immigrant women visiting gynecological/maternity clinics and furthermore to examine their sleep quality and depressive mood in comparison with Greek women.

Design and methods: General practitioners interviewed all women visiting a Greek public clinic as outpatients or being inpatients for two constant weeks. Depressive symptoms were evaluated with the Centre for Epidemiologic Studies Depression (CES-D) scale and sleep with the Athens Insomnia Scale (AIS). All participants were asked about their basic demographics, medical history and medication. SPSS was used for statistical analysis.

Results: From a total of 60 women examined with a mean age of 32 years, 53.3% were Greeks and 46.7% immigrants. 53.3% were outpatients and 46.7% inpatients. Moreover, 26.7% were pregnant, 36.7% puerperal and 15% menopause. Mean CES-D and AIS scores were for Greeks 16.61 and 7.84 respectively. For immigrants they were 11.32 and 6.00 respectively. The difference in depressive mood questionnaire scores was statistically important ($p < .05$). In contrast with this finding, immigrants had greater scores when asked if people are friendly with them (CES-D question 15, $p < .05$). Inpatients were more depressed ($p < .05$) and had more disrupted sleep ($p < .05$) than outpatients, as expected.

Conclusions: Almost half of the patients treated in Greek public gynecological/maternity clinics are immigrants. Surprisingly Greek women seem to be more depressed but we explain this finding with the fact that Greek women in our specimen were older (mean age 36, $p < .05$), with a greater percentage of menopause ($p < .05$), greater percentage of inpatients ($p > .05$) and 6.5% had a history of Major Depressive Disorder in contrast of 0% of the immigrants.

OP-077

Help-seeking behaviour of older women with urinary incontinence

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Aims and purpose: Urinary incontinence is a very common health problem among older women. Only a minority of them looks for help from their general practitioner, so there is an underuse of effective treatment options. We were interested if women who look for help differ from those who do not, but who do react if they are actively approached.

Design and methods: This is a cross-sectional survey of women aged 55 years and older with urinary incontinence, all participating in the URINO-project. The URINO-project is a cluster randomized trial, regarding the cost-effectiveness of active detection of incontinent women of 55 years and older in general practice, after which protocolized diagnosis and evidence-based treatment follows, as compared to usual care. This project also offers the possibility to study the help-seeking behaviour in urinary incontinence. The registration system of the general practitioner was searched for co-morbidity, consultation behaviour and medication use. The women who are known by their general practitioner with urinary incontinence were compared to those who are not known by using the student's t-test.

Results: Results of a pilot study in 3 general practices, including 55 participants, show that the average age of the group who is known by their general practitioner with urinary incontinence is higher ($p < 0.01$). This group has more often contact with the general practitioners ($p = 0.04$), has worse symptoms of urinary incontinence ($p < 0.01$) and uses more medication ($p = 0.04$). At the WONCA