specificity, positive and negative predictive values (PPV and NPV). Kappa coefficient of classification accuracy and area under curve (AUC) were calculated.

Sample consisted of 90 adult ADHD and 90 controls. Average age was 31.6 (SD=10.09) and 57.8% of subjects were men (there were no significant differences between the two groups). Logistic regression analysis showed that the score model proposed by the authors of scale is significant (c2 =129.36, p=.0005): Sensitivity (82.2%), specificity (95.6%), PPV (94.8%), NPV (84.3%), Kappa coefficient 0.78 and AUC 0.89.

The Spanish version of the ASRS v1.1 6-question shows adequate psychometric characteristics and it is a valid scale to screen ADHD for adults in a clinical setting.

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Effect of cerebral white matter changes on clinical response to cholinesterase inhibitors in dementia

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Background: Cerebral white matter changes (WMC) represent cerebrovascular disease (CVD) and are common in dementia. Cholinesterase inhibitors (ChEIs) are effective in Alzheimer's Disease (AD) with or without CVD, and in Dementia with Lewy Bodies/Parkinson's Disease Dementia (DLB/PDD). Predictors of treatment response are controversial.

Objective: To investigate the effect of WMC severity on response to ChEIs in dementia.

Method: CT or MRI brain scans were rated for WMC severity in 243 patients taking ChEIs for dementia. Raters were blind to patients' clinical risk factors, dementia subtype and course of illness. Effects of WMC severity on rates of decline in cognition, function and behaviour were analysed for 140 patients treated for nine months or longer. Analysis was performed for this group as a whole and within diagnostic subgroups AD and DLB/PDD. The main outcome measure was rate of change in Mini Mental State Examination (MMSE) score. Secondary measures were rates of change in scores on the Cambridge Cognitive Examination (CAMCOG), Instrumental Activities of Daily Living (IADL) and Clifton Assessment Procedures for the Elderly − Behaviour Rating Scale (CAPE-BRS).

Results: There was no significant correlation between severity of WMC and any specified outcome variable for the cohort as a whole or for patients with AD. In patients with DLB/PDD, higher WMC scores were associated with more rapid cognitive decline.

Conclusions: Increased WMC severity does not predict response to ChEIs in AD, but may weaken response to ChEIs in patients with DLB/PDD.

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Six years experience with acetylcholinesterase inhibitors in a clinical setting

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Background: Evidence for acetylcholinesterase inhibitors (ACIs) available consists mainly of trials conducted by pharmaceutical companies. There are substantial differences between participants in clinical trials and patients in normal clinical settings.

Aims: To evaluate the use of ACIs in a clinical setting.

Methods: Hospital records of 454 patients prescribed ACIs over a 6-year period were analysed. In our catchment area of 50,000 people over the age of 65 approximately 100 new patients per year received treatment with ACIs.

Results: The rate of decline on ACIs was less than half of that expected in an untreated population. A significant difference was found between patients with a baseline MMSE scores greater than 20 and those with a score between 10 and 20.

Conclusions: Our participants were older than in clinical trials and those with significant medical problems and relative contraindications were not excluded. ACIs are as useful in AD as they are in DLB/PDD and there were no differences between donepezil and rivastigmine. A baseline MMSE score of 20-10 might predict better response to treatment.

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Adult ADHD, fact and myth

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Fact or myth? ADHD is a solution for teachers and school psychologists to cope with the problem of uproarious or unusual kids. ADHD is a mixed bag for all suspected organic patients in psycho-therapy.

Four temperament factors, that are stable throughout life can be decomposed in terms of their underlying genetic structure and their relationship to neurotransmitters: Novelty Seeking, Reward Dependence, Harm Avoidance, Persistence (Robert Cloninger - 1987). A lot of other temperament factors, can be decomposed, such as: novelty and excitement seeking, attention span, organizational ability, impulsivity.

In this study, 155 adults were diagnosed by the DSM IV (APA) as suffering from Attention Deficit Disorder (ADD). All subjects filled out a questionnaire which classified each of them on a four-sequence scale: attention (length of the attention span, selective and divided attention), organization (in space and in time, long term memory, planning and decision making), impulsivity and need for excitement (novelty seeking, tendency to addiction).

What determines the diversity on these scales is probably a genetic variability (in D4 allele) causing over activity of the mesocortical dopaminergic pathway (related to the need for excitement), and of the mesolimbic dopaminergic pathway (related to the hyperactivity). Another effective factor is the insufficient development of the frontal lobe, leading to deficient inhibitory activity aimed at the seeking system (related to short attention span and the deficit in selective attention ability), and to deficit in learning ability, causing planning and decision making problems (related to the lack of organization).

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Assessment of competence in dementia in europe. an initiative of the european consensus network (EDCON)

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