

The safety and efficacy of newer atypical antipsychotics have been demonstrated in recent short- and longer-term studies in patients with bipolar mania. Overall, three key principles for the use of newer atypical antipsychotics in bipolar mania are (1) consider the pharmacological profile of previous medications, (2) switch gradually – avoid abrupt discontinuation of previous medications, and (3) expect a different response with less-sedating antipsychotics. This presentation will provide practical guidance on the use of such agents in bipolar mania. Choosing the right starting dose, titration schedule and adjunctive medications are the key to successful treatment; and it should be remembered that a single dose or treatment algorithm is unlikely to be effective for all patients. Dose adjustments based on response and tolerability can be made, if necessary, in order to maximise treatment outcomes. In situations where additional symptoms or initial side effects are present, adjunctive medications may be useful, including benzodiazepines, anticholinergics, propranolol, antihistamines, and sedatives/hypnotics. Ultimately, the goal is to treat the patient as effectively as possible in the acute period with minimal side effects and achieve a smooth transition to long-term maintenance treatment. Switching to a newer atypical antipsychotic may be of benefit to patients experiencing inadequate efficacy or intolerable side effects with their current medication.

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## Core Symposium: Development of classifications of mental disorders

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### CS09.01

Progress towards the development of the DSM-V

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A major goal for the next edition of the APA Diagnostic and Statistical Manual for Mental Disorders (DSM-V) is to take advantage of the multidisciplinary research advances in mental health that have occurred worldwide since the publication of DSM-IV and ICD-10. Toward this end, APA has devoted an extended period of time for research planning in advance of DSM-V. This process involved an assessment of the current state-of-the-science in relevant fields, an assessment of knowledge gaps, and the production of short- and long-term research agendas to stimulate new research. To accomplish these goals, we initiated a “White Paper” process focusing on cross-cutting issues, followed by a National Institutes of Health (NIH)-sponsored conference series coordinated with the American Psychiatric Institute for Research and Education (APIRE) and the World Health Organization (WHO)—to assess the emerging research basis for revising specific diagnostic categories. We have now initiated the DSM-V Task Force and Diagnostic Workgroups, which will build on these past developments in an ongoing collaborative effort with the international research community and the WHO-guided ICD-11 advisory process. The developmental process for this edition of DSM will be discussed as will the potential changes in a conceptual framework for the classification of mental disorders.

### CS09.02

Ensuring contributions to the revision of the classifications from the world scientific community: Example of German speaking countries

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The future development of the classification of mental disorders (ICD-11, DSM-V), is a challenge for joint international scientific activities, allowing contributions from various scientific schools and language areas. The Global Scientific Partnership Coordination Group (GSP), led by Norman Sartorius, supports the WHO process of revising the International Classification of Diseases. From this expert network, both research findings and practical experiences from a range of countries with different languages shall give input to the revision process.

The respective scientific group assembling experts from German speaking countries is currently developing. Past and present German language psychiatry has in many ways influenced psychiatric diagnosis and classification. The group, building on this history, shall be led by a steering committee of experts from Germany, Austria and Switzerland. It will consist of sub-groups on various topics including experts with different expertise from German-speaking countries and those familiar with German psychiatry working in other countries. The topics covered include:

- Classificatory Concepts
- Diagnostic Methodology
- Input from Sub- and Neighbouring Disciplines
- Areas of Clinical Application/Setting Specific Needs
- Spectrum of Disorders
- Implementation/Training

The German members will also be members of a Task Force on Diagnosis and Classification of the German Society of Psychiatry, Psychotherapy and Nervous Diseases to contribute country-specific knowledge to the GSP-related German speaking group. Each subgroup of the latter will develop a working plan in close relationship with the steering group and the GSP.

The presentation will give examples and details of the group work achieved so far.

### CS09.03

Participation of users of psychiatric services in the classification of mental disorders

D. Rose. *Service User Research Enterprise, Institute of Psychiatry, King's College, London, UK*

This presentation will focus on two things. First, the process of receiving a psychiatric diagnosis and the reactions that users of psychiatric services might have to this. These reactions vary – they are not homogenous. They include relief, rejection and denial. The presentations will also look at what happens when users receive more than one diagnosis, either concurrently or over time. Secondly, the presentation will consider how users and user organisations may contribute to changes in the system of classification of diagnosis itself. Communication between psychiatrists involved in changing classification systems and organisations of service users will be considered. Recommendations will then be made.

### CS09.04

Images of mental illness in central Asia: Casebooks as educational tools

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The project described here uses an international psychiatric classification (in this case Chapter V(F) of the ICD-10 produced by the World Health Organization) as a means of international communication and educational discussion about everyday clinical issues. In a first stage, psychiatrists in Central Asian countries (Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan) wrote 20 detailed clinical case histories about patients who suffered from disorders of the main sections of Chapter V of the ICD-10. In the second stage these were then sent to diagnostic assessment in the Eastern European countries of Ukraine, Belarus, Georgia and Russia and the West European countries of Denmark, Switzerland, Germany and the UK, who made independent diagnostic and clinical assessments. In the third stage all the information collected was sent to five sets of commentators who wrote a brief commentary on the similarities and difference in diagnoses and treatment, the main points can be learned from the discussion of these case histories.

Psychiatrists in central Asia, Eastern European countries and Western European countries reached similar diagnoses on the basis of case histories presented to them. There were however differences in treatment proposed as well as in the assessment of prognoses.

The use of casebooks as an educational tool to introduce a new classification or to improve its use will be discussed.

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## Core Symposium: Integrated approach for the treatment of neuropsychiatric symptoms in the elderly

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### CS06.01

How to rate depression and apathy in dementia and in non demented elderly: The VA experience

J. Yessavage. *War Related Illness and Injuries Study Center, Department of Veterans Affairs Medical Center, Palo Alto, CA, USA*

The evaluation of mental health patients of all age groups in Department of Veterans Affairs (VA) is complicated by the problem of separating symptoms of depression from those of apathy in young and old patients alike. In older patients, dementia of the Alzheimer's type often coexists with depression and at the same time with frontal-lobe signs of loss of executive skills and apathy. Furthermore dementias predominantly involving the frontal lobes have been proving more common than previously thought and these patients often present with psychiatric symptoms including apathy.

In younger patients returning from service in Iraq and Afghanistan symptoms of depression again may overlap with cognitive symptoms in this case due to occult mild traumatic brain injury (TBI) due to exposure of improvised explosive devices (IEDs) on the battlefield. Post-traumatic Stress Disorder (PTSD), which is also common in these groups, further complicates the diagnostic picture, and may exist in any age-group of veterans.

Currently the VA is exploring the most efficient means to effectively screen populations of veterans of all age groups for overlapping symptoms of depression, apathy and cognitive impairment. Data will be presented on the most effective screening paradigms for bringing these veterans to treatment efficiently.

### CS06.02

Integrated understanding of neuropsychiatric symptoms: From clinical trials to real life

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Neuropsychiatric symptoms, also referred to as 'BPSD' (Behavioural and Psychological Symptoms of Dementia), are now proposed as a major component of the dementia syndrome and are as clinically significant as disorders of cognition. Behavioural changes are not only important at a symptomatic level but could be a key feature for the future disease modifying therapies.

For clinical trials, the following points have been suggested by members of BPSD European Alzheimer Disease Consortium (EADC):

- to limit the use of BNPI total score
- to use NPI sub syndrome or single item score
- to use in combination with the NPI specific behavioural domains scale

For clinical practice, results from the cohort such as the REAL.Fr study help to stress

the importance neuropsychiatric symptoms in AD patients. 686 AD patients included

A majority of patients at any stage of the disease presented with one or several behavioral and psychological disturbances. Apathy concerned 43% of patients and, with or without depression, was associated with more pronounced deficits in global cognition, everyday life and instrumental abilities, nutritional status and with a higher burden level. A high level of psychotropic prescription, especially with antidepressant, was observed in patients with apathy. In a multivariate analysis taking into account the cognitive and functional variables of AD, apathy and depression were the only significant predictors of psychotropic prescription.

Other results coming from the 4 year follow up assessment will also be presented.

### CS06.03

Informal caregiving in Dementia: Results of a survey

C.A.G. Wolfs, F.R.J. Verhey, C.D. Dirksen, A. Kessels, J.L. Severens. *Department of Psychiatry, University Hospital of Maastricht, Maastricht, The Netherlands*

Informal care plays a substantial role in the provision of total care. The number is expected to increase in the coming decades due to demographic and social-economic developments. More attention to informal care, the position of informal caregivers, the consequences of providing informal care and the inclusion of informal care in economic evaluations is therefore essential.

We conducted a study to evaluate possible effects of an integrated multidisciplinary approach with regard to dementia on caregiver outcomes. The study was part of a randomized controlled trial into the effects of an integrated approach to dementia by means of a Diagnostic Observation Centre for PsychoGeriatric patients (DOC-PG).

We found that significantly more patients in the intervention group made use of informal day care (i.e. day care provided by friends or family) at the baseline measurement. Another difference related to the costs of informal care, measured and valued with the proxy- good method, which were significantly higher in the usual care group at the 12 months