

the possibility to influence national and regional politics. From an egalitarian perspective it is desirable that all persons independent of age, sex, and socioeconomic position have equal possibility to vote.

The association between socioeconomic position and health and between socioeconomic position and life situation among elderly is well studied; less is known about the association between socioeconomic position and political participation. We study the relation between three measures of socioeconomic position (social class based on occupation, years of education, and income) and voting.

Methods: Two nationally representative samples of Swedes aged 53-75 were interviewed in 1968 and 1981 respectively. Survivors from 1968 were again interviewed in 1992 (n = 461), survivors from 1981 in 2002 (n = 614).

Both 1992 and 2002 were election years in Sweden. A single item question regarding voting was posed – did you vote in the election? Socioeconomic position is measured as education, income, and social class.

Logistic regressions controlling for sex, age, age-square, walking ability (walking 100 meters and walking stairs) and walking aids (no aids/cane(s), quadruped(s), crutch(es), and walker/wheel-chair/never go out) was used.

Results: Significant differences in voting was found for both men and women for all three measures of socioeconomic position – persons with a high socioeconomic position was more likely to have voted. The associations were stronger for education and income and less strong for social class. The relation to social class was only significant on the 10-percent level among men. The associations were stronger among men than among women. A significantly lower proportion of women voted.

Conclusions: There are systematic differences in political participation measured as voting. This might indicate that there are systematic injustices in the possibility to vote.

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Depression vs. antidepressants intake in institutionalised people with mild to moderate dementia

Author: Dr. Vânia Rocha

Escola Superior de Saúde da Universidade de Aveiro

Co-Authors: Professor Dr. Alda Marques, Professor Dr. Daniela Figueiredo, Dr. Margarida Pinto, Professor Dr. Liliana Sousa

Objectives: Depression in institutionalised people with dementia is difficult to diagnose and treat. This study aimed to explore the relations between the medical diagnosis of depression, dementia screening and antidepressants prescription.

Method: A cross-sectional study of 123 institutionalised people with mild to moderate dementia was conducted in the central region of Portugal. Socio-demographics, information on medical diagnosis of depression and antidepressants used were collected with a questionnaire. Indicators of depression were screened with the Cornell Scale using the algorithm proposed by Brown et

al.(2009). Severity of dementia was assessed with the Mini-Mental State Examination. Descriptive statistics and chi-square test (X²) were applied.

Results: Residents mean age was 82.6(±6.8) years old. In the medical records, 16.3% (n=20) of the residents were diagnosed with depression and 51.2%(n=63) were prescribed with antidepressants. According to the Cornell Scale 43.9%(n=54) of the residents had probable depression. From the residents prescribed, 10 were medically diagnosed with depression, 20 presented indicators of depression and 8 had diagnostic and indicators of depression. Therefore, 33(52.4%) residents used antidepressants without medical diagnostic or indicators of depression. An association between the medical diagnosis and antidepressants intake (X²=14.4; ρ<0.01) was found, however depression with the Cornell scale was not associated with medical diagnosis or antidepressants.

Conclusion: Half of the residents prescribed with antidepressants were not medically diagnosed or presented indicators of depression with the scale. The lack of association between Cornell Scale results and antidepressants intake alert for the possibility of inappropriate medication usage or inability of the instrument to screen depression in mild to moderate dementia. More research is needed to improve recognition of depression in dementia and explore the use of medication.

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The effect of worries on cancer patients

Author: Tomoko Matsui

Osaka University

Co-Authors: Kei Hirai, Masako Shokoji, Naoshi Ito, Naoko Kanai, Arika Yoshizaki, Naoko Wada, Madoka Tokuyama

Object: Cancer patients tend to be worries about their medical conditions, interpersonal relationships, social activities, and work. They also lose their support network as they progress through the stages of cancer. In comparison to young patients, elderly ones face the decline of their social support networks, as their spouses are probably deceased and their children live independently. This decline in social support may lower the ability of the patient to deal with worries, which will have negative effects like depression, through perceived number of support givers. We examined the causal relationship between these factors with regard to cancer patients.

Method: We use the data of 31 cancer patients (over 65 years, N = 13, mean age: 70.08, SD = 4.43; under 65 years, N = 18, mean age: 56.11, SD = 8.55) who participated in group therapy at a hospital. They were asked to respond to a questionnaire in the first session. We queried them about the "perceived amount of emotional support," "the number of support givers," "the number of family members that lived with them," and their "age (over 65/under 65)."

Results: Path analyses indicated that the number of family members living with elderly patients was low ($\beta = -.46, p < .05$), which affected the patients' perception of the number of