

**Results** Late-life depression and cognitive impairment are frequent among the elderly (10–20%). Depression is also common in the early stages of dementia decreasing as the cognitive decline progresses. The causal relationship between these entities is not well understood and some authors advocate a multifactorial model (genetic risk factors; neuroendocrine changes; vascular risk factors) and the cognitive impairment of said changes is dependent on the individual's cognitive reserve. Regarding treatment of depression in patients with cognitive impairment, most authors advocate a stepped approach with watchful waiting and then, if symptoms persist, the introduction of pharmacotherapy and psychosocial intervention.

**Conclusions** The relationship between cognitive impairment and depression is still not clear and probably multifactorial. The diagnosis of depressive symptoms in patients with severe cognitive impairment can be difficult and most forms of pharmacological treatment in this population are not beneficial, making it important to carefully evaluate the benefits of introducing new medication.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.430>

### EW313

#### **Anosognosia in dementia – Relevance for clinical-practice in a memory clinic**

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**Introduction** Anosognosia is a common symptom in patients with dementia, although data on prevalence vary widely. It is associated with decreased compliance to medical diagnosis and treatment. The rejection of assistance challenges professionals as well as caring relatives.

**Objectives** Anosognosia increases with progression of disease but is also found in early stages. The underlying mechanisms are not completely understood; past studies described an association with executive dysfunction.

**Aims** Our study aims to identify the frequency of anosognosia in our memory clinic.

**Methods** We evaluated disease awareness using the Clinical Insight Rating Scale in 124 patients presenting with diagnosis of Alzheimer's disease in our memory clinic. We correlated the degree of awareness with standardized cognitive, affective, and functional parameters.

**Results** One hundred and fourteen patients (90.9%) showed decreased awareness, in 51.7% of our sample awareness was seriously impaired or even entirely lacking. In accordance with the literature, anosognosia correlated significantly with the result of the Mini-Mental-Status-Examination as indicator of global cognitive functioning ( $r = -0.291$ ,  $P < 0.05$ ) and with the need for assistance in everyday-life ( $r = .364$ ,  $P < 0.05$ ). We found no correlation with depressive symptoms or age.

**Conclusion** The phenomenon of anosognosia is frequent in the setting of a memory clinic and has special impact on clinical practice as it is well correlated with executive functioning and global cognition and, thus, is a relevant factor for the initiation of medical care for patients with dementia.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.431>

## **Guidelines/guidance**

### EW315

#### **Effectiveness and cost-effectiveness of a cardiovascular risk prediction algorithm for people with severe mental illness**

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**Introduction** Cardiovascular risk prediction tools are important for cardiovascular disease (CVD) prevention, however, which algorithms are appropriate for people with severe mental illness (SMI) is unclear.

**Objectives/aims** To determine the cost-effectiveness using the net monetary benefit (NMB) approach of two bespoke SMI-specific risk algorithms compared to standard risk algorithms for primary CVD prevention in those with SMI, from an NHS perspective.

**Methods** A microsimulation model was populated with 1000 individuals with SMI from The Health Improvement Network Database, aged 30–74 years without CVD. Four cardiovascular risk algorithms were assessed; (1) general population lipid, (2) general population BMI, (3) SMI-specific lipid and (4) SMI-specific BMI, compared against no algorithm. At baseline, each cardiovascular risk algorithm was applied and those high-risk (> 10%) were assumed to be prescribed statin therapy, others received usual care. Individuals entered the model in a 'healthy' free of CVD health state and with each year could retain their current health state, have cardiovascular events (non-fatal/fatal) or die from other causes according to transition probabilities.

**Results** The SMI-specific BMI and general population lipid algorithms had the highest NMB of the four algorithms resulting in 12 additional QALYs and a cost saving of approximately £37,000 (US\$ 58,000) per 1000 patients with SMI over 10 years.

**Conclusions** The general population lipid and SMI-specific BMI algorithms performed equally well. The ease and acceptability of use of a SMI-specific BMI algorithm (blood tests not required) makes it an attractive algorithm to implement in clinical settings.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.433>