Conclusion: In AD patients, the presence of a lifetime history of depression corresponds to increases in AD-related neuropathological changes within the hippocampus. Further research is needed to establish whether these changes indeed reflect impaired neuroprotective mechanisms and neurogenesis processes due to recurrent major depression throughout the life course.

O-05-06
Pain experience in demented patients as indicated by facial responses
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Objective: It is well known that the ability to report pain deteriorates in demented patients during the course of illness. For that reason, alternative pain assessment tools are badly needed to provide valid measurements of the pain experience in demented patients. The aim of the present study was to examine the pain experience in demented patients as indicated by facial responses (FACS) using experimentally controlled stimuli and to focus on the usability of facial responses as an alternative pain assessment tool in demented patients.

Methods: 20 demented patients and 40 aged matched healthy controls were investigated for their responses to mechanically and electrically induced pain. Facial responses were examined using the Facial Action Coding System (FACS). Self-report was assessed via a 6-point category scale.

Results: Preliminary analysis showed no group differences in regard to self-report ratings (though dementia interfered with the subjects’ ability to provide self-report). In contrast, overall facial responsiveness to painful stimuli showed itself to be markedly increased in demented patients. However this increase was due to an unspecific increase in facial actions. When exclusively focusing on pain specific responses, no group differences were obtained.

Conclusion: Dementia influences both the verbal and non-verbal communication of pain, making the assessment of pain difficult. Yet, when focusing on pain specific facial actions the facial expression seems to be unchanged and seems to provide a valid assessment tool for the subjective pain experience even in patients with severe dementia, where self-report is lacking.

O-05-07
Quality of life assessment in Alzheimer disease
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Objective: To determine the impact of somatic, psychological, social and family impairments in Alzheimer patients lives and to establish a correlation between the severity of illness and the decrease in quality of life level. Background: Many patients diagnosed with Alzheimer dementia have somatic and/or psychopathological comorbidity, this fact inducing a decrease in patient’s global functioning and quality of life.

Methods: We selected 12 patients with first psychiatric admission for Alzheimer disease (DSM IV TR) with late onset, medium age 72.3 years and we assess their somatic, psychiatric and social level of deterioration. For this purpose an initial evaluation using: 1)psychiatric instruments: MMSE, HAM-D, HAM-A, GAF scale (actual level), MANS(A; 2)clinical psychiatric interview; 3)general medical examination.

Results: A high degree of somatic and psychiatric comorbidity was established for Alzheimer dementia patients – ischaemic cardio- pathy (43%), hyperblood pressure (38%), osteoporosis (20%), diabetes mellitus (12%), and psychiatric disorders – depressive disorder due to Alzheimer dementia (29%), mixed anxiety-depressive disorder (13%), panic disorder (5%). Dysfunctions in relationships and maladaptive behaviors are related to low GAF level and to low MMSE score. The quality of life is proportionally decreased related to MMSE score, GAF level, HAMD and HAMA scores.

Conclusion: We established that patients with Alzheimer dementia (Axis I) usually have another psychiatric disorder (Axis I) or/and organic diseases (Axis III). There are multiple psychosocial problems associated. The result is a worsening in global functioning scale and in the quality of patient’s life.

O-05-08
Psycho-social and biological aspects of alcoholism of elderly people in the North of Russia
A. Soloviev, P. Sidorov, A. Garazha. Northern Medical University Department of Addictology, Arkhangelsk, Russia

Objective: Systematization of psycho-social and biological aspects of alcoholism of elderly people

Methods: The analysis was done of social-biological factors and features of elderly persons alcoholism in the European North of Russia.

Results: The main reasons of elderly persons alcoholism are the "stresses" of an elderly age, namely: - isolation from the society caused by a change of their position in the society, loss of near people, widow(er)hood, solitude; - difficulties caused by reservation of their employment or getting fix up in a new job; - a change in economic conditions caused by a loss of former income, disease or disability; - dissatisfaction with the past or the present, especially because of much free time; - perception of oneself as a category of "unnecessary and inferior persons"; - disappearance of social factors that kept back alcoholization earlier. The important reason providing for alcoholization of elderly people is somatic troubles. Apart from the fact that the disease develops progressively with age physiological changes at the background, it also strengthens and brings new kinds of pathologies peculiar exactly of alcoholism of elderly people.

Conclusion: Alcoholization of elderly people is a serious problem, especially on the territory of Russia for which "the northern type" of drinking alcohol is peculiar. Being formed at the background of certain clinical-social features, alcoholization causes a decrease in life quality and the average life expectancy reduction.

O-05-09
Gial-neuronal Interrelations in motor neocortex of rats genetically predisposed to epilepsy
N. Pasikova, V. Mats, G. Kuznetsova. IHNA & NP RAS Functional Neuromorphology, Moscow, Russia

Objective: The present study was undertaken to provide an experimental explanation for known facts suggesting a development of reactive gliosis in head brain of subjects suffering from epilepsy.
Methods: The number of neuroglia and neurons was estimated in motor cortex of Wistar rats predisposed to convulsive audiogenic epilepsy and in motor neocortex of Wag/Rij rats predisposed to non-convulsive absence-epilepsy. The adult animals were placed into the box and treated by standard complex ("multipeak") sound with a frequency range of 13-85 kHz and mean intensity 50-60 dB for 90 sec. After two months of treating the rats with the intensity convulsive activity were decapitated, brain was fixed and frontal slices of forebrain were stained by Nissle method. A total 16 animals were studied.

Results: There was no statistically significant variation in the number of neurons and satellite glia in brain of Wistar rats in either predisposed or resistant to convulsive audiogenic epilepsy (the treated group or untreated group). However the density of diffuse glia cells or "free" glia in audiogenic rats was greater (11%) than in untreated group. There was no difference in density of glia in corpus callosum. The density of neurons in brain of Wag/Rij rats was higher (24 %) than in brain of Wistar rats (untreated group). There was no difference between the groups in density of glia in motor cortex, whereas the number of glia in corpus callosum of Wag/Rij rats was higher (26.9 %) than in Wistar rats.

Conclusion: The predisposition to epilepsy is correlated with increase in density of neuroglia in motor cortex (Wistar rats) and in corpus callosum (Wag/Rij rats). We propose that gliosis in motor cortex precedes the epilepsy status and provides increased excitability for neurons, their readiness for synchronization of electrical activity due to increased axon myelinization.

Wednesday, April 6, 2005

P-17. Poster session: Dementia and child psychiatry

Chairperson(s): Sam Tyano (Peta-Tiqvah, Israel), Michael Rapp (New York, USA)
11.15 - 12.15, Gasteig - Foyers

P-17-01
Developmental outcomes of long-term atomoxetine treatment in ADHD


Objective: The objective is to review development and safety data from patients with attention-deficit/hyperactivity disorder (ADHD) during long-term treatment with atomoxetine.

Methods: Safety is assessed by analysis of adverse events (including discontinuations), vital signs, laboratory data, and electrocardiography. Developmental landmarks are obtained from an integrated database containing information from all company-sponsored ADHD trials lasting 1 year or longer.

Results: Safety results are available for 3262 children and adolescents (6-17 years) exposed to atomoxetine; 425 for more than 2 years. Mean modal dose is 1.4 mg/kg/day. Six percent of patients discontinued due to an adverse event. Commonly-reported adverse events tend to resolve during ongoing treatment. Modest initial elevations in blood pressure and pulse rate are stable during long-term treatment. No clinically meaningful drug effects on cardiac repolarization (QT) are observed. There is a small decrease in weight gain at 1 year relative to normative expectations, with a return towards predicted rates by 18 months. Neither sexual development nor Wechsler Intelligence Scale-III scores are adversely affected.

Conclusion: During long-term treatment, atomoxetine is safe and well tolerated.

P-17-02
Atomoxetine’s efficacy over time in children and adolescents with ADHD

V. Sutton, D. Milton, D. Ruff, A. J. Allen. Lilly Research Laboratories, Indianapolis, USA

Objective: Atomoxetine has been shown to be efficacious for treating attention-deficit/hyperactivity disorder (ADHD) in children and adolescents. Onset of action is demonstrated in 1 to 2 weeks, and greater efficacy is evident beginning at 4 to 5 weeks. The pattern of treatment effect size for the ADHD Rating Scale (ADHD RS) total score over time is presented for 5 trials.

Methods: Study design, except for dose administration, was similar across trials. Children and adolescents with ADHD were randomized into 6- to 9-week, double-blind, placebo-controlled acute treatment. Symptoms were assessed by the ADHD RS. Cohen’s d effect size for the ADHD RS total score was used to describe efficacy in core symptoms.

Results: Nine hundred eighteen (918) children and adolescents were randomized (atomoxetine n=560, placebo n=358). Mean ADHD RS total score reductions were superior for patients randomized to atomoxetine compared to placebo (p<.001 in each study). Effect sizes from baseline to endpoint (LOCF) ranged from 0.6 to 0.8. For by-visit assessments, effect sizes at Week 1 ranged from 0.1 to 0.7 and at the final acute treatment visit ranged from 0.6 to 1.0.

Conclusion: Response to atomoxetine is a function of exposure to treatment, increasing with both time and dose.

P-17-03
An analysis of baseline functional disability in a cohort of employed adult patients with attention-deficit/hyperactivity disorder


Objective: Baseline data are presented on work productivity in a sample of employed adults with attention-deficit/hyperactivity disorder (ADHD) entering a long-term pharmacotherapy study.

Methods: Subjects were 18-49 years of age, employed for pay ≥20 hours/week, and meeting DSM-IV-TR criteria for both adult ADHD and a historical diagnosis of childhood ADHD, with a current CGI-Score-ADHD score ≥4. Measures included the Endicott Work Productivity Scale (EWPS), Global Assessment of Functioning (GAF), Conners’ Adult ADHD Rating Scales (CAARS), as well as additional measures of functioning.

Results: Mean weekly working hours were 38.5 (SD 13.8, n=263). Mean EWPS total score was 49.7 (SD 16.6, n=262), higher than both that of a general community sample (22.3, SD 12.9, n=66) and a depressed sample (39.4, SD 17.6, n=35). Patients were moderately symptomatic (mean CGI-S=4.6, SD 0.7; mean CAARS-Investigator-rated=35.2, SD 7.7), with moderate to severe