In psychological aspect, average BDI scale was reduced by 4 points. Average FACT-G scale was increased in all categories including physical well being, social wellbeing, emotional well-being, functional well-being. In QLQ – C30, patients reported much less fatigue, nausea & vomiting, dyspnea, loss of appetite, constipation symptoms. In QLQ – BR23, patients expressed their body images more proud. During rehabilitation programs, there were no remarkable changes in circumstances between initial assessment and final assessment.

**Conclusion:** Our results showed that compared to the healthy group, breast cancer patients had lower cardiopulmonary exercise capacity (METs, peak O2 consumption). When patients went on exercise rehabilitation programs, there were significant changes in cardiopulmonary function, muscle strength, quality of life. Although patients performed muscle strengthening exercise, there were no aggravations of lymphedema in both patients.

**PT727**
Factors influencing quality of life in women with breast cancer treated with initial neoadjuvant chemotherapy
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**Abstract**
Neoadjuvant chemotherapy has been increasingly recommended to women with large or locally advanced breast cancer to improve surgical outcomes and to raise the opportunities for breast-conserving therapy. While the women with breast cancer are treated with neoadjuvant chemotherapy, they could have several distress symptoms diminishing their quality of life (QOL) and positive psychosocial factors maintaining their QOL. This study explored the QOL and related factors in women with breast cancer undergoing initial neoadjuvant chemotherapy.

The participants were 114 women with stage II or III breast cancer treated with their neoadjuvant chemotherapy. Initial evaluation was conducted before first neoadjuvant chemotherapy and second evaluation was conducted before second neoadjuvant chemotherapy. Self-report instruments used to assess QOL and related factors included the Functional Assessment of Cancer Therapy-Breast (FACT-B), the Pittsburgh Sleep Quality Index (PSQI), the Hospital Anxiety and Depression Scale (HADS), the Fatigue Severity Scale (FSS), the M.D. Anderson Symptom Inventory, the Multidimensional Scale of Perceived Social Support, the Adult Dispositional Hope Scale, and the Perceived stress scale.

Between before and after initial neoadjuvant chemotherapy, there is no significant difference in FACT-B total scores. But in the FACT-B subscales, emotional well-being domain (P<0.001) was significantly lower after initial chemotherapy. HADS (P<0.001) and FSS (P=0.001) score were higher after initial chemotherapy. Whereas PSQI score was no significant difference between before and after initial chemotherapy. In a multivariate analysis, most powerful predictor of QOL after initial chemotherapy was anxiety. Altogether perceived stress, social support and fatigue were also related to the variance of QOL in the participants.

These result suggest that women with breast cancer undergoing neoadjuvant chemotherapy are at higher risk for diminished QOL, especially in emotional domain. Those at high risk for lower QOL, may need interventions that specifically target related anxiety, stress, social support and fatigue.

**PT728**
Potentially inappropriate medications in the elderly in Korean long-term care facilities
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**Abstract**
Objective: We evaluated the frequency of potentially inappropriate medications and factors influencing their frequency.

**Methods:** A retrospective cross-sectional study was conducted in 20 long-term care facilities which located in northwest regions of the south Korea for 824 patients aged 65 years and over who were assessed between January and February of 2012. Potentially inappropriate medications were identified using the 2012 American Geriatric Society’s Beers Criteria. We assessed the relationship between the frequency of potentially inappropriate medications prescribed and patient age, sex, co-medications, comorbidity, activities of daily living, length of stay, grade of long-term care insurance for seniors and the bed size and business type of the long-term care facility.

**Results:** Of the 529 participants who satisfied our inclusion criteria, 308 (59.2%) had received at least one inappropriate medication according to the 2012 Beers Criteria. The most frequently prescribed classes of inappropriate medications were central nervous system drugs (58.5%), anti-cholinergics (21.5%) and cardiovascular medications (10.8%). The most common drugs involved were quetiapine (28.4%), chlorpheniramine (15.8%), risperidone (6.5%), and zolpidem (5.8%). Inappropriate medication use was associated with the number of co-medications and long-term care insurance grade 3 which means lesser dependency and the requirement for low level care.

**Conclusion:** Central nervous system (58.5%) was the most prescribed class of inappropriate medication. Quetiapine was the drug most often given inappropriately (28.4%). There was a relationship between inappropriate medication use and the number of co-medications. The frequency of inappropriate medication prescriptions was higher among patients whose long-term care insurance for seniors was grade 3 which means lesser dependency and the requirement for low level care.

**PT729**
Dance-like Movement of An Attempted Murderer?
A Case Report
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**Abstract**
Huntington’s disease (HD) is a rare, fatal inherited disorder that results from excessive repetition of the trinucleotide sequence CAG (cytosine-adenine-guanine) in the Huntington’s disease gene on the short arm of Chromosome 4. HD is characterized by neurodegenerative disorders of cognition, movement, behavior, and functional capacity. We here present a case of a criminal psychiatric evaluation which was requested by a court. Ms. P, a 48-year-old Korean woman...