

## ARE PSYCHIATRISTS AND NEUROLOGISTS DIFFERENT IN THE TREATMENT OF DEMENTIA?

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**Introduction and objectives:** Dementia is a health problem that needs a careful diagnosis and treatment. The authors investigated the prescription habits of neurologists and psychiatrists in patients with dementia and analyzed the differences.

**Methodology:** An online questionnaire was sent to Portuguese psychiatrists and neurologists about the initial diagnosis and treatment in dementia.

**Results:** 103 questionnaires were validated (46% psychiatrists). The Cholinesterase Inhibitors (IChE) were the most subscribed substances in both specialties, followed by memantine by neurologists (82%) and antipsychotics by psychiatrists (86%). The least prescribed drugs are benzodiazepines (7% : neurologists; 24%: psychiatrists) and nootropic drugs (8% in both). The combination of IChEs is more used by psychiatrists than neurologists, but the combination with memantine is similar in both. The majority does not associate nootropics (80%), but in those who do 77% are psychiatrists. In the treatment of depressive symptoms the majority uses Serotonin Uptake Inhibitors (79%). In sleep disorders 46% prescribe antidepressant and 31% antipsychotics. In the initial evaluation 94% of physicians request CT scan and blood work. Neuropsychological assessment is requested by 65% of psychiatrists and 44% of neurologists.

**Discussion/conclusion:** In our sample the diagnostic and therapeutic approach in dementia is in accordance to the international guidelines. In some cases the initial investigation to exclude treatable dementias is not requested, which points to the importance to the professionals' sensibilization. It is also interesting to discuss the differences of prescription between the two specialties, namely nootropics, benzodiazepines, antipsychotics and the association of two IChE.