was valuable to 19/22 patients, 16/24 patients remained compliant with the system and 16/22 patients felt the frequency of SMS messages was acceptable. There was a strong correlation between patients giving positive well-being responses and SMS compliance (R Pearson=0.72, $p<0.001$).

Conclusion: The high levels of SMS compliance and benefits expressed by patients and psychiatrists support a larger-scale assessment of this system.

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The Cape Town consensus statement regarding the diagnosis and treatment of obsessive-compulsive disorder

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Background: Despite the achievements made in the treatment of obsessive-compulsive disorder (OCD), there still remains a high non-response rate to SSRIs. Furthermore, response is often delayed, increasing non-compliance. Even among responders, many do not reach remission and although symptoms are alleviated, functional impairment is still significant for some patients. These unmet needs would benefit from the development of strategies and treatment algorithms, including data on the role of antipsychotics and the potential therapeutic effects of new pharmacological agents. A better understanding of neurotransmitter involvement in the pathogenesis of the disorder, and the neurobiology of OCD might also pave the way for new treatments.

Methods: Twelve international experts in the field of obsessive-compulsive related disorders produced a consensus statement with the goal of updating the data, and discussing controversies, following a two-day consensus meeting. The statement is divided into chapters discussing: dimensions and diagnosis, the neurobiology of OCD, current and emerging treatments, and populations of special concern.

Results: With the suggested changes to the diagnosis of OCD in the upcoming DSM-V, and the broader view now taken towards disorders to be included in under this heading, the biology of impulsivity and uncontrollable urges takes on an additional meaning and opens up a variety of potential new treatments. The specific outcome of the statement will be discussed briefly in view of the limitations of a poster.

Conclusions: There is emerging evidence from basic science and imaging that can be potentially harnessed for improving diagnosis, and consequently treatment interventions, in OC-related disorders.

Poster Session 2: ORGANIC MENTAL DISORDERS AND MEMORY AND COGNITIVE DYSFUNCTIONS

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Multiple presenting neuropsychiatric symptoms confound diagnosis of sporadic Creutzfeldt-Jakob disease

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Here we report the case of Ms. H, a 46-year-old Caucasian woman with no past medical or psychiatric history who presented with complaints of slow speech, word-finding difficulties, and decreased concentration. Initial work-up including MRI and MRA, lumbar puncture, complete blood count, and basic metabolic panel were unremarkable with the exception of significantly elevated TSH levels. Symptoms were subsequently attributed to hypothyroidism. Despite treatment with levothyroxine and TSH levels that indicated a euthyroid state, Ms. H continued to experience cognitive difficulties resulting in repeat admission to the neurology floor. A psychiatric consultation was called to evaluate Ms. H for possible conversion disorder. Psychiatric evaluation revealed multiple psychosocial stressors in Ms. H's life; nonetheless, it was not believed that Ms. H's symptoms were due to conversion disorder but more likely psychological factors complicating hypothyroidism, and she was discharged home with this diagnosis. Ms. H presented to the Emergency Department several days later with delusions and paranoia in addition to continued slow speech and word-finding difficulty. She was subsequently admitted to the psychiatry floor to rule out a psychotic disorder. An EEG during her admission revealed abnormalities, and Ms. H was transferred to the neurology unit. Unfortunately, Ms. H's condition continued to decline without a known etiology despite aggressive work-up; eventually a repeat MRI showed new hyperintensities and a brain biopsy was performed, revealing changes consistent with spongiform encephalopathy. A diagnosis of sporadic Creutzfeldt-Jakob disease (sCJD) was later confirmed by Western blot analysis.

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Validation of the modified mini- mental state examination (3ms) in a German population

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Background: The Modified Mini- Mental State Examination (3MS) is a brief cognitive testbattery designed to detect cognitive impairment.

Objective: To adapt the 3MS in German and to assess the effectiveness of the 3MS in identifying Alzheimer's disease (AD) in comparison with the conventional Mini- Mental State Examination (MMSE) in a German population.

Subjects: A clinical group composed of 31 patients with early AD and 5 patients with moderate dementia of AD etiology was compared with 46 cognitively normal participants matched for gender and age. The 3MS scores were adjusted for educational attainment.

Method: The 3MS and MMSE were validated against an expert diagnosis based on a comprehensive diagnostic work- up. Statistical analysis was performed using the Receiver Operating Characteristics (ROC)

Results: ROC curves demonstrated the superiority of the 3MS over the MMSE in identifying AD. The optimal cut- off score for the 3MS for detecting dementia was 88, which had a sensitivity of 98% and a specificity of 94%.

Conclusion: The German version of the 3MS is a short and practical but accurate test battery for the identification of AD.

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Variability among physicians on diagnosis and therapeutic approach of patients with Alzheimer disease plus cerebrovascular disease (ad+cvd)

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