

Disclosure: No significant relationships.

Keywords: language impairment; memory disorder; cognitive disorder; Depression

EPV0956

Tunisian sociodemographic profile of elderly patients hospitalized in psychiatry

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Introduction: Elderly people have always presented physiological changes and suffered from many diseases. There are few studies focused on this growing particular population, especially with mental pathologies. Thus, psychiatric hospitalization of the elderly population is more frequent nowadays.

Objectives: The aim of this study is to establish the socio-demographic characteristics of elderly patients hospitalized in psychiatry.

Methods: Retrospective and descriptive study over a period of 20 years and 6 months on patients aged over 65 years old hospitalized in the psychiatry "B" department of the Hedi Chaker University hospital in Sfax, Tunisia, for a psychiatric disorder, selected according to the DSM 5 diagnosis criteria.

Results: The number of records identified was 62, out of 4019 patients (15.4%). The mean age of patients was 71.1 years old and the sex ratio (Male / Female) = 0.67. Patients were originally from Sfax in 58.1% and from rural areas in 58.1% of cases. Most of patients (78.4%) were living at least with one member of their family. They were married in 53.2% of cases. The average number of children was 5.21. The majority of patients were illiterate (61.3%) and never had a professional activity in 45.2% of cases. Social coverage concerned 96.8% of our sample.

Conclusions: Elderly patients hospitalized in our department were mainly illiterate, females and living with their family. Despite everything, family involvement in care is still necessary for this category of patients.

Disclosure: No significant relationships.

Keywords: elderly patients; sociodemographic profile; psychiatry; hospitalization

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Clock Drawing Test – low accuracy in early hours

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Introduction: Early diagnostics of neurodegenerative disease and their comorbidities is linked to better treatment outcome and improved quality of life. The first patient assessment should lay strong foundations for the direction of the upcoming diagnostic procedure. Clock Drawing Test (CDT) is often used as an early screening instrument in geriatric patients presenting with cognitive disorders.

Objectives: The goal of the present study was to evaluate diagnostic accuracy of the CDT in a geriatric cohort with mild cognitive difficulties.

Methods: Out of a pool of in- and outpatient data presenting with subjective cognitive difficulties three diagnostic groups were formed – mild cognitive impairment, depressive disorder and healthy controls. CDT was scored using a quantitative scoring system with each aspect of the clock evaluated separately. CDT data was analysed for its discriminative value in early diagnostics of AD and DD.

Results: Logistic regression produced a significant model with a low percentage of explained variance in both DD and AD groups. Same CDT items were significant predictors for DD and AD pathology. ROC curve inspection allowed only a poor discrimination capability for the significant predictors.

Conclusions: Despite being a popular screening test, CDT is a poor choice for individuals presenting with a mild cognitive impairment. Using CDT alone might result in initial stages of neurodegeneration going undetected, thus depriving patients of early treatment options. Same error types were significant predictors in DD and AD. This indicates that CDT can detect a general impairment; however, an in-depth neuropsychological assessment is needed for differential diagnostics.

Disclosure: No significant relationships.

Keywords: clock drawing test; Cognitive disorders; early diagnostics

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Determinants of insulin treatment satisfaction among type 2 diabetic older adults

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Introduction: Glycemic control for elderly diabetics is a challenge. Treatment satisfaction reflects this control.

Objectives: To determine the factors associated with insulin treatment satisfaction among type 2 diabetic elderly.

Methods: A cross-sectional study on 86 type 2 diabetic insulin dependent elderly recruited from the outpatient endocrinology consultation during June and July 2021. We applied the Diabetes Treatment Satisfaction Questionnaire (DTSQ) and geriatric assessment scores.

Results: Three quarters of the patients were satisfied with the insulin therapy. Satisfied patients had significantly less history of hospitalization and more regular follow-up. Diabetic neuropathy medications were significantly less taken by satisfied patients. The number of daily insulin injections was significantly higher in the unsatisfied patients. Diabetic foot was significantly more frequent in unsatisfied patients. Satisfied patients were significantly less depressed, more independent in both basic and instrumental activities of daily living, without memory impairment, in better nutritional status and not falling. Higher DTSQ scores were associated with regular follow up (β 7.92, 95% CI 1.83 to 34.3). Lower DTSQ scores were associated with the history of hospitalization (β 0.12, 95% CI 0.02 to 0.58), the taking of medications for diabetic neuropathy (β 0.07, 95% CI 0.09 to 0.51), the high number of insulin injections (β 0.43, 95% CI 0.19 to 0.97) and the presence of diabetic foot (β 0.17, 95% CI 0.01 to 0.38).