

an increased production of the neurotoxic OH-KYN in patients suffering from DAT. Since the key enzymes of the KYN metabolism are ubiquitously expressed and since a peripheral marker for DAT would be extremely helpful for early diagnosis, we investigated serum levels of TRP, 5-HIAA, KYN, KYN-a, and OH-KYN in 20 patients with DAT, 20 patients with late-onset major depression, and 20 healthy persons. We established a gradient high-performance liquid chromatographic (HPLC) method with UV and fluorescence detection. DAT patients showed slightly decreased TRP levels as compared to healthy control persons. The serum levels of 5-HIAA, KYN, and KYN-A were not different between the groups. DAT patients, however, showed markedly higher serum OH-KYN levels than patients with major depression and healthy controls ($p < .0001$). Our data strongly indicate an increased production of the neurotoxic TRP metabolite 3-hydroxy-kynurenine in DAT. Peripheral KYN metabolites are known to penetrate the blood-brain barrier and to correspond with the central nervous levels. Elevated OH-KYN levels could contribute to the neurodegenerative process in DAT. Moreover, an increased degradation of TRP via the KYN pathway could explain the reduced levels of serotonin and its metabolites, as TRP availability has a key role in the control of serotonin production. Finally, serum OH-KYN levels may serve as a peripheral marker for DAT, after further studies have confirmed the herein presented result.

S-16-06

CSF phosphorylated tau protein correlates with protein expression in brain as well with neocortical neurofibrillary tangles in Alzheimer's disease

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Objective: Neurofibrillary tangles (NFT), consisting mainly of phosphorylated tau protein (p-tau), and deposition of plaques are a major histopathological hallmarks of Alzheimer's disease (AD). Deposition of neuritic plaques can be considered as a feature of NFT pathology as well. P-tau phosphorylated at threonine 231 (p-tau231) and at threonine 181 (p-tau181) in cerebrospinal fluid (CSF) have been suggested as useful biomarkers of AD. To determine whether p-tau proteins in CSF correlate with counts of tangles and neuritic plaques in brain. For p-tau231, the correlation with protein expression in brain homogenates was investigated in the same set of patients as well.

Methods: Memory clinic-based autopsy-confirmation study. Participants: 27 clinically diagnosed, severely demented subjects with AD who later came to autopsy. Main outcome measures: Levels of p-tau231 and p-tau181 in CSF; scores of NFT and neuritic plaques in frontal, temporal, parietal cortex, and in CA1 region of the hippocampus; p-tau231 levels in brain homogenates from frontal cortex.

Results: P-tau231: Mean levels of CSF p-tau231 correlated with p-tau231 in brain homogenates ($p < 0.01$), as well as with tangle counts in frontal, temporal, and parietal cortex ($p < 0.01$), but not in CA1 ($p = 0.34$). To counts of neuritic plaques, CSF p-tau231 was correlated in frontal ($p = 0.02$) and temporal ($p = 0.03$) cortex. Levels of p-tau231 in brain homogenates from frontal cortex were correlated with counts of NFTs and neuritic plaques in frontal, temporal, parietal cortex, and in CA1 region of the hippocampus (p from < 0.001 to 0.04). P-tau181: Levels of p-tau181 were not

correlated to counts of NFTs and neuritic plaques in either of the regions studied.

Conclusion: Concentrations of p-tau231 in the CSF are likely to reflect key neuropathological features of AD.

Monday, April 4, 2005

SS-07. Section Symposium: The European Network on Old Age Psychiatry (ENOAP) - Results and perspectives for nations and WHO

Chairperson(s): Nicoleta Tataru (Romania), Raimundo Mateos (Santiago de Compostela, Spain)
08.30 - 10.00, Gasteig - Room 0.131

SS-07-01

The European network on old age psychiatry - resulting challenges for the EAGP

R. Ihl. *Düsseldorf, Germany*

Objective: Following the definition of the WHO, 52 nations belong to Europe. Concerning structures in Geriatric Psychiatry, the variety of cultures leads to a wide spectrum of quantity and quality of care. Most of the structures are unknown between nations and in most nations even within the nation. When a future structure of Geriatric Psychiatry shall be developed, this will be the first puzzle to be solved. Making services visible via the internet. might be a solution of this problem. Secondly, concerning healthy aging and treatment and care in Geriatric Psychiatry, the knowledge is poor leading to insufficient results and, moreover, to stigma. However, the knowledge for a solution exists. The challenge will be to transfer it to professionals in this field and to the public. Again, an internet based knowledge platform could be a first right move. It could for instance also include possibilities for training, teaching or mediating teachers. The first two steps will be the precondition for the third: determining tasks for research and quality assurance. To improve care in Geriatric Psychiatry, the EAGP will have to communicate this three-step model to the population, the professionals working in the field and to european and national governments.

SS-07-02

Skill-based objectives for specialist training in old age psychiatry

R. Mateos. *Psychogeriatric Unit of the CHUS University Hospital, Santiago de Compostela, Spain*

The four Technical Consensus Statements on Psychiatry of the Elderly produced at meetings organized by WHO and WPA since 1996 are the general background of this document. This consensus curriculum on Skill-Based Objectives in Old Age Psychiatry (OAP) is the result of a process initiated by the European Association of Geriatric Psychiatry (EAGP), and jointly organized with the World Health Organization (WHO) and by the World Psychiatric Association (WPA) Section of Psychiatry of the Elderly. It was developed at the meeting 'Development of Strategies, Policies and Actions in Education and Training in Old Age Psychiatry in Europe' (Prilly/Lausanne, 8–11 June 2002) and published in 2003 after a thorough consultation process with multidisciplinary experts

in the field. The participants represented important international associations as well as individual professional experience in OAP in different European countries. The aim of this Curriculum document is to provide a practical tool by outlining a framework to train leaders in the provision of comprehensive specialist mental health services for older people as recommended in the previous WHO/WPA consensus statements. The curriculum is formulated in terms of 22 areas of competence each of which is divided into a number of assessable learning objectives. The curriculum content described is intended to provide overall guidance as to the content of training programmes. It is not however either proscriptive or exhaustive. There is clearly a need to adapt it to ensure local relevance and feasibility. The final goal is that this curriculum will form a constructive basis for the setting up of supra-specialist training courses and clinical attachments in the psychiatry of old age. In this context, it is recommended that all European countries should set up national systems to accredit such supraspecialists.

Reference

Gustafson L, Burns A, Katona C, Bertolote JM, Camus V, Copeland JRM, Dufey AF, Graham N, Ihl R, Kanowski S, Kühne N, de Mendonça Lima CA, Mateos R, Rutz W, Tataru NL, Tudose C. Skill-based objectives for specialist training in old age psychiatry. *International Journal of Geriatric Psychiatry* 2003; 18:686-693.

SS-07-03

Late-life depression as a cause of social disability

J. Leszek. *Wroclaw, Poland*

Epidemiological data consistently show that depression affects about 15% of older people, making it the most common mental health problem of older people. Despite its prevalence and seriousness, depression in late life remains underappreciated as a source of disability and suffering for older people and their families. Depression remains central concern to older people, their families, and the clinicians who take care of them. Even when it appears to be an understandable response to illness, the onset of depression should be viewed as a sentinel event that increases the risk for subsequent declines in health status and functional ability. In opinion of author's, early recognition, diagnosis, and initiation of treatment of depression in older persons present opportunities for improvements in quality of life, the prevention of suffering or premature death, and the maintenance of optimal levels of function and independence for older people. Thus, generally increasing the awareness and education of the significance of depression and its sequelae in old age population may help improve recognition and treatment.

SS-07-04

Romanian perspectives on old age psychiatry

N. Tataru. *Romania*

Objective: In Romania like in other parts of the world, the geriatric psychiatry is still not enough represented. The number of professionals working in the field is still very low to satisfy the needs of care of elderly with mental disorders. Romanian Geriatric Psychiatry Association, tries to improve this situation organizing the training under and post-graduate courses for young doctors. Specialist education and training in OAP has also to help develop the competencies of professionals in Europe to: promote mental health in old age, prevent mental disorders, care for older people

with mental health problems, provide public and trans-disciplinary information about mental health in old age, reduce stigma and discrimination. In spite of the professionals' endeavor specializing in the teaching and educational program, there exist only a few psychogeriatric services and less special care services for dementia patients. Only presently, in our country we started to add at traditional system of active hospital care the community health care services. This allows the combination treatment of elderly in their homes, in day-care centres or others care provider services. This system need the formation of multidisciplinary community mental health teams, that should adapt their care according to attenders' needs changed over time.

Conclusion: The extension of outreach services of nursing homes and residential homes in conjunction with day-care centres, day hospitals and residence care could be a valuable alternative to the high degree of institutionalization of elderly people with or without mentally disorders.

SS-07-05

An initiative to promote exchange between professionals in old age psychiatry

M. Aartsen. *Knowledge Center of Psychiatry in the Elderly, Zeist, Netherlands*

The Knowledge Centre of Psychiatry in the Elderly is located in the Netherlands and was officially established in September 2003. The two chairs of old age Psychiatry in the Netherlands took the initiative to open the centre. It is a collaboration of Altrecht mental health care, University of Utrecht, Buitendamstel mental health care, and the Free University Amsterdam, and is recognised and subsidised by the Dutch Ministry of Health, Welfare and Sports. The Centre aims at improving the quality of care of elderly people with psychological and psychiatric problems and targets the needs of both the professional and the general public. We are building a requirement-oriented knowledge network of psychiatry of the elderly in harmony with relevant partners in this field, both within and outside of the Netherlands. The network is to have a binding function between research and practice questions. The Knowledge Centre of Psychiatry in the Elderly has recently started the Cohort study of Psychiatry of the Elderly. The scientific knowledge in Dutch Psychiatry of the Elderly offers relatively limited research data about the large group of elderly requiring help from the mental health care body. In order to realise well-founded assistance in daily practice, more knowledge about this group is essential. The cohort study aims at providing more insight into the characteristics of the older mental health care population. For instance, how do the findings in population cohorts concerning risk factors, course, and determinants for functioning relate to those in a mental health care cohort? Or what are the determinants for requests for help? In order to provide an answer to these questions, more insight into the characteristics of the older mental health care population is required. In this study we will seek collaboration with European partners in order to reveal the differences and corresponding views of the psychiatric care in the various European countries.

Wednesday, April 6, 2005

SS-17. Section Symposium: Specialised geriatric inpatient wards: Benefits and disadvantages