

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

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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

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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

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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 Nursery Observation for Geriatric Patients (NOSGER).

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

pressants in the specific correction of the monoaminic cerebral deficit.

Still, some depressive disorders do not respond to medication. Their resistance may limit the approach to the chemotherapy in the depressive disorders. The limitation of the use of the antidepressants in elderly is do to the numerous physical diseases and the pharmacodynamic changes because of ageing.

These limits as well as the progress obtained by using the newer antidepressants (SSRIs, SNRIs, RMAOIs, atypical antidepressants) give the possibility of a better psychotherapy approach to the elderly in the Community Care Services.

Pharmacodynamic changes occurring with age have recently been reviewed. It has been noticed that the newer antidepressants are more effective than conventional psychotropic drugs for depression in elderly, because of their decreased toxicity and of a superior tolerability and a low risk of drug interaction. The principal gain in using those new drugs is few anticholinergic side-effects and the treatment of depression associated with cardio-vascular diseases. Also, importantly, they appear to be safe in overdose.

This study is designed to test whether there is any difference in efficacy in management of depressive disorders between newer antidepressants and other classical antidepressants in elderly and, if the moment of illness' onset has some importance in the efficacy of treatment.

We tried to use some newer antidepressants to treat the depression in 30 patients more than four-six weeks and noticed their response to treatment using the GDS-15 or improvement in Hamilton scores.

The improvement of the mood and behaviour in elderly patients with the newer antidepressants allow their care in the community health or social care services.

In consequently, we could improve the quality of life, of frail and mentally ill elderly living in the community.

Tues-P70

MANAGEMENT OF SUICIDALITY IN OLD AGE: RESULTS FROM A REPRESENTATIVE SURVEY IN PRIMARY CARE

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With a prevalence of about 20% depression is the most common disorder in old age. The rate of suicides is considerably high especially in this age group with a predominance in the male patients. Since most of the elderly are treated exclusively by their family physicians (FP), the following study was designed to investigate the influence of various factors (gender, severity, comorbidity) on disease management.

We designed two written case histories describing mild depression (case 1) and moderate to severe (delusional) depression (case 2). For each case different versions were used: in case 1 the gender of the patients varied, in case 2 both the gender and the previous history (stroke/hypothyreosis). The different combinations of case 1a/b and case 2a-d were randomly assigned and a pair of case 1 and 2 presented to FP by trained investigators in a face to face interview. A standardised interview was performed. After asking the physicians for informations and diagnostics they would like to get in the respective cases, at the end we also asked directly (cued) whether they would ask the patient for a potential suicidality, and if not, why not. 170 (77.6%) of all FPs in Kassel and rural surroundings were interviewed during summer 1995. The data may be regarded as representative. In both cases nearly no physician considered suicidality uncued (case 1: 2.4%, case 2: 5.9%). Following the direct question, 66.5% of all physicians said

that they would ask the patient, and another 10% would do this "later". 22.6% would not ask the patient. Those who would not ask the patient argued, that they would not see a "reason" for this and/or would wait for the patient's initiative and/or feared to "make the patient suicidal" by asking.

The significant differences between cued and uncued answers point into the direction, that the problem of suicidality in depression is generally known to FP. As far as the results are comparable to the actual situation in primary care however, they point to major problems in dealing with suicidality.

Tues-P71

DIURNAL SLEEP IMPAIRS COGNITIVE PERFORMANCES IN ELDERLY: PHYSIOPATHOLOGIC HYPOTHESIS

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Background: old people are frequently affected by sleep disorders. In clinical practice old people refer to sleep bad, for that concern both quality and hours of sleep.

Aim: the goal of present study is the assessment of the correlation between the type of sleep and the degree of cognitive disease.

Methods: 70 old patients, recovered in a long-term institute, not affected by other disorders or submitted to pharmacological drugs interfering with assessments, have been submitted to semi-structured interview for researching quality and quantity of sleep. The patients have been submitted to Alzheimer's Disease Assessment Scale, also for excluding serious concomitant psychic diseases. The patients have been submitted to a Sleep Questionnaire (SQ) for evaluating quality and quantity of sleep. The caregivers of patients affected by cognitive decline (MMSE score less than 16) have been submitted to the SQ. The sleep has been distinguished in daily and nocturnal sleep.

Results: it has been demonstrated a significative correlation between quality of diurnal sleep and better cognitive performances.

Conclusions: the maintenance of circadian rhythms could be related to the integrity of the cerebral biological oscillators. The tendency to daily sleep could be the expression of the integrity of these cerebral pacemakers, so it could be present only in a first stage of cognitive decline, because in the next stage of dementia the lesion of suprachiasmatic nuclei can express itself by means of the loss of circadian rhythms and day-night inversion of the sleep.

Tues-P72

DIAGNOSIS OF DEPRESSION IN THE ELDERLY IN THE GERMAN PRIMARY CARE SITUATION

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With a prevalence of about 20% depression is the most common disorder in old age with a strong impact on quality of life and on physical health. Previous studies revealed a striking underdiagnosis and undertreatment of depression in primary care. The following study was designed to investigate the influence of various factors (gender, severity, comorbidity) on disease recognition and treatment.

We designed two written case histories describing mild depression (case 1) and moderate to severe (delusional) depression (case 2). For each case different versions were used: in case 1 the gender of the patients varied, in case 2 both the gender and the previous