

Implications of this important intervention measure based on the demented patients' body relatively kept potential, will conclude the presentation.

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ATYPIC ANTYPHYCHOTICS IN THE TREATMENT OF BOTH COGNITIVE AND BEHAVIOURAL DEFICIENCY OF DEMENTIA

L. Tarricone, *A.U.S.L./SPDC Galatina (LE), Italy*

It is thought that almost 6–8% of the over 65-year old population is suffering from dementia, and on the basis of reliable surveys they expect that in the next 30 years the world population of demented might reach the dramatic figure of 104 Millions. Therefore, dementia is a serious problem of public health. For patients, doctors and caregivers, an important clinical aspect is represented by the association cognitive symptoms-behavioural troubles that affect about 70% of patients suffering from dementia and often are cause of hospitalisation and/or institutionalization. The atypical antipsychotic SDA (Serotonin Dopamine Antagonist) and MARTA (Multiple Acting Targeted Antipsychotics) are largely used for both prevention and treatment of cognitive and behavioural troubles. Recent studies have pointed out the correlation among cerebral atrophy, dopaminergic transmission decrease, serotonergic transmission increase, onset and seriousness of cognitive deficiency, and emotional and behavioural troubles.

The aim of the present work is considering the efficacy of SDA (Risperidone) and MARTA (Olanzapine and Quetiapine) for cognitive and emotional deficiency and behavioural troubles in patients suffering from dementia.

Twenty patients have been monitored over a period of 16/20 months (14 men and 6 women between 35 and 75 years of age) suffering from pre-senile dementia (6); senile dementia (9); correlated AIDS dementia (3); alcoholic dementia (2). Five patients were given Risperidone in mono-therapy measuring 0.5–2 mg was given and eight patients received Risperidone in association with benzodiazepine; Olanzapine 2.5–5 mg was given in mono-therapy to four patients and two patients were treated in association; Quetiapine 25 mg has been given to one patient for a month.

The results point out a significant improvement in affectivity and a reduction in aggressiveness at productive symptomatology with a reasonable improvement of cognitive deficiencies. No relevant side effects. The efficacy of SDA and MARTA in the behavioural and cognitive treatment suggest a mutual target. The easiness of employment, the favourable profile of side effects, the good results are valid elements for a rational use in the dementia therapies.

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PHARMACOTHERAPY OF THE DOC RESISTANT

L. Tarricone, *AUSL LE 1 DM SPDC Galatina (LE), Italy*

Introduction: The DOC is included in the DSM IV among the troubles from anxiety despite the numerous epidemiological, immuno-biological, pharmacological and psycho-sociological studies tend to classify it as a separate entity. It is to be considered as a common trouble with an incidence of 2.5–3% in a life span. It comes out in youthful age with a negative impact on everyday functions and has a long and variable course. The prognosis for the patients suffering from this pathology has considerably improved with the clinical application of new therapeutic strategies; notwithstanding, 30–40% of them is resistant to SSRI treatment.

Aim: Considering alternative therapeutic strategies to DOC resistant

Method: 12 patients with DOC resistant have been monitored following a therapy with three-cyclical and SSRI. 4 were given a therapy of SSRI at 60 mg and risperidone 1 mg pro-die; 4 SSRI at 60 mg and lithium at 600 mg; 4 SSRI 60 mg and carbamazepine 400–600 mg. Control with clinical interviews and Y-BOCS.

Results: Out of the 12 patients, one treated with lithium interrupted the therapy due to side effects coming from a sudden rise in lithium. Those patients treated with SSRI and lithium have shown 40% improvement in symptoms and after one month's therapy the effects are stable. Overlapping of results with 20% improvement in patients with SSRI, risperidone, and carbamazepine. Two cases, considered interesting, of patients treated with SSRI and lithium will be reported.

Conclusions: The DOC is a disabling condition sensitive to specific medicines, like SSRI and also to the behavioural therapy. For those cases resistant to the conventional therapies, it is suggested to consider the association with anti-obsessional medicines (lithium seems to give the best results) and to pay special attention to situations of comorbidity.

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ASSOCIATION OF APOLIPOPROTEIN E AND ALPHA2MACROGLOBULIN WITH ALZHEIMER DISEASE IN CZECH POPULATION

A. Howardova¹, B. Rypackova², R. Jirak¹. ¹Psychiatric Clinic, 1st Medical Faculty, Charles University, Prague; ²1st Internal Clinic, Dept. Clinical Hematology, General Faculty Hospital, Prague, Czech Republic

Purpose: Purpose of this study was to find an association between apolipoprotein E and alpha2 macroglobulin with late onset Alzheimer disease in Czech population.

Methods: We have examined group of 112 clinically well defined patients with late onset Alzheimer disease and 105 age and gender matched, non demented individuals. For genetic analysis of the apolipoprotein E and alpha2 macroglobulin polymorphisms we used simple and rapid method of detection by PCR restriction fragment length analysis.

Results: Distribution of apoE alleles was comparable to genetical studies from other central European countries. We found no association between alpha2 macroglobulin and late onset of Alzheimer disease. There was also no evidence of interaction between apolipoprotein E and alpha2 macroglobulin.

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DEVELOPMENT OF THE PTSD SYMPTOMS UNDER THE CONDITION OF THE SPECIFIC TRAUMATIC EVENT

G. Grbesa, M. Popovic, M. Simonovic

Posttraumatic Stress Disorder is defined as a mental disorder caused by the traumatic event.

Trauma concept is primarily for understanding the disorder, but it is not considered to be exclusive factor. Etiological theories specify the personal traits, which determine whether the symptoms will develop or not. On the other hand, DSM-IV delineates in definition that this is the disorder that can occur in any individual exposed to traumatic event. This attitude directs us to need to redefine the relationship between traumatic event and the personality of the individual in the course of the symptom development.

The investigation included 397 individuals who were treated during the 78 days of bombardment of the area of town Nis. The subjects investigated were exposed in the limited time period, at the