

Tues-P62**GERIATRIC PSYCHIATRY IN DENMARK, A DESCRIPTION OF TRENDS IN ADMISSION PATTERN AND SERVICE PROVISION**

K. Lien¹*, L. Sørensen². ¹*Aalborg Psychiatric Hospital, 9100 Aalborg;* ²*Psychiatric Hospital in Aarhus, 8240 Risskov, Denmark*

The study objective is to describe the current service provision of geriatric psychiatry and the trends in admission patterns for the elderly to psychiatric hospitals in Denmark.

Information concerning admission pattern was obtained from the Danish Psychiatric Case Register and the data concerning service provision was gathered through a survey to all geropsychiatric departments in Denmark.

For demented patients the admission risk to psychiatric hospitals decreased considerably as did the length of stay from 1988 to 1996. For all other diagnoses the risk of admission increased in the same period. Four counties out of 14 did not have a special unit for geriatric psychiatry and for the counties who supplied geriatric psychiatric services there were considerable geographical variations in supply as well as variations in target groups.

This unequal access to geriatric services and variations in target groups underlines the need for a discussion of future directions for geropsychiatric service provision.

Tues-P63**SOMATIC COMORBIDITY IN PATIENTS WITH DEMENTIA: ALZHEIMER DISEASE VERSUS MIXED DEMENTIA AND VASCULAR DEMENTIA**

C.A. de Mendonca Lima*, S. Leon Sanchez, I. Tschan, I. Simeone. *Geriatric Psychiatry Hospital, Lausanne, Switzerland*

Introduction: Polypathologies are frequently observed associated to mental disorders, changing their expression and difficulting their treatment. In particular, dementia can be associated to different somatic disorders able to change its course.

Methods: retrospective study comparing the frequency and the nature of somatic disorders associated to dementia in three groups of patients hospitalized in the Geriatric Psychiatry Hospital of Lausanne in 1995–1997. Diagnostics were made according to ICD-10 criteria. The first group was of patients with Alzheimer Disease (AD), the second one of patients with Mixed Dementia (MD), and the last one of patients with Vascular Dementia (VD).

Results: 285 patients were included: 168 with AD, 85 with MD and 32 with VD. The distribution of patients by sex was equivalent among the 3 groups. The total mean age \pm SD was 82.3 \pm 7.2 years, without any significant difference among the 3 groups. The total mean number of somatic disorders per patient was 2.53 \pm 1.63, without any significant difference among the 3 groups. The 3 most frequent disorder found in all groups were cardiovascular (24.5%), respiratory (13.6%) and genitourinary disorders (8.9%). Neurological, musculoskeletal and genitourinary disorders were more found in the AD group. Endocrine, eye and digestive disorders as well nutritional deficiencies were more found in the VD group. Cardio-vascular disorders were more present in MD group.

Conclusion: Concomitant somatic disorders reduces significantly the independence of persons suffering of dementia. They can complicate its course and treatment. To make the right diagnosis becomes necessary to offer the best treatment available. This study confirms the relative high frequency of somatic comorbidity in patients with dementia and point to some differences among the 3 types of dementia studied.

Tues-P64**VALIDATION OF THE STANDARDISED MINI MENTAL STATE EXAMINATION**

L. Sørensen*, A. Foldspang, N.C. Gulmann, S.J. Nielsen, M. Mehlsen, P. Munk-Jørgensen. *Psychiatric Hospital in Aarhus, DK-8240 Risskov, Denmark*

Purpose: To perform a criteria validation of the Standardized Mini Mental State Examination (SMMSE).

Method: Sixty Danish nursing home residents were examined by a consultant psychiatrist who assigned one psychiatric diagnosis (if any) according to clinical ICD-10 criteria. The first author tested the residents with SMMSE. She and the consultant psychiatrist were blind to each others test results. For statistical analysis bivariate and logistic regression were used.

Results: The bivariate as well as the logistic regression showed wide variations in the ability of the individual items to predict organic disorder. Estimating the probability of organic disorder by logistic regression showed that the probability of having an organic disorder did not correspond exactly to an increasing SMMSE sum-score.

Conclusion: The risk of cognitive impairment does not increase uniformly with increasing SMMSE score. In order to predict the probability of organic disorder with greater precision it is necessary to take into account the entire information from SMMSE test; this is possible using logistic regression.

Tues-P65**USE OF CRITICAL FLICKER FUSION THRESHOLD IN PATIENTS WITH ALZHEIMER'S DISEASE**

S. Curran. *Division of Psychiatry and Behavioural Sciences in Relation to Medicine, 15 Hyde Terrace, University of Leeds, LS9 7TF, UK*

CFFT is a valid reliable measure in young healthy volunteers and it also has a long history of use as a psychopharmacological measure in this group. Furthermore, the test satisfies many of the requirements of an "ideal" measure for monitoring change, especially in a psychopharmacological context. Despite this, CFFT has been neglected as a research tool in elderly and AD populations and was therefore investigated further in this regard. CFFT in community-based normal elderly subjects was normally distributed but CFFT, and ascending and descending thresholds were not significantly correlated with age. The difference between ascending and descending thresholds was, however, significantly correlated with age and this relationship appeared to be due almost entirely to a change in the descending threshold. In addition, descending thresholds were found to be significantly greater than ascending thresholds in normal elderly subjects. Patients with AD were found to have significantly lower CFFT and descending scores compared with normal elderly subjects. Interestingly, descending thresholds were significantly lower than ascending thresholds in the patient group, a feature that may be a characteristic of AD. CFFT and ascending and descending thresholds were found to have a high test-retest, split-half and inter-rater reliability, in addition to being significantly correlated with a number of psychometric measures, clinical scales and neuropsychological instruments commonly used to assess patients with AD. CFFT is a quick and simple measure to administer and patients had no difficulty completing the test. Because the measure is a psychophysical threshold, it is free from educational and cultural bias and there are no floor or ceiling effects. From the results of this thesis, CFFT appears to be a useful research tool in AD. It may be a suitable measure for monitoring

change over time, either in community studies of AD or a clinical trial context, but further work is required. The technique might also be developed as a volunteer model of AD and contribute to the early detection of this devastating condition. This application would be particularly important in that, when they eventually become available, effective pharmacotherapies can be started early during the course of the illness before neuronal damage is too advanced.

Tues-P66

EFFECTIVENESS OF TIAPRIDE IN BEHAVIORAL DISORDERS OF DEMENTED ELDERLY

H. Allain¹, C. Soubrane², S. Turjanski^{2*}, D. Bonhomme². ¹CHRU Rennes; ²Synthelabo, Le Plessis-Robinson, France

Tiapride is a substituted benzamide having an antagonist activity on D2 and D3 receptors preferentially located in the limbic area.

In a multicentre, international, randomized, double blind trial, 100 to 300 mg/d (bid or tid) of tiapride (TIA), were compared to 2 to 6 mg/d (bid or tid) of haloperidol (HALO) and placebo (PLA).

A total of 306 elderly hospitalized patients (mean age: 79) with mild or moderate dementia (DSM III-R) and having a minimum score of 16 in the MOSES irritability/aggressiveness subscale were included (103 PLA, 102 TIA and 101 HALO). Groups were comparable at baseline for demographic and symptomatic scores. Main effectiveness criterium was improvement of at least 25% on the baseline irritability/aggressiveness subscores of MOSES. Both active drugs showed statistically significant results compared with placebo (PLA: 49%; TIA: 63%; HALO: 69%; $p = 0.01$), without differences between TIA and HALO. No statistical difference was shown in MMSE scores between two active compounds and placebo.

Tolerance was comparable between groups on UKU symptoms, except for HALO group on extrapyramidal symptoms (PLA: 17%; TIA: 15%; HALO: 33% of patients with at least 1 EPS), which is in accordance with the drop-out rate for safety reasons, higher with haloperidol (PLA: 6%; TIA: 5%; HALO: 17%).

In conclusion, tiapride is an effective treatment in agitated demented elderly and is well tolerated.

Tues-P67

SYNDROME OF DEPRESSION DURING ALZHEIMER'S DISEASE AND THERAPEUTIC EFFECTS

M. Munjiza*, M. Nikolić, M. Veličković. *Institute for Mental Health, Palmotićevo 37, 11000 Belgrade, FR Yugoslavia*

Alzheimer dementia either senile or presenile type is often accompanied with depressive symptoms. Whether there are depressive manifestations in this type of dementia or there is a combination with signs of depression due to organic deterioration (syndrome of senile depression) symptomatology is quite different than in a early ages. Symptomatology is globally narrowed, flattened and dominantly somatised. Affectivity lose its characteristics, is less obvious, without resonance and more empty. Dominant symptoms are delusions of disaster, poverty. Hypochondrial delusions are often more prominent than nihilistic delusions. There are also bizarre and nihilistic delusions of selfreproach. These complex symptomatology with overlapping of dementia and depression, with chronic course and suicidal ideation, put in front of psychiatrists many therapeutic problems. We analysed data from 30 patients treated in the geriatric consultation department of dispensary unit in Institute for Mental Health in Belgrade, 17 women and 13 men, aged from 68 to 84 years. We used ICD-10 and DSM-IV diagnostic criteria and also, dementia and depression rating scales (Hatchinski

and HAND-21 for the estimation of type and weight of illnesses). From total number of subjects, 16 (group I) had an anxiously agitated form and 14 (group II) had depressive symptomatology. Group II showed greater therapeutic resistance and duration of treatment was twice a time longer than in the group I (110 versus 50 days). Patients were treated with vasoactive and nootropic medications (dihydroergotoksin 4.5 mg daily and piracetam 800 mg daily). Also they were treated with 50–100 mg of Fevarine daily. Neuroleptics were administered to 8 patients (thyoridasine 50 mg daily, and promazine in the same daily dose). We found no serious side effects of given medications. Each patient need individualised treatment, not only in a type of medication used also in a daily doses, but also it is important to take care about general medical conditions, constitution, educational level, preservation of cognitive abilities, social milieu and family situation. Good and satisfactory improvement were observed at 2/3 of patients, with withdrawal of depressive symptoms.

Tues-P68

NURSEY OBSERVATION OF GERIATRIC PATIENTS: A MARKER OF COGNITIVE AND PSYCHIC DECLINE

P. Girardi¹, P. Del Nero¹, M.C. Gori², E. Curti³, R. Tatarelli^{1*}. ¹University "La Sapienza", Rome; ¹Department of Psychiatry and Psychological Medicine; ²Department of Neurological Sciences; ³Geriatric Medicine Centre "Nomentano", Rome, Italy

Introduction: the family of patient with early cognitive decline or psychic disorder refers, in many cases, that in the next period the patient has lost social and familiar contacts.

Aim: the goals of this study are the assessment of correlation between patient's cognitive/non cognitive decline and nursely observation of patient's behaviour.

Methods: 70 old patients, recovered in a long-term institute have been submitted to evaluation of cognitive and psychic disorders, through Alzheimer's Disease Assessment Scale (ADAS). The nursely has been submitted to Nursely Observation for Geriatric Patients (NOSGER).

Results: a correlation between ADAS and NOSGER has been demonstrated, both for cognitive and not cognitive items: