

The project described here uses an international psychiatric classification (in this case Chapter V(F) of the ICD-10 produced by the World Health Organization) as a means of international communication and educational discussion about everyday clinical issues. In a first stage, psychiatrists in Central Asian countries (Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan) wrote 20 detailed clinical case histories about patients who suffered from disorders of the main sections of Chapter V of the ICD-10. In the second stage these were then sent to diagnostic assessment in the Eastern European countries of Ukraine, Belarus, Georgia and Russia and the West European countries of Denmark, Switzerland, Germany and the UK, who made independent diagnostic and clinical assessments. In the third stage all the information collected was sent to five sets of commentators who wrote a brief commentary on the similarities and difference in diagnoses and treatment, the main points can be learned from the discussion of these case histories.

Psychiatrists in central Asia, Eastern European countries and Western European countries reached similar diagnoses on the basis of case histories presented to them. There were however differences in treatment proposed as well as in the assessment of prognoses.

The use of casebooks as an educational tool to introduce a new classification or to improve its use will be discussed.

Core Symposium: Integrated approach for the treatment of neuropsychiatric symptoms in the elderly

CS06.01

How to rate depression and apathy in dementia and in non demented elderly: The VA experience

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The evaluation of mental health patients of all age groups in Department of Veterans Affairs (VA) is complicated by the problem of separating symptoms of depression from those of apathy in young and old patients alike. In older patients, dementia of the Alzheimer's type often coexists with depression and at the same time with frontal-lobe signs of loss of executive skills and apathy. Furthermore dementias predominantly involving the frontal lobes have been proving more common than previously thought and these patients often present with psychiatric symptoms including apathy.

In younger patients returning from service in Iraq and Afghanistan symptoms of depression again may overlap with cognitive symptoms in this case due to occult mild traumatic brain injury (TBI) due to exposure of improvised explosive devices (IEDs) on the battlefield. Post-traumatic Stress Disorder (PTSD), which is also common in these groups, further complicates the diagnostic picture, and may exist in any age-group of veterans.

Currently the VA is exploring the most efficient means to effectively screen populations of veterans of all age groups for overlapping symptoms of depression, apathy and cognitive impairment. Data will be presented on the most effective screening paradigms for bringing these veterans to treatment efficiently.

CS06.02

Integrated understanding of neuropsychiatric symptoms: From clinical trials to real life

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Neuropsychiatric symptoms, also referred to as 'BPSD' (Behavioural and Psychological Symptoms of Dementia), are now proposed as a major component of the dementia syndrome and are as clinically significant as disorders of cognition. Behavioural changes are not only important at a symptomatic level but could be a key feature for the future disease modifying therapies.

For clinical trials, the following points have been suggested by members of BPSD European Alzheimer Disease Consortium (EADC):

- to limit the use of BNPI total score
- to use NPI sub syndrome or single item score
- to use in combination with the NPI specific behavioural domains scale

For clinical practice, results from the cohort such as the REAL.Fr study help to stress

the importance neuropsychiatric symptoms in AD patients. 686 AD patients included

A majority of patients at any stage of the disease presented with one or several behavioral and psychological disturbances. Apathy concerned 43% of patients and, with or without depression, was associated with more pronounced deficits in global cognition, everyday life and instrumental abilities, nutritional status and with a higher burden level. A high level of psychotropic prescription, especially with antidepressant, was observed in patients with apathy. In a multivariate analysis taking into account the cognitive and functional variables of AD, apathy and depression were the only significant predictors of psychotropic prescription.

Other results coming from the 4 year follow up assessment will also be presented.

CS06.03

Informal caregiving in Dementia: Results of a survey

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Informal care plays a substantial role in the provision of total care. The number is expected to increase in the coming decades due to demographic and social-economic developments. More attention to informal care, the position of informal caregivers, the consequences of providing informal care and the inclusion of informal care in economic evaluations is therefore essential.

We conducted a study to evaluate possible effects of an integrated multidisciplinary approach with regard to dementia on caregiver outcomes. The study was part of a randomized controlled trial into the effects of an integrated approach to dementia by means of a Diagnostic Observation Centre for PsychoGeriatric patients (DOC-PG).

We found that significantly more patients in the intervention group made use of informal day care (i.e. day care provided by friends or family) at the baseline measurement. Another difference related to the costs of informal care, measured and valued with the proxy- good method, which were significantly higher in the usual care group at the 12 months