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

I. Meller*, M.M. Fichter, H. Schröppel. *Psychiatric-University-Hospital, Munich, Germany*

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

L. Lykouras*, R. Gournellis, A. Fortos, P. Oulis, G.N. Christodoulou. *Athens University Medical School, Psychiatric Clinic "Eginition" Hospital Psychogeriatric Clinic, "Dromocaition" Mental Hospital, Athens, Greece*

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

T.T.J. Kircher*, C. Meisner, F. Schwärzler, G. Buchkremer, H. Wormstall. *Department of Psychiatry, University of Tübingen, Germany*

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?

F. Schwärzler*, H. Wormstall. *Department of Psychiatry, University of Tübingen, Germany*

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

G. Gharabawi[1]*, F. Grossman[2]. [1]*Janssen Pharmaceutica Products L.P., USA*
[2]*Janssen Research Foundation, Belgium*

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

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patients receiving 1 mg/day of risperidone than placebo. On the Clinical Global Impressions scale, a rating of much or very much improved was received by 26% of placebo patients and 30%, 45%, and 40% of the risperidone patients. Differences were significant between placebo and risperidone at 1.0 mg/day ($p<0.001$) and 2.0 mg/day ($p<0.05$). It is concluded that, in elderly patients with dementia and psychotic symptoms at baseline, risperidone was efficacious in treating psychosis and behavioral disturbances.

P23.07

Psychiatric assessment after hip fractures – possible use of it

M. Pejovic-Milovancevic*, V. Randjic, R. Milovancevic. *Department for Children & Adolescents, Institute for Mental Health, Belgrade, Yugoslavia*

Objectives: The authors investigated the psychiatric illness in older people with hip fractures. Previous studies suggested that older people with mental health problems are more likely to develop hip fractures and are at higher risk of suffering adverse consequence of such injury. Especially women are particularly vulnerable to such fractures.

Method: We conducted prospective longitudinal survey of hip fracture patients admitted to hospital in 6 months period. The authors studied 180 patient, with mean age 65 with underwent extensive clinical, psychiatric and orthopedic evaluation, the structured clinical interview for ICD10, SCIDI, BCRS, HAMD.

Results: 43% of 6-month survivors of hip fractures had psychiatric illness. Dementia 39%, depression 21%, cognitive dysfunction 31% and other psychiatric conditions 18%.

Conclusion: These findings suggest that higher proportion of patient with hip fractures suffer psychiatric illness. These injures have high levels of currently untreated psychiatric morbidity which impact on the outcomes of treatment. This research has clinical implications for the treatment of hip fractures.

P23.08

Atypical symptoms in geriatric depression

C. Cimmino[1]*, C. Balista[1], E. Nonis[2], M. Amore[1]. [1]*Institute of Psychiatry, University of Parma;* [2]*Institute of Geriatrics, University of Parma, Italy*

Objective: The study aimed to evaluate in Geriatric Depression the symptomatologic subtype with atypical symptoms on the basis of clinical and temperamental characteristics.

Methods: At this study was recruited a sample of 105 patients consecutively admitted in the Center for the study of Anxiety and Depression Disorder of the Psychiatry Clinic of the University of Parma with a DSM-IV diagnosis of Major Depressive Disorder. At baseline the patients are divided in two groups on the basis of presence (Atypical Symptoms,AS: n°45, 12 female=11.6% and 33 males=31.2%) or absence (No Atypical Symptoms, NAS: n°60, 41 females=39.8% e 19 males=17.4%) of atypical symptoms. The sample was assessed with the following instruments: HAMD+ atypical symptoms, HAMA, GDS, MADRS, CSDD, ADL, AIDL, BADL, QL-Index, SCL-90, MMS and CIRS for Comorbidity with general medical condition.

Results: Regarding the social demografic data there were significant differences about sample's mean age (AS=64,19±2 vs NAS=58,91±2,96; p=0,005). At symptomatologic gravity there were differences about presence of intellectual disorder (Ham-A item 5, AS=1,8±0,84 vs NAS=0,58±1,02 p=0,004); at HAMD higher depressive symptomatology (AS=15.44 vs NAS=11,95±5,41; p=0,004) and higher hypochondria and atypical symptoms(item 15, AS=2.4±0,81 vs NAS=0,21±1,00 p=0,002; total score "atypical symptoms" AS=5.14±1.12 vs NAS=2.42±0.12 p=0,002); higher scores at GDS (AS=27,8±0,81 vs NAS=24,2±1,12 p=0,005). At SCL-90, AS scored significatively higher in the single subscales of Interpersonal Sensitivity (AS=12,12±6,05 vs NSA=7.21±5; p=0,004), Depression (AS=24,33±11,2 vs NAS=16,4±6,21; p=0,002). Comorbidity for general mediacal conditions, AS and NAS differed significantly in neurologic illness (AS=14,71±2,21 vs NAS=12,21±4,1; p=0,004), respiratory illness(AS=21,45±4,20 vs NAS=14,2±4,6; p=0,002). AT ADL, AS scored significatively lower (AS: 10,21 ±2,01 vs NAS=16,22±3.12; p=0,002). Regarding temperamental aspects, no statistically significant findings emerged from the two groups except for Harm Avoidance (AS=17,21±6,2 vs NAS=21,41±2,1; p=0,011).

Conclusion: The subtype with atypical symptoms results characterized by male patients, earlier onset, higher level of severity in depressive symptomatology, and intellectual disorders: memory and concetration deficit, scores significatively higher in the single subscales of interpersonal sensitivity and depression at SCL-90. The patients with atypical symptoms present higher comorbidity for general medical condition, statistically significant for neurologic and respiratory illness and higher level of disability. Regarding temperamental dimensions NAS presents significantly higher scores in Harm Avoidance.

P23.09

Psychotic symptoms in geriatric depression

C. Cimmino[1]*, C. Balista[1], C. Franco[2], E. Nonis[3], M. Amore[1]. [1]*Institute of Psychiatry, University of Parma;* [3]*Institute of Biology, University of Naples;* [2]*Institute of Geriatrics, University of Parma, Italy*

Objective: The study aimed to evaluate in Geriatric Depression the symptomatologic subtype with psychotic symptoms on the basis of clinical and temperamental characteristics.

Methods: At this study was recruited a sample of 105 patients consecutively admitted in the Center for the study of Anxiety and Depression Disorder of the Psychiatry Clinic of the University of Parma with a DSM-IV diagnosis of Major Depressive Disorder. At baseline the patients are divided in two groups on the basis of presence (Psychotic Symptoms, PS: n°28, 9 female=8.3% and 19 males=18.2%) or absence (No Psychotic Symptoms, NPS: n°77, 45 females=43.5% e 32 males=30%) of psychotic symptoms. The sample was assessed with the following instruments: HAMD+ atypical symptoms, HAMA, GDS, MADRS, CSDD, ADL, AIDL, BADL, QL-Index, SCL-90, MMS and CIRS for Comorbidity with general medical condition.

Results: Regarding the socialdemographic data, there were significant differences about sex (PS: 8.3% fameles and 18.2% males vs NPS: 43.5% fameles and 30% males; p=0,005), mean age (PS: 69,29±5,6 vs NPS: 61,05±1,55; p=0,021) and scolarity (PS: 4,78±4,56 vs NPS: 7,24±5,2; p= 0,026). At SCL-90 Scale in both total score (PS: 105,3±24,3 vs NPS: 99,3±6,2; p=0,002), and in the subscales of somatization (PS: 13, 5±1,5 vs NPS: 9.21±4,3; p=0,003), obsessive–compulsive (PS: 12,9±3,9 vs NPS: 6,5±8,4; p=0,002)and psychotic (PS: 11, 5±1,2 vs NPS: 7.24±4,1; p=0,003) were statistically different between PS and NPS. At symptomatologic gravity there were differences about presence of intellectual disorder (Ham-A item 5, PS= 3,5±0,81 vs NPS=0,28±1,02 p=0,002); at HAMD higher depressive symptomatology (PS=17,41 vs NPS=12,91±5,23; p=0,005), initial insomnia and somatic anxiety (item 5, PS=3,2±0,85 vs NPS=0,41±1,02

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