

psychiatric, and sleep-related disturbances in addition to the dementia syndrome, and information and re-assuring of patients and caregivers are important. In addition, drug treatment of patients with DLB is different from that of AD patients. DLB patients may respond better to cholinergic and dopaminergic agents, but are more likely to develop severe side-effects when treated with anti-psychotic agents, including the atypical ones.

However, diagnosing DLB may be difficult. Several studies have demonstrated a low diagnostic sensitivity compared to AD when using international consensus criteria for a clinical diagnosis of DLB. Thus diagnostic markers are needed to improve diagnostic accuracy. Although emerging data indicate that neuro-imaging techniques such as structural MRI and perfusion SPECT may differentiate AD and DLB at group level, there is too much overlap for these techniques to be useful in the diagnosis of individual patients. Accordingly, the finding that Dat scan can reliably distinguish patients with DLB from those with AD, even DLB patients without parkinsonism, can improve patient management. The most important situation is a patient fulfilling DLB criteria but without parkinsonism, where Dat scan ascertain involvement of the nigrostriatal system typical for DLB. Another potentially important situation is a patient with dementia and parkinsonism and psychosis treated with antipsychotic, where it is unclear whether parkinsonism is secondary to the antipsychotic drug treatment or part of the dementia syndrome. Cases illustrating these clinical dilemmas will be presented and discussed.

**SAT6 - Satellite symposium:
MENTAL AND PHYSICAL HEALTH ARE
INTERCONNECTED: THE NEED FOR
INTEGRATED HEALTHCARE**
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SAT6.01

Schizophrenia and overweight/obesity: Pathophysiology and medical consequences

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Overweight/obesity is a growing concern throughout the general population. The prevalence of overweight and obesity in schizophrenia is high, compounding the burden of an already devastating illness. This is making overweight/obesity an important consideration if the physical health of patients is to be improved. Ultimately, overweight/obesity results from an imbalance between food intake and energy expenditure over several years. However, the pathophysiology of overweight/obesity is complex and involves interactions between environmental, behavioural and genetic factors. There is compelling evidence that patients with schizophrenia are more prone to weight increase than the general population. Although a number of social factors contribute to the increased risk of overweight/obesity and metabolic disturbances in patients with psychiatric disorders, there is also evidence that genetic factors may play a role. Additionally, many psychiatric medications are known to be associated with weight gain. It is thought that weight gain may be related to neurotransmitter-receptor affinity, which can have multiple effects on energy homeostasis. For example, histamine H1 receptor affinity has been

shown to predict short-term weight gain with both typical and atypical antipsychotics.

Obesity, especially abdominal obesity, is associated with a number of adverse health consequences. These include an increased risk of glucose intolerance, insulin resistance, Type 2 diabetes, dyslipidaemia, hypertension and cardiovascular disease. In addition, the presence of metabolic syndrome, a cluster of metabolic disturbances, significantly increases the risk of cardiovascular morbidity and mortality. It can therefore be seen that there is an urgent need to start identifying schizophrenia patients who are at risk to help improve long-term health outcomes.

SAT6.02

Impact of antipsychotic treatment on physical health

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Metabolic abnormalities have consistently been identified as a part of schizophrenic illness, but with the introduction of second-generation antipsychotics and their possible association with metabolic abnormalities, the interest in this topic has been renewed. Many studies have now provided convincing evidence for a high risk of obesity, diabetes and other glucose abnormalities, the metabolic syndrome, and mortality due to elevated cardiovascular risk in patients with schizophrenia. These metabolic abnormalities are of major clinical concern, not only because of their direct, somatic effects on morbidity and mortality, but also because of their association with psychiatric outcomes, such as a higher prevalence of psychotic and depressive symptoms, a lower functional outcome, a worse perceived physical health and lower adherence to medication. The reasons that underlie the high prevalence of these metabolic abnormalities are much debated, especially when considering the possible role of second-generation, 'atypical' antipsychotics in the occurrence of these abnormalities. Many studies have suggested a role of (certain) atypical antipsychotics in the occurrence of metabolic abnormalities; case reports, cross-sectional or retrospective studies and prospective studies. Different consensus groups have proposed guidelines for screening, monitoring and management of metabolic abnormalities for people treated with antipsychotic agents.

SAT6.03

Psychosocial consequences of physical health impairment in schizophrenia

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As well as the obvious medical consequences associated with physical health problems in individuals with schizophrenia, physical health problems lead to a number of psychosocial consequences - further contributing to the existing burden of schizophrenia itself. Weight gain is one that may have repercussions on both psychosocial and economic parameters. Weight gain can seriously impair quality of life through decreased functioning, social stigmatization, discrimination, and potential financial consequences. Obesity and being overweight appear to have the same impact on the self-esteem and well-being in people with schizophrenia as those in the general population, and it has been shown that patients who experienced recent weight gain had lower psychosocial adjustment and self-esteem compared with patients without weight change. However, patients with schizophrenia may be less capable of managing their weight via exercise and dietary interventions compared with the general population, and