

## Psychogeriatrics

### EVALUATION OF THE ELDERLY DEPENDANCE WELCOMED IN COLLECTIVE INSTITUTION

A Ait-Ameur, JM Pinoit, P Trapet, A Gisselmann.

Service Hospitalo-Universitaire de Psychiatrie  
C.H.R.U. - 3 rue du Faubourg Raines  
BP 1519  
21000 DIJON (France).

The socio-economic weight of the elderly, their longer life expectancy, the medicine progress, are elements which require a constant evaluation of their dependance level, of the adequacy between the presented failures and the institutions which receive them, and finally to adapt the necessary needs.

From a regional investigation, the emphasis is on the level of physical self sufficiency and the importance of the population constituted by the elderly who live in institution.

The elderly will be welcomed in the different institutions according to their profil, this one will depend on socio-demographic criteria and on the kind of institution.

### EVALUATION OF PREVALENCE OF DEPRESSIVE ILLNESS AND RELATED PSYCHOPHARMACHOLOGIC TREATMENT IN A GERIATRIC POPULATION.

Giorgio M. Bressa, Roberto Brugnoli, and Giovanni Di Cola\*,

Fondazione Italiana per lo Studio della Schizofrenia, via Tacito 30, I-00193, Rome, Italy.

\*Department of Internal Medicine, University of Rome "Tor Vergata", via O.Raimondo snc, I-00173, Rome, Italy.

Depressive illness frequently accounts for disability among aged people and, because of this reason, it requires efficacious treatment. Aim of this study is to investigate the rate of correct pharmacological approach to depressive illness in the elderly.

In this report geriatric sample has consisted of 50 medical inpatients, 65-years aged or more (mean age=73yrs  $\pm$ 6.9SD), with a Mini-Mental State Examination (MMSE) score of 24 or more, in order to exclude intercurrent cognitive deficits, who have been subjected at their admission in ward to a protocol of study including pathologic and pharmacologic history and, in two different days, Hamilton Depression scale (HDS) and Rome Depression Inventory (RDI) self-rating scale.

27 patients (=54%) have obtained an HDS score of 18 or more and they have been considered depressed: depressive illness has resulted more frequent in women (=71.9%) than in men (=22%) ( $z=3.09$ ;  $P=0.002$ ). The same global result, with a slight difference between sexes, has been obtained by submitting the same whole population to RDI self-rating scale (Spearman's rank coefficient of correlation  $r=0.83$ ;  $P=0.000$ ). Previous diagnosis of depression resulted significantly less frequent when compared to the actual (McNemar's  $\chi^2=19.4$ ;  $P=0.000$ )

48.2% depressed subjects resulted positive for psychotropic drugs intake; sedatives resulted more common than antidepressant drugs ( $z=2.794$ ;  $P=0.005$ ). Proper psychotropic treatment, defined as the use of antidepressant drugs in depressed patients and the unuse in not depressed subjects, has been found only in 7.4% of depressed patient (Yates'  $\chi^2=35.29$ ;  $P=0.000$ ).

These results suggest that depression of the elderly is frequently underdiagnosed and mistreated.

ALZHEIMER'S DISEASE AND HYPOTHALAMIC-PITUITARY-ADRENAL (HPA) SYSTEM FUNCTION

M. Hatzinger\*, J. Heuser\*, A. Z'Brun x, U. Hemmeter\*, F. Baumann x, E. Holsboer-Trachsler\*

\* Psychiatrische Universitätsklinik, CH-4025 Basel  
\* Max Planck-Institut für Psychiatrie, D-8000 München  
x Pflegeheim Eichhof, CH-6000 Luzern

There is evidence that with aging the HPA-system becomes gradually more disinhibited. To further explore HPA-system changes in pathological aging the combined dexamethasone suppression/human Corticotropin-Releasing-Hormone (DEX/hCRH) stimulation test was administered to 14 patients with Alzheimer's disease (aged 60 to 92 years, all women) and 14 healthy control persons (aged 65 to 85 years, 10 women, 4 men). The Mini Mental State examination of Folstein revealed a mean score of 15 +/- 5 and the Hachinski ischemic score was 1.8 +/- 2. The Dex-pretreated (oral administration of 1,5 mg Dex the day before at 23.00 h) basal cortisol levels before hCRH stimulation were significantly higher in patients with Alzheimer's disease compared to controls (25.7 +/- 12.6 vs 11.2 +/- 4.6 ng/ml; p = 0.0004) whereas basal ACTH-concentration was not different between patients with Alzheimer's disease and controls (5.93 +/- 3.8 vs 8 +/- 8 pg/ml; p = 0.33). The Dex-pretreated, CRH-stimulated (100 ug CRH i.v. at 15.00 h) cortisol release calculated as area under the curve (AUC) with linear underground (11980 +/- 8611 ng/ml vs 6011 +/- 5227 ng/ml; p = 0.04) and without linear underground (9956 +/- 8469 ng/ml vs 3049 +/- 4941 ng/ml; p = 0.01) was higher in the controls than in patients with Alzheimer's disease.

Also, the Dex-pretreated, CRH-stimulated ACTH release calculated as AUC with linear underground (3408 +/- 1994 vs 1475 +/- 696 pg/ml; p = 0,004) and without linear underground (2201 +/- 1905 vs 774 +/- 604 pg/ml; p = 0.05) was higher in the control than in the patient group.

These results demonstrate a profound dysregulation of the HPA-system in patients with Alzheimer's disease. These patients failed to suppress cortisol after Dex-pretreatment whereas they revealed a blunted response after additional hCRH stimulation.

DEMENTIA RATING SCALES - PSYCHOMETRIC PROPERTIES.  
A Körner, L Lauritzen, P Bech.  
Psychiatric Department, Frederiksborg General Hospital, DK-3400 Hillerød Denmark.

Few studies have evaluated the psychometric properties of dementia rating scales. We have evaluated the inter-rater reliability and construct validity of three widely used scales in studies of dementia: The Mini Mental State Examination (MMSE), the Alzheimer Disease Assessment Scale (ADAS) and the cognitive part of the CAMDEX scale (CAMCOG).

**Method:** Ten males and 10 females with a median age of 74.5 years (65-89) were included. They covered the whole range of cognitive decline. Two raters evaluated the patients independently. Apart from the inter-rater reliability (ICC-U) the statistical tests were calculated on basis of the mean scores of the two raters. The overall correlation between items was assessed with the Cronbach's coefficient alpha. The Loevinger's coefficient of homogeneity was used to evaluate the hierarchical structure of the scales and the Mokken single item coefficient for homogeneity was used to illustrate the individual hierarchical fit.

Results:	Cronbach's alpha	Loevinger
CAMCOG total score	0.97	-
subscale 1	0.91	0.65
subscale 2	0.92	0.87
subscale 4	0.65	1.00
subscale 5	0.92	0.84
subscale 6	0.80	1.00
subscale 7	0.80	0.86
subscale 8	0.52	0.58
ADAS total score	0.98	0.75
cognitive part	0.97	0.85
non-cogn. part	0.96	0.66
MMSE total score	0.91	0.77

**Conclusion:** The Cronbach's coefficient alpha of 0.70 or higher is considered acceptable. CAMCOG subscales 4 and 8 do not meet this criteria but otherwise the scales have very high overall correlation between items. Values of 0.40 or higher on the Loevinger's coefficient are acceptable, a criterion fulfilled by all scales and subscales. The Mokken's single items coefficients show that 2 items of the MMSE have identical mean-values while 2 and 3 items respectively share mean-values on the cognitive part of ADAS.