mild ID, increased depression symptoms, and number of social contacts. Anxiety disorders were prevalent in 4.4% (95%CI: 2.6–7.0) and showed no significant associations.
Conclusion.– The prevalence of major depression is higher and of anxiety disorders lower than found in the Dutch general older population.
Disclosure.– No significant relationships.

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Relation between dementia, Alzheimer disease associated dementia, vascular dementia and arterial stiffness in elderly

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Introduction.– Alzheimer disease (AD) and vascular dementia (VaD) are most frequent causes of dementia. In recent years, growing evidence showed that vascular factors can take part in etiopathogenesis of AD as took part in VaD. Studies about relationship between arterial stiffness (AS) with cognitive function and dementia were also published. In this study, we evaluated the relationship between AS and AD associated dementia, VaD.
Text.– Subjects and methods.– Seventy individuals (50 dementia and 20 controls) were participated in the study. In dementia group, 22 individuals had AD and 28 of individuals had VaD. Carotido-femoral pulse wave velocity (PWV) was used to assess AS. 24-hour blood pressure monitoring was applied to all participants and lipid profile, fasting plasma glucose levels, insulin levels and insulin resistance were evaluated.
Results.– PWV was found higher in dementia group than in controls (11.1 ± 2.6 m/s, 10 ± 03.1 m/s). This difference was very close to significance limit ($P = 0.07$). PWV was higher in VaD (11.3 ± 3.1 m/s) and AD groups (10.7 ± 2.0 m/s) than controls (10.0 ± 3.1 m/s), but difference was not significant ($P > 0.05$). Among other cardiovascular parameters, mean systolic pressure was higher in patients with dementia than controls (118.8 ± 13.9 mmHg, 113.3 ± 13.3 mmHg; $P = 0.04$) and HDL cholesterol was higher in controls than VaD group (56.8 ± 15.6 mg/dl, 47.0 ± 13.1 mg/dl; $P < 0.01$).
Conclusion.– As a result PWV was found higher in AH and VaD groups than controls but difference was not significant. We need more studies to consider AS as a risk factor for dementia.
Disclosure.– No significant relationships.

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P341

The relationship between 24-hour blood pressure follow up and cognitive functions in hypertensive elderly patients

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Introduction.– Objective.– To determine the relation between 24 hour blood pressure follow up and cognitive functions in hypertensive patients that are equal to or more than 60 years old and do not have any other conditions or diseases that would affect cognitive functions.
Text.– Patients and method.– Ninety-nine elderly patients in Geriatry outpatient clinics between March 2011–October 2011 were accepted to the study. Patients who had diseases that may impair the cognitive functions were excluded. After GDS and SMMT application, 24 hour ambulatory blood pressure monitorization were performed. Then the patients were subgrouped as dipper/non-dipper and regulated/non-regulated. Eight patients that had GDS score equal to or more than 21 were supposed as highly depressive and excluded from the study because of the risk of cognitive function impairment. SMMT scores were compared in the subgroups of dipper/non-dipper and regulated/non-regulated.
Findings.– The study included 21 male and 70 female patients with a mean age of 72.5 ± 8.1 and 71.7 ± 7.7, respectively. No correlations were found between dipper/non-dipper and minimental groups and measures in the study subgroups ($r = -0.115$, $P = 0.277$ and $r = -0.049$, $P = 0.642$ respectively). As regulation of hypertension and minimental measures (regulated/non-regulated) of the study groups were reasonably significant with a direct proportion, correlation of these measures as groups were detected as highly significant with a direct proportion.
Result.– There were no significant difference in SMMT measures in both dipper and non-dipper groups in pure hypertensive old patients, nondipping was not related to cognitive functions in pure hypertensive old patients. This study shows that new studies are needed that would be supported by subgroup analysis in selected study groups, other than existing studies in literature related to hypertension and cognitive function that had been interpreted differently.
Disclosure.– No significant relationships.

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P342

Life events in older ($\geq$ 50 years) adults with intellectual disabilities

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Introduction.– People with intellectual disabilities (ID) may be exposed to more life events due to different living circumstances and limited coping abilities. The frequency of life events may increase with age due to age-related decline, loss of significant others and forced relocations. Our aim was to study the occurrence of life events in adults with mild to profound ID aged $\geq$ 50 years and their association with depression and anxiety.
Text.– Method.– Occurrence and burden of life events were assessed with a 28-item checklist, completed by professional caregivers. Depression and anxiety were assessed with self-report and informant-report screening instruments ($n = 988$) and with a psychiatric interview ($n = 286$). Associations with depression and anxiety were studied for life events in general and for specific life events.
Results.– Ninety seven percent of the participants had been exposed to multiple life events during the preceding year and 72% had been exposed to one or more negative life events. The frequency was significantly higher in participants aged 65 years or over, in participants with mild or moderate ID, and in participants with depression or anxiety. Minor physical illness and problems with a fellow resident were significantly associated with depression and anxiety, decline or loss of mobility and loss of leisure-time activities with depression and change at work or from work with anxiety.
Conclusion.– Given the high prevalence of life events and their association with depression and anxiety, life events should be better monitored and, if possible, prevented.
Disclosure.– No significant relationships.

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