of sense of life, promoted a prolongation and self-development of depressive disorders, at the heart of which there was a loss of higher personal senses and values owing to their objective corrupting. At the analysis of semantic frame of the person has appeared, that the number of the persons with dominance of higher senses of spiritual and social levels authentically predominated in a basic group in comparison with check group, among which the persons with by groupocentric and egocentric senses predominated. The matrimonial ratioes for the persons of the first group differed by the greater affection of the spouses to each other, presence of common spiritual interests.

## P23.02

Mortality risk in the octo- and nonagenerians: longitudinal results of an epidemiological follow-up community study

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The object of the study was the assessment of the mortality risk for persons in a representative two-wave community sample assessed longitudinally. In the first cross-section a total of 358 (89.1 %) subjects of Munich, Germany, aged 85 years and above were interviewed by research physicians. Dementia and Depression had the highest prevalence of mental disorder according to the Agecat (automated geratric examination for computer assisted taxonomy) computer program of the Geriatric Mental State Interview. In all 23.6 % of the interviewees fulifilled criteria for depression, 25.4 % for dementia. One year later 263 (73.5 %) persons were reexamined. Death certificate diagnoses were obtained after an interval of 4 years 8 months. 58 % of the total sample were deceased. Sociodemographic factors, mental disorders, subjective health status, need for care were analysed in relation to mortality by Cox regression. The probability of death was increased in those diagnosed as having a dementia or depressive disorder, in those of increasing age, living in institutions, being in need for care and of bad health status. In the multivariate Cox regression model the influence of these different factors was examined and evaluated. Need for care was the most powerful predictor of mortality.

## P23.03

Psychotic major depression in the elderly and suicidal behaviour

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It has been established that depressed patients manifest a higher risk of committing suicide. The role of delusional experiences accompanying depressive symptomatology as a risk factor for suicidal behaviour has been investigated but the results are inconsistent.

In the present study, 40 elderly depressed inpatients with psychotic features (DSM-IV criteria) were compared to 64 elderly depressed patients without such features in terms of suicide attempts.

The results of univariate and multivariate analyses were negative: psychotic and non-psychotic depressed patients did not differ with respect to attempted suicide.

The results of the present study support the notion that psychotic features do not increase the risk for the elderly depressed patients to attempt suicide.

## P23.04

The efficacy of specialised old age psychiatric wards: a multicenter randomised clinical trial

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Psychiatric illness in old age poses particular demands on diagnosis and treatment. We compared the one year clinical outcome of a specialised treatment for old age psychiatric patients. 80 consecutively admitted frail inpatients above age 65 and several functional impairments were randomly assigned to a intervention or control group. The intervention group was diagnosed and treated by a specialised old age psychiatric care team (geriatric psychiatrist, nurse, social worker), the control group on a general psychiatric ward. All patients were assessed at admission and after one year follow up with the Timed Up and Go Test, Tinetti Motility Test, functional impairments, ADL, BPRS, MADRS, GDS, quality of life, sensory status, social situation. All interventions during the inpatient treatment were coded. Outcome variables after one year were mortality, length of in patient treatment during follow up, level of social support. It is hypothesised that a specialised geriatric care team improves the outcome of old age psychiatric patients.

## P23.05

Huntington's Disease: a relevant diagnosis for geriatic patients?

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Huntington's disease (HD) is a fatal neurodegenerative disorder with an autosomal dominant mode of inheritance. It is caused by an increased CAG repeat number in a gene coding for the huntingtin, a protein with unknown function, HD leads to progressive dementia, other psychiatric symptoms and incapacitating choreiform movement disorder, culminating in premature death. Althougt symptomes of the disease begin commonly between the ages of 35 and 50, we found these patients in services of geriatric psychiatry, commonly due to the psychiatric disturbances like profound dementia.

We present the casuistics of three inpatients treated in our service of geriatric psychiatry. They were characterized by atypical findings: None of them had a family history of HD. The reasons for admission were not cognitive impairement, but depressive symptoms and suicidal behaviour. In conclusion we consider HD as a rare, but relevant diagnosis for geriatic patients not only in the investigation of dementia, but also in atypic depressive syndromes.

## P23.06

Elderly patients with dementia and psychosis treated with risperidone

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Clinically meaningful psychosis at baseline (a score of 2 on any 1 of the 12 items that measure severity of paranoid and delusional ideation or hallucinations on the Behavioral Pathology in Alzheimer's Disease [BEHAVE-AD]) rating scale was identified in 330 of 625 nursing-home patients with dementia. Placebo was received by 86 of the patients with psychosis and risperidone by 244 (0.5 mg/day by 83, 1.0 mg/day by 76, and 2.0 mg/day by 85). On both the BEHAVE-AD total scale and the psychosis cluster, mean score reductions at endpoint were significantly greater in