Conclusions - This controlled trial of primary care physicians' attitudes towards patients with schizophrenia amounts to an empirical demonstration of medical discrimination against the sufferers of this and potentially of other long term psychiatric disorders. Psychiatrists and general practitioners should share care in the management of schizophrenia and try to overcome the prejudices against such patients in an attempt to improve their overall clinical care.

PSYCHIATRY IN TRINIDAD AND TOBAGO: A REVIEW

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Significant developments in psychiatry since 1950 are traced. Difficulties experienced in the transition from institutional care to community care, and changes in psychiatric morbidity patterns over this period are discussed. The new thrust in community care, as a consequence of recent health policy and reform is presented. It is concluded that the success of this new thrust is dependent on adequate resource allocation, intersectoral collaboration and reorientation of health services.

NR5. Depression and dementia in the elderly

Chairmen: M Prince, M Philpot

THE PROGNOSIS OF DEPRESSION IN OLD AGE: THE MELBOURNE STUDY

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Controversy persists regarding the prognosis of depression in old age. Recent studies indicate that it is probably no worse than that of depression earlier in life. Many studies lack the statistical power to assess the impact of predictive variables on outcome and have excluded patients with non-major depressions about whom little is known. We aimed to assess over 200 patients aged 65 and above presenting to psychiatrists for treatment of depression. Patients had to be presenting to psychiatric services for treatment of a new depressive episode and had to meet one of DSM-III-R, ICD10, or AGECAT criteria for depression including depressive adjustment disorder and non-major depressions. They were interviewed with the Geriatric Mental Status Schedule and a range of other instruments. Follow-ups were conducted after 1 year and 3–4 years.

224 patients (mean age 75.1 ± 6.8, 64% female) were studied. 78 were inpatients in public psychiatric hospitals, 57 were inpatients in private psychiatric hospitals, 15 were inpatients in general hospital psychiatry units, 30 were liaison referrals in general and geriatric wards and 43 were outpatients or community referrals. 150 had DSM-III-R major depression but only 46 were experiencing their first episode; 13 more were bipolar. 177 met ICD10 criteria for a depressive episode and 16 for bipolar illness. There were 132 cases of AGECAT depressive psychosis and 64 of AGECAT depressive neurosis. 55% had suffered their first depression after the age of 60; this was a more common finding in the liaison group. Liaison patients had suffered more life events, while outpatients had milder depressions. A median of 4 weeks was spent in hospital. Private patients spent less time in hospital than public patients but were readmitted more often in the ensuing year.

At one year 25% of the sample had been continuously well and 7% had recovered after one or more relapses; 14% were depressive invalids, 16% were relapsed, 19% were continuously ill, 5% demented and 12% dead. Liaison patients and those with more physical illness were more likely to have bad outcomes, especially death. No other variable was a strong predictor of outcome. 3–4 year follow-up will soon be complete. So far 51% of those followed up are dead, 21% have been continuously well, 11% are depressive invalids, 3% are relapsed, 8% have been continuously ill and 5% are demented. Variables which may predict 3–4 year outcome will be fully analysed prior to the conference.

Late life depression treated by psychiatric services in Melbourne is most often recurrent, characterised by a fluctuating course with disabling residual depressive symptoms in the majority of subjects with a high death rate and a risk of dementia which does not seem to be much greater than that of the background population.

IS DEPRESSION TREATABLE IN A DISABLED ELDERLY POPULATION? A RANDOMISED CONTROLLED TRIAL

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Objective: To investigate the efficacy of psychogeriatric team intervention in treating depression in an elderly community-dwelling disabled population receiving Home Care.

Design: Randomised controlled trial with blind follow up six months after recruitment.

Setting: The community in Lewisham, South East London.

Subjects: 69 home care clients aged 65 or over with case level depression as defined by the GMS/AGECAT system. 33 were randomised to the Intervention Group (IG) and 36 to the Control Group (CG).

Interventions: Each member of the IG received an individual package of care formulated by the community psychogeriatric team which was implemented by a researcher working as a team member. The CG received normal GP care.

Main outcome measure: Recovery from depression (GMS/AGECAT case at recruitment to non-case at follow-up)

Results: Analysing the data on an intention to treat basis, 19 (58%) of the IG recovered compared with only 9 (25%) of the CG, a difference of 33% (95% CI 10 to 55). This powerful treatment effect persisted after controlling for possible confounders using logistic regression, with members of the IG nine times more likely to have recovered at follow-up compared with the CG (odds ratio 9.0; 95% CI 2.0 to 41.5).

Conclusions: Depression is treatable in the elderly Home Care population; therapeutic nihilism based on an assumed poor response to treatment in the socially-isolated, disabled elderly in the community is not justified.

THYROXINE AUGMENTATION OF FLUOXETINE TREATMENT FOR RESISTANT DEPRESSION IN THE ELDERLY: AN OPEN TRIAL

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Drug resistant depression is a confounding entity. More so in populations of elderly depressives where addition of lithium or

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