

EV0789

Parkinson psychosis: A complex interaction of disease and medication related factors

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Introduction Psychotic symptoms are the most important non-motoric symptoms of the Parkinson disease (PD). The quality of life of those patients can be significantly improved with an appropriate therapy. In this article we provide evidence about the etiology, differential diagnosis and therapeutic possibilities with a work-up for the clinics.

Objectives & aims To provide a case report of patient with PD who developed a paranoid psychosis after administration of levodopa/carbidopa, followed by a literature review on psychotic symptoms evoked by psychotropic medication by patients with PD. **Methods** An English-language literature search was conducted using Pubmed, EMBASE searching for case reports and observational studies reporting iatrogenic psychotic symptoms by patients with PD.

Results Ms. C. was a 65-year old woman with PD who was observed in a polyclinic setting and who used a levodopa/carbidopa combination. She developed paranoid psychosis with a following admission to the psychiatric ward. We have gradually lowered the dose of anti-Parkinson medication. Subsequently, treatment with clozapine was initiated and the psychotic symptoms resolved within five months.

Conclusion Parkinson psychosis is due to a complex interaction of neurodegenerative changes and pharmacological therapy. Therefore, the role of iatrogenic factors must be always carefully assessed. Psychosis inducing agents should be lowered or stopped before the treatment with antipsychotic medication.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1119>

EV0790

The strategy to combat dementia in Russia

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The 139th Executive Committee WHO was held in May 2016. The Russian delegation took part in its work. The main issue on the agenda was the report on "Dementia". It was noted that each year dementia develops in 8 million people in the world. It is expected that this figure will increase to 145 million by 2050. In Russia the national plan to combat dementia is missing. In the resulting meeting, all the WHO country-members voted for immediate action on the adoption of the strategy for the fight against dementia by 2017. We developed a strategy for dementia, which includes the following tasks;

- The need of epidemiological research in the field of dementia;
- Research on etiology, prevention, early diagnosis and treatment of dementia;
- The expansion of the network of specialized stationary and non-stationary facilities for patients with dementia;

- Development of programs of psychological care to patients with dementia and to caregivers;
- Development of palliative care for patients with dementia;
- Cross-sectoral cooperation and multidisciplinary approach in assistance to patients with dementia;
- Training in the field of geriatric psychiatry, denomination of the specialty of geriatric psychiatrist;
- Fighting stigma of patients with dementia, protection of their rights, including in psychiatry and forensic psychiatry.

The solution of these objectives requires foundation of the Russian observatory on dementia, the WHO cooperating center. The tasks of such an Observatory will be: centralization and coordination of actions concerning strategic planning, implementation of mechanisms of a multispectral cooperation, assessment of services, monitoring and providing reports on dementia issues in Russia.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1120>

EV0791

Evolutionism and involutionism in the ontogenesis of a late age

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Individual human development from birth to death is defined as the ontogenesis. The ability of the human psyche to development and to system acquisition of mental and social functions is called evolutionism. The psyche property, causing a gradual loss in the process of ontogenesis of biological, psychological and social functions is defined as involutionism.

Involutivitionism of higher mental functions manifests in their folding in the sequence reverse to the formation. Process of involution is uneven and abrupt. This is caused by their constant interaction with the evolution processes, that are struggling with age-related destruction and disruption and are responsible for the ongoing adaptation, although at a lower ontogenetical level.

In the event of critical psycho traumatic situations, which are related to the impact of jet-psychological, somatoneurological factors, there is a failure of adaptation mechanisms, decompensation develops, the action of the involutive mechanisms increases, which leads to a lower level of social functioning. In this interaction biological and social factors act in their unity and predetermine disadaptation options, while the latter, in their turn, determine intensification of involutive processes.

Because of the interaction of these processes mental aging unevenly affects higher mental functions with the advent of favorable (adamantix) and unfavorable forms, determined by the development of mental disorders and dementia. Favorable aging can manifest itself by specific quantitative somatoneurological and mental changes that do not lead to the loss of adaptation. Under favorable aging life experience, professional skills, biological, social, adaptive resources are preserved, evolutionary development of the older person continues.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1121>

EV0792

Antipsychotics in dementia

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Behaviour disorders and psychosis may represent a greater challenge in patients with dementia. There are evidence-based