

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

follow-up. Finally, significantly more caregivers in the intervention group gave up unpaid work in order to care for the patients at the baseline measurement. No other differences between the groups were found.

Our results suggest that an integrated approach to dementia may have a positive effect on the amount of informal care since this amount increased more in the usual care group than in the intervention group after one year.

CS06.04

Neuropsychiatric Symptoms (BPSD) in severe dementia

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There is no generally accepted definition of Severe Dementia. The current evidence suggests that this stage of the dementia syndrome may have clinically relevant sub-divisions.

There is evidence to support the influence of the severity of dementia on neuro-psychiatric symptoms (either singly or in symptom “Clusters”). The frequency, type and impact of BPSD also change with the severity of Dementia (probably irrespective of aetiology).

The measurement of BPSD in severe dementia also poses challenges; Are the “Gold standard” measures (such as the NPI) appropriate in this stage?; Are stage specific measures of BPSD valid & reliable?; Do such measures encompass the range of symptomatology found in Severe Dementia?

How can we measure BPSD in Clinical Trials in Severe Dementia?

This paper will review the current “State of the art” in BPSD in Severe Dementia, drawing on collaborative studies from the European Alzheimer Disease Consortium (EADC).

Symposium: Clinical and epidemiological perspectives of work-related disability in mental illness

S23.01

Employment in neurological disorders: The role of psychiatric comorbidity

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Introduction: Neurological disorders share many disability characteristics with psychiatric disorders, often affecting young adults and being “invisible”. Many OECD countries policies are attempting to maintain people with health disorders in the workplace, often with little information upon which to work. This presentation will review current knowledge in stroke, epilepsy, MS and Parkinsons disease

Material and Methods: A literature review of Medline and Psychlit from 1986, with a particular emphasis upon modifiable risks factors for not being employed or leaving the workforce

Results: There were few studies in this area. This was identified in several country’s guidelines as an area lacking evidence e.g. in stroke 20% are of working age yet there are no evidence based interventions for returning people to work. When evaluated, comorbid psychiatric and cognitive morbidity was commonly, but not completely

consistently, associated cross-sectionally and prospectively with poor work outcomes.

Conclusion: More attention to the psychiatric sequelae of these disorders may lead to interventions and strategies to alleviate work related disability.

S23.02

Health status before, during and after disability pension award

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Background and Aim: In high income countries, up to 12 percent of the working age population receive permanent disability benefits with minimal information on the consequences of this major event. We aimed to compare health status in future and past disability pensioners.

Methods: Data from the population based Hordaland Health Study (HUSK) in Norway 1997-99 (N=18 581), was linked to official disability benefits registries. We stratified participants who were awarded a disability pension before, during and after the health survey, and compared health status at different stages across these strata covering seven years before, to seven years after the award.

Results: Disability pensioners reported more physical conditions, somatic and mental symptoms, and lower Health Related Quality of Life (HRQoL) than the remaining sample, throughout the strata. The average number of physical conditions was similar across all groups defined by temporal proximity to disability pension award, but more medication prescription was reported after the award. However, we found a significant non-linear increasing trend in symptoms and a fall in HRQoL approaching the award, with a reversing of this trajectory afterwards. For most measures, the level of health problems was equal in the strata 3-7 years before compared to 3-7 years after award.

Conclusion: The design precludes any firm conclusions as to what causes the observed results, but candidate explanations include temporary health deteriorating effects from the disability pensioning process, beneficial effects of being removed from harmful work conditions and recovery after increasing health problems leading up to disability pension award.

S23.03

Symptoms of anxiety and depression predict report of whiplash trauma

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Background: Previous cross sectional studies have reported increased anxiety and depression in individuals with whiplash trauma. The common interpretation is that the whiplash trauma increases the risk of developing mental disorders. The aim of the present study is to test an hypothesis on the opposite direction of causality, namely that symptoms of anxiety and depression increase the risk reporting whiplash trauma in the future.

Methods: We used longitudinal data from two waves of a public health survey in Norway, conducted in 1984-86 and 1995-97, where 37 792 individuals participated in both waves (response rate at