

38 Mental health centers (MHC). At the same time an Expert Group for Mental health was formed, which made short- term and mid-term plans for the development. Now six years after the war and the realization of the expert group program with international support, there is a decentralized community based mental health service working and there are no traditional mental hospital beds in the Federation.

S11.4

The role of NGOs in mental health reform example – Romania

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The author describes the difficult and specific conditions, characteristic of new democratic countries – like Romania- regarding the planning and implementation of a mental health reform. These conditions depend not only on the executive and legislative power, but also on a series of factors (professional, political, social, cultural or religious) linked by the quality of the mental health professionals, by the structure of some NGOs or by some groups of users, ex-users or users' families, by the existence of the civil society. The author presents the importance and the role of the NGOs as one of the factors interested and involved in mental health problems.

Showing that at present, in Romania there are favourable auspices for a mental health reform (e.g. the support from the Romanian Ministry of Health and Family and the International Institutions), the author presents the steps that are made by the Romanian NGOs for the implementation of the mental health reform, and the principal key points absolutely necessary for the elaboration and implementation of a coherent mental health policy.

S11.5

Analysis of obstacles for effective mental health reform in Lithuania

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The first years of democracy and independence in Lithuania in the early 90's of 20th century have been full of new approaches in the field of psychiatry and mental health services. Reform minded professionals and NGO's were rather successfully introducing psychosocial community based interventions and other approaches which had been ignored by totalitarian system. However, in the end of 90's it appeared that the way to the liberation of mental health from traditional system of stigmatizing institutions and paternalistic approaches in post-communist countries is likely to be long and full of obstacles. One of the ways of facilitating basic changes in the mental health system is through qualitative and quantitative mental health services and policy research, which could analyze the hidden obstacles existing in the current system. The findings from research made in Vilnius University will be presented and preliminary recommendations for implementation of effective changes will be suggested.

S12. Subcortical vascular dementia – a new disorder?

Chairs: A. Wallin (S), L. Pantoni (I)

S12.1

Subcortical vascular dementia: introduction and clinical picture/diagnosis

A. Wallin*, M. Jonsson, M. Sjögren. *Göteborg University, Institute of Clinical Neuroscience, Mölndal, Sweden*

Vascular dementia (VaD), the second most common type of dementia, accounts for 10–50% of all dementia cases. With the variation in prevalence figures, diagnostic criteria and pathophysiological mechanisms, VaD must be considered a heterogeneous concept. In subcortical vascular dementia (SVD), the primary types of brain lesions are lacunar infarcts and ischaemic white matter lesions, with demyelination and loss of axons, the primary lesion site is the subcortical region. SVD fulfils what can be referred to as the basic criteria for a disease: the presence of a pattern of clinical features, i.e., frontosubcortical symptoms, that matches a pathological picture. The opposite seems to be true in post-stroke dementia, which has symptomatological variation and relatively heterogeneous aetiology, i.e., thromboembolism or haemorrhage. AD + VaD is also heterogeneous with regard to both clinical picture and (by definition) aetiology. The large clinicopathological spectrum of VaD has again become a focus of attention. International acceptance of the currently suggested criteria for SVD would provide a good starting-point for comparisons of manifestations and treatment responses across studies worldwide.

S12.2

Subcortical vascular dementia: neuropathological findings

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Three distinct, but often associated histological tissue lesions constitute the structural substrate of subcortical vascular dementia: Lacunes, perivascular atrophy, and leukoaraiosis. These lesions and possibly additional functional alterations are presumed caused by various anomalies of small cerebral blood vessels.

Lacunes are small (0.5 to 1.5 mm) trabeculated cavities with ragged margins, located in the hemispheric white matter, the basal ganglia, the thalami, the brain stem or the cerebellum. Infarcts are the most common cause, but some represent re-absorbed small hemorrhages.

Dilated perivascular spaces may result from elongation and spiralling of small arteries. They are often accompanied by rarefaction of the surrounding brain parenchyma.

Grossly visible extensive areas of demyelination sparing the subcortical U-fibers have been traditionally designated Binswanger's disease. There is not a commonly accepted term for the extensive white matter lesions observed on brain imaging and as pallor on histological sections, but the term leukoaraiosis could encompass all these alterations. Two competing theories for the mechanism of leukoaraiosis have been proposed: incomplete infarction, and edema.

The small cerebral blood vessels can be affected by at least 7 different pathological processes: atherosclerosis, lipohyalinosis, venous collagenosis, amyloid angiopathy, CADASIL, diverse inflammatory angiopathies, and a miscellaneous category which includes non-CADASIL Binswanger-like syndromes.