with an incidence >5% were nausea and vomiting. 8 patients discontinued due to AEs. 21 patients experienced a SAE with 4 SAEs considered as possibly related to study medication (heart failure, syncope, aggravated dementia, urinary retention).

Conclusions: This open-label study supports evidence from placebo-controlled trials of the efficacy and safety of galantamine in patients with AD+CVD and suggests similar cognitive effects and safety through 12 months.

P280

Safety and efficacy of inhibitors of cholinesteraseduring the treatment of DAT-long-term follow

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Background and aims: DAT is chronic, degenerative disease, which decrease quality of patientś life.DAT is one of the most frequent type of dementia (Pidrman, Kolibáš).

The most important signs of DAT are:cognitive deficit, behavioral and psychological symptoms of dementia (depression, apatia, incontinentia…) (Spar, Rue, 2003).

We have 34 patients with DAT in our retrospective study, the age:76,6 years(65-92y).

The goal of our study was follow the efficacy and safety of donepezil, rivastigmine and galantamine during titration phase and continuing phase.

Methods: The efficacy of the treatment with inhibitors of cholinesterase we assessed with MMSE and Clock test on first day, 3rd, 6th and 12th months and NPI (Neuropsychiatric Inventory test) during titration and continuing phases.

The safety of the treatment we assessed with the test of side effects, the most frequent were agitation, depression, agression and incontinentia.

Statistically we used CHí test(p=0,05) and ANOVA test.

Results: The efficacy and safety of all inhibitors of cholinesterase were comparable,there were no significant differences and they have very good efficacy during one year treatment.

There were no frequent gastrointestinal side effects during the treatment with rivastigmine during titration and continuinf phase and the result were comparable with donepezil and galantamine without significant differences. There were no imprtant cardiovascular side effects during the long-term treatment with inhibitors of cholinesterase.

Conclusion: The efficacy and safety of all inhibitors of cholinesterase were comparable during titration and long-term treatment and without significant differences.

P281

Clinical and expert assessment of emotional state and cognitive functions of patients with cerebrovascular diseases

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Backgrounds and aims: We conducted a complex clinical and psychological examination of 50 patients with cerebrovascular pathology.

Methods: All the patients were divided into four expert-rehabilitation groups (ERG) in accordance with the main indices which characterize psychological state (the state of cognitive functions, visual and motor coordination) and the degree of the expression of neurological deficiency. The aims and tasks were worked out for each ERG, as well as an individual plan of rehabilitation.

Results: The patients of the first ERG (15 persons) differed from the major group in general in the level asthenia, persons of second ERG (10 persons) – in the level of anxiety ($P \leq 0{,}05$), people of the third ERG (15 persons) – in the level of anxiety and depression (reliably higher). The most significant differences with the major group were characteristic of the patients of the fourth ERG (10 persons). They showed a reliably lower level of the state of cognitive functions, visual and motor coordination, locus of control. Lower indices of cognitive functioning were kept in the fourth ERG in the dynamics during the whole course of earlier stationary rehabilitation, which points to the urgent necessity of the continuation of the whole course of correction and rehabilitation work, including psychosocial rehabilitation, on the following outpatient stage.

Conclusions: The division into the ERG allowed us to join the cases of diseases with similar symptoms and approximately identical technology of psychosocial and rehabilitation measures, their cost and supposed efficiency.

P282

Cognitive dysfunctions and depressive symptoms in graves-basedow disease

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Cognitive dysfunction and depressive symptoms seem to play significant role in clinical picture of hyperthyroidism.

The aim of this study was to assess cognitive functions connected with prefrontal cortex in relation to intensity of depressive symptoms in patients with Graves-Basedow disease.

The studied group consisted of 45 patients (37 female, 8 male) aged 18-55 (mean 42,2) with Graves-Basedow disease. The control group consisted of 30 healthy persons matched with age, gender and education for experimental group. The Neuropsychological assessment included the Wisconsin Card Sorting Test (WCST) and N-back test (1-back) for different aspects of working memory and executive functions estimation. The intensity of depressive symptoms were assessed by Beck Depression Inventory.

Investigated patients show significant impairments on performance on all parameters of WCST compared to healthy persons. Also the results of N-back test show severe disturbances on visuospatial working memory on 1-back task.

The results show significant disturbances on frontal function (particularly working memory and executive functions) in patients with Graves-Basedow disease in relation to healthy subjects. In 1/3 patients with Graves-Basedow disease the intensity of depressive symptoms was observed. The higher intensity of depressive symptoms were correlated with grater cognitive deficits in the neuropsychological tests. These results suggest that depressive symptoms may increase cognitive deficits, especially connected with prefrontal cortex in the group of Graves-Basedow disease patients.

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