

**Tues-P62****GERIATRIC PSYCHIATRY IN DENMARK, A DESCRIPTION OF TRENDS IN ADMISSION PATTERN AND SERVICE PROVISION**

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The study objective is to describe the current service provision of geriatric psychiatry and the trends in admission patterns for the elderly to psychiatric hospitals in Denmark.

Information concerning admission pattern was obtained from the Danish Psychiatric Case Register and the data concerning service provision was gathered through a survey to all geropsychiatric departments in Denmark.

For demented patients the admission risk to psychiatric hospitals decreased considerably as did the length of stay from 1988 to 1996. For all other diagnoses the risk of admission increased in the same period. Four counties out of 14 did not have a special unit for geriatric psychiatry and for the counties who supplied geriatric psychiatric services there were considerable geographical variations in supply as well as variations in target groups.

This unequal access to geriatric services and variations in target groups underlines the need for a discussion of future directions for geropsychiatric service provision.

**Tues-P63****SOMATIC COMORBIDITY IN PATIENTS WITH DEMENTIA: ALZHEIMER DISEASE VERSUS MIXED DEMENTIA AND VASCULAR DEMENTIA**

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**Introduction:** Polypathologies are frequently observed associated to mental disorders, changing their expression and difficulting their treatment. In particular, dementia can be associated to different somatic disorders able to change its course.

**Methods:** retrospective study comparing the frequency and the nature of somatic disorders associated to dementia in three groups of patients hospitalized in the Geriatric Psychiatry Hospital of Lausanne in 1995–1997. Diagnostics were made according to ICD-10 criteria. The first group was of patients with Alzheimer Disease (AD), the second one of patients with Mixed Dementia (MD), and the last one of patients with Vascular Dementia (VD).

**Results:** 285 patients were included: 168 with AD, 85 with MD and 32 with VD. The distribution of patients by sex was equivalent among the 3 groups. The total mean age  $\pm$  SD was 82.3  $\pm$  7.2 years, without any significant difference among the 3 groups. The total mean number of somatic disorders per patient was 2.53  $\pm$  1.63, without any significant difference among the 3 groups. The 3 most frequent disorder found in all groups were cardiovascular (24.5%), respiratory (13.6%) and genitourinary disorders (8.9%). Neurological, musculoskeletal and genitourinary disorders were more found in the AD group. Endocrine, eye and digestive disorders as well nutritional deficiencies were more found in the VD group. Cardio-vascular disorders were more present in MD group.

**Conclusion:** Concomitant somatic disorders reduces significantly the independence of persons suffering of dementia. They can complicate its course and treatment. To make the right diagnosis becomes necessary to offer the best treatment available. This study confirms the relative high frequency of somatic comorbidity in patients with dementia and point to some differences among the 3 types of dementia studied.

**Tues-P64****VALIDATION OF THE STANDARDISED MINI MENTAL STATE EXAMINATION**

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**Purpose:** To perform a criteria validation of the Standardized Mini Mental State Examination (SMMSE).

**Method:** Sixty Danish nursing home residents were examined by a consultant psychiatrist who assigned one psychiatric diagnosis (if any) according to clinical ICD-10 criteria. The first author tested the residents with SMMSE. She and the consultant psychiatrist were blind to each others test results. For statistical analysis bivariate and logistic regression were used.

**Results:** The bivariate as well as the logistic regression showed wide variations in the ability of the individual items to predict organic disorder. Estimating the probability of organic disorder by logistic regression showed that the probability of having an organic disorder did not correspond exactly to an increasing SMMSE sum-score.

**Conclusion:** The risk of cognitive impairment does not increase uniformly with increasing SMMSE score. In order to predict the probability of organic disorder with greater precision it is necessary to take into account the entire information from SMMSE test; this is possible using logistic regression.

**Tues-P65****USE OF CRITICAL FLICKER FUSION THRESHOLD IN PATIENTS WITH ALZHEIMER'S DISEASE**

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CFFT is a valid reliable measure in young healthy volunteers and it also has a long history of use as a psychopharmacological measure in this group. Furthermore, the test satisfies many of the requirements of an "ideal" measure for monitoring change, especially in a psychopharmacological context. Despite this, CFFT has been neglected as a research tool in elderly and AD populations and was therefore investigated further in this regard. CFFT in community-based normal elderly subjects was normally distributed but CFFT, and ascending and descending thresholds were not significantly correlated with age. The difference between ascending and descending thresholds was, however, significantly correlated with age and this relationship appeared to be due almost entirely to a change in the descending threshold. In addition, descending thresholds were found to be significantly greater than ascending thresholds in normal elderly subjects. Patients with AD were found to have significantly lower CFFT and descending scores compared with normal elderly subjects. Interestingly, descending thresholds were significantly lower than ascending thresholds in the patient group, a feature that may be a characteristic of AD. CFFT and ascending and descending thresholds were found to have a high test-retest, split-half and inter-rater reliability, in addition to being significantly correlated with a number of psychometric measures, clinical scales and neuropsychological instruments commonly used to assess patients with AD. CFFT is a quick and simple measure to administer and patients had no difficulty completing the test. Because the measure is a psychophysical threshold, it is free from educational and cultural bias and there are no floor or ceiling effects. From the results of this thesis, CFFT appears to be a useful research tool in AD. It may be a suitable measure for monitoring