

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.

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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.

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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.

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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 Nursely Observation for Geriatric Patients (NOSGER).

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