

### **P8: Depression, diabetes, and healthcare services use – Brazilian Longitudinal Study of Aging (ELSI-Brazil, 2015-2016)**

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**Objectives:** Low- and middle-income countries face increasing burden of noncommunicable chronic diseases due to rapid population aging. The Objectives of this study is to estimate the association of co-occurring depression and diabetes with healthcare services utilization in the Brazilian population aged 50 years and older.

**Methods:** This is an analysis using baseline data of the ELSI-Brazil study. Measurements used were self-reported previous diagnosis for diabetes and a cut-off point of 4 on the CES-D-8 score for depression. Any medical consultations, specialist consultations and hospitalizations in the previous 12 months were assessed for measuring health services use. Logistic regression was used to estimate the association of having depression, diabetes, or both, compared to having none of the conditions with healthcare services utilization.

**Results:** In a final sample of 8303 participants, the adjusted odds ratios (95%CI) in the depression only group (27.9%), in the diabetes only group (9.7%), and in the depression and diabetes group (5.8%), for any medical consultations were 1.2 (1.01-1.42), 3.39 (2.4-4.79) and 3.12 (1.82-5.35); for specialist consultations, 1.05 (0.91-1.21), 1.34 (1.07-1.68) and 1.13 (0.86-1.49); and for hospitalizations, 1.42 (1.1-1.84), 1.42 (1.02-1.96) and 3.1 (2.12-4.54), respectively. All models were adjusted for sex, age, education, marital status, insufficient physical activity, current drinking and smoking, obesity and number of other diseases and conditions.

**Conclusions:** Those with diabetes seemed more likely to have any or specialized medical consultations. However, those with the depression and diabetes comorbidity were more likely than any other group to have been admitted to a hospital in the last year, which is distressing and costly. Screening for depression could be incorporated into diabetes usual care to reduce related complications and hospitalizations.

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**Keywords:** depression; diabetes; comorbidity; health services use; aging.

### **P9: Computer-based Neuropsychological Rehabilitation in Latin America**

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**Summary:** Globally, older adults grow faster than the rest of the population (United Nations et al., 2019). Ecuador predicts 2054 this group will represent 18% of the population. Cognitive and functional impairment affects quality of life of individuals and their families. Conditions such as dementia have increased, with almost 100,000 people affected in Ecuador.

Pharmacological treatments have modest efficacy for these problems (Buckley & Salpeter, 2015). In developed countries there are efforts to use non-pharmacological interventions (Klimova et al., 2016). In this context, computer-based cognitive interventions are considered a therapeutic tool to treat neurocognitive disorders. Benefit of using technology is that interventions are more accessible, flexible (Maldonado, 2016) and cost-effective (Gooding et al., 2016). Herrera et al. (2012) summarize a superiority outcomes over conventional cognitive rehabilitation in many aspects. Among them, use of portable devices allows bringing interventions to rural areas or homes (Brando et al., 2017).

In Spain, work is being done on it and there are studies associated with its usability and effectiveness. GRADIOR computer-based neuropsychological rehabilitation is a program for people with neurological etiologies. This one stands out from the rest, as it is exclusively for professionals. Allowing them to design, supervise and adapt the cognitive intervention based on their decisions, subsequent to the assessment of other cognitive, emotional and social aspects involved in the rehabilitative process, not only based on the Objectives results on the patient's performance (Toribio-Guzmán et al., 2018).

This has led to the demand for a Neuropsychological Rehabilitation program that is accessible, parameterizable and adapted to the population of ECUADOR.

To meet this need, a doctoral thesis is being carried out in collaboration with CENTRO MAIOR Ecuador Centro de Especialidades del Adulto Mayor. Spanish program of Neuropsychological Rehabilitation has been tested in its population.

The study has been divided into different phases. A qualitative phase with focus group Methods in which health professionals from Ecuador participated. A phase of adaptation of the Spanish program to the Ecuadorian culture and currency. It is now in experimental phase (35 participants) with MCI and Mild Dementia. It is proposed to present the study, with a clinical case.

## **P10: Possible Lamotrigine-Induced Mania in a patient Epilepsy and perictal psychotic symptoms**

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**Summary:** Lamotrigine is an antiepileptic and mood stabilizing drug. Among its adverse effects, the induction of mania has been described. We present the case of a 59-year-old man diagnosed with epilepsy since youth, with perictal psychotic symptoms effectively treated with haloperidol. The patient was treated with lamotrigine for over five years and presented symptoms of mania after two years of receiving it at moderate doses and being free of seizures. The symptoms improved with the lamotrigine switch. Previous cases of lamotrigine-induced manic symptoms have been predominantly observed in individuals with mood disorders, with only a few reported in children undergoing treatment for epilepsy. Further studies are necessary to elucidate the potential risk factors and the neurobiological mechanisms.