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RIVASTIGMINE IN TREATMENT OF ALCOHOL - INDUCED PERSISTING DEMENTIA

G. Djokic[1], N. Zivkovic[2]

[1]Consultative Neurology, [2]Emergency Psychiatry, Institute for Neuropsychiatry Laza Lazarevic, Belgrade, Serbia

Alcohol- Induced Persisting Dementia (AIPD) can occur because of both the direct effects of alcohol and specific vitamin deficiencies, and the indirect influence of genetic or neurochemical predisposition.
Aim of this study was to ascertain the efficiency of the rivastigmine therapy in the treatment of AIPD.

Methods: The prospective clinical study included 101 patients diagnosed in accordance with DSM IV criteria for AIPD. Patients were monitored for 3 months in hospital and outpatient conditions, according to specially designed protocol, which included MMSE, BPRS, CGI1-4 scales, and clock drawing test (CDT). Both the control and the experimental groups were treated with conventional therapy and in addition the experimental group treatment was supplemented with rivastigmine (3-12 mg/24 h).

Results: The participants were in the same age range, predominantly male, with an similar average illness duration. Average daily rivastigmine dose was 9.76±2.014 mg. An average pretrial MMSE score was around 19, BPRS score was around 50 , CGI1 score was around 4.6, and CDT score around 5 . Statistically significant differences among the C and E group begin to show after 14^{th} (in BPRS scores)and 28^{th} day of therapy(in MMSE,CDT,and CGI1 scores) ($p>0.1$) and to become more apparently significant after two and three months of treatment ($p>0.5$).

Conclusion: MMSE and CDT scores are significantly higher, and BPRS, CGI1-3 scores significantly lower in rivastigmine group from 14^{th} and 28^{th} day of treatment. Rivastigmine has statistically significant effect in treatment of AIPD.

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