

in the field. The participants represented important international associations as well as individual professional experience in OAP in different European countries. The aim of this Curriculum document is to provide a practical tool by outlining a framework to train leaders in the provision of comprehensive specialist mental health services for older people as recommended in the previous WHO/WPA consensus statements. The curriculum is formulated in terms of 22 areas of competence each of which is divided into a number of assessable learning objectives. The curriculum content described is intended to provide overall guidance as to the content of training programmes. It is not however either proscriptive or exhaustive. There is clearly a need to adapt it to ensure local relevance and feasibility. The final goal is that this curriculum will form a constructive basis for the setting up of supra-specialist training courses and clinical attachments in the psychiatry of old age. In this context, it is recommended that all European countries should set up national systems to accredit such supraspecialists.

Reference

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SS-07-03

Late-life depression as a cause of social disability

J. Leszek. *Wroclaw, Poland*

Epidemiological data consistently show that depression affects about 15% of older people, making it the most common mental health problem of older people. Despite its prevalence and seriousness, depression in late life remains underappreciated as a source of disability and suffering for older people and their families. Depression remains central concern to older people, their families, and the clinicians who take care of them. Even when it appears to be an understandable response to illness, the onset of depression should be viewed as a sentinel event that increases the risk for subsequent declines in health status and functional ability. In opinion of author's, early recognition, diagnosis, and initiation of treatment of depression in older persons present opportunities for improvements in quality of life, the prevention of suffering or premature death, and the maintenance of optimal levels of function and independence for older people. Thus, generally increasing the awareness and education of the significance of depression and its sequelae in old age population may help improve recognition and treatment.

SS-07-04

Romanian perspectives on old age psychiatry

N. Tataru. *Romania*

Objective: In Romania like in other parts of the world, the geriatric psychiatry is still not enough represented. The number of professionals working in the field is still very low to satisfy the needs of care of elderly with mental disorders. Romanian Geriatric Psychiatry Association, tries to improve this situation organizing the training under and post-graduate courses for young doctors. Specialist education and training in OAP has also to help develop the competencies of professionals in Europe to: promote mental health in old age, prevent mental disorders, care for older people

with mental health problems, provide public and trans-disciplinary information about mental health in old age, reduce stigma and discrimination. In spite of the professionals' endeavor specializing in the teaching and educational program, there exist only a few psychogeriatric services and less special care services for dementia patients. Only presently, in our country we started to add at traditional system of active hospital care the community health care services. This allows the combination treatment of elderly in their homes, in day-care centres or others care provider services. This system need the formation of multidisciplinary community mental health teams, that should adapt their care according to attenders' needs changed over time.

Conclusion: The extension of outreach services of nursing homes and residential homes in conjunction with day-care centres, day hospitals and residence care could be a valuable alternative to the high degree of institutionalization of elderly people with or without mentally disorders.

SS-07-05

An initiative to promote exchange between professionals in old age psychiatry

M. Aartsen. *Knowledge Center of Psychiatry in the Elderly, Zeist, Netherlands*

The Knowledge Centre of Psychiatry in the Elderly is located in the Netherlands and was officially established in September 2003. The two chairs of old age Psychiatry in the Netherlands took the initiative to open the centre. It is a collaboration of Altrecht mental health care, University of Utrecht, Buitendamstel mental health care, and the Free University Amsterdam, and is recognised and subsidised by the Dutch Ministry of Health, Welfare and Sports. The Centre aims at improving the quality of care of elderly people with psychological and psychiatric problems and targets the needs of both the professional and the general public. We are building a requirement-oriented knowledge network of psychiatry of the elderly in harmony with relevant partners in this field, both within and outside of the Netherlands. The network is to have a binding function between research and practice questions. The Knowledge Centre of Psychiatry in the Elderly has recently started the Cohort study of Psychiatry of the Elderly. The scientific knowledge in Dutch Psychiatry of the Elderly offers relatively limited research data about the large group of elderly requiring help from the mental health care body. In order to realise well-founded assistance in daily practice, more knowledge about this group is essential. The cohort study aims at providing more insight into the characteristics of the older mental health care population. For instance, how do the findings in population cohorts concerning risk factors, course, and determinants for functioning relate to those in a mental health care cohort? Or what are the determinants for requests for help? In order to provide an answer to these questions, more insight into the characteristics of the older mental health care population is required. In this study we will seek collaboration with European partners in order to reveal the differences and corresponding views of the psychiatric care in the various European countries.

Wednesday, April 6, 2005

SS-17. Section Symposium: Specialised geriatric inpatient wards: Benefits and disadvantages

Chairperson(s): Tilo Kircher (Aachen, Germany),
Gabriela Stoppe (Basel, Switzerland)
08.30 - 10.00, Gasteig - Room 0.131

SS-17-01

The efficacy of specialised old age psychiatric wards: A multicenter randomised clinical trial

T. Kircher, G. Buchkremer, H. Wormstall, C. Meisner. *Klinik für Psychiatrie u. Psychotherapie, RWTH, Aachen, Germany*

Objective: Psychiatric illness in old age poses particular demands on diagnosis and treatment. We compared the one year clinical outcome of a specialised treatment for old age psychiatric patients. 360 consecutively admitted frail inpatients above age 65 and several functional impairments were randomly assigned to a intervention or control group. The intervention group was diagnosed and treated by a specialised old age psychiatric care team (geriatric psychiatrist, nurse, social worker), the control group on a general psychiatric ward. All patients were assessed at admission and after one year follow up with the Timed Up and Go Test, Tinetti Motility Test, functional impairments, ADL, BPRS, MADRS, GDS, quality of life, sensory status, social situation. All treatment interventions during the inpatient treatment were coded. After one year follow up, the two treatment groups did not differ in the primary outcome variables mortality, length of inpatient treatment and nursing home placement. There was also no difference in the secondary outcome variables, such as Depression, ADL, social functioning, subjective well being and others. In conclusion, special geriatric care in frail elderly inpatients in Germany does not seem to have an effect after one year. The study was supported by the German Research Council (DFG), the Ministry of Social Affairs Baden-Württemberg, and the fortune-Programme of the University Tübingen.

SS-17-02

7-year follow-up investigations and comparison of the geriatric psychiatric inpatient service in a separated care at a state hospital and an integrated care at a university hospital in Goettingen, Germany

G. Stoppe. *Bristol-Myers Squibb GmbH, Basel, Switzerland*

SS-17-03

Geriatric psychiatry and in-patients wards for treatment of the elderly in Romania

N. Tataru, *Romania*

Objective: Like in all countries in this part of the world, the geriatric psychiatry is still not enough represented. The number of professionals working in the field is still very low to satisfy the needs of care of elderly with mental disorders. Mental health services for the elderly. The elderly with acute and chronic mental disorders, as well as those with dementia, are taken care of both in psychiatric short and long-stay hospitals and in social services. The last ones are inadequately trained to care for these patients, being without professional staff qualified in social work or in geriatric psychiatry. In spite of the professionals' endeavor specializing in the teaching and training program, there exist only a few

psychogeriatric services and less special care services for dementia patients.

Methods: Geriatric Psychiatry Ward in Nucet. The aspects of morbidity and mortality in Geriatric Psychiatry Unit in Nucet were studied since 1996 till in present.

Results: As a Long term unit for elderly, this ward offer the medical therapy, psychotherapy and occupational therapy, assessment of their disability, impairment and handicap.

Conclusion: The quality standards must be improved, especially those concerning elementary care needs and quality of life (accommodation, food, sheltered house, sheltered work places and community involvement). Today in Romania, in the care of mentally ill people we are trying to orient the mental services from the classical psychiatric hospitals towards the community care services.

Monday, April 4, 2005

O-05. Oral Presentation: Dementia / Geronto-psychiatry

Chairperson(s): Nicoleta Tataru (Romania),
Michael Rapp (New York, USA)
14.15 - 15.45, Holiday Inn - Room 7

O-05-01

Functional abnormalities of the visual attention system in mild cognitive impaired subjects

A. Bokde, P. Lopez-Bayo, C. Born, T. Meindl, W. Dong, S. Teipel, M. Reiser, H.-J. Möller, H. Hampel. *Ludwig-Maximilians-Universität Psychiatrie, München, Germany*

Objective: In previous studies, it has been found that the visual system is affected in Alzheimer's disease (AD) with the decline in brain activation correlated with cognitive decline. The objective of the study is to measure the changes in activation in the visual system between mild cognitive impaired (MCI) subjects and healthy controls (HC) subjects using an attentional task that would selectively activate both visual pathways in HC.

Methods: There were an MCI group of 16 subjects and an age-matched HC group of 19 subjects. There were two tasks: (a) a face matching task and (b) a location matching task. The task performance was not statistically different between groups and between tasks. Brain activation was measured using functional magnetic resonance imaging (fMRI).

Results: The HC group activated selectively the ventral and dorsal pathway during the face and location matching tasks, respectively. The MCI group did not activate selectively the two visual pathways. The MCI group had greater activation compared to the HC group in the left frontal lobe during the location matching task. There were no areas of increased activation in the HC group compared to the MCI group. There was no significant group by task interaction. The neural substrate underpinning visual attention had changed in the MCI group compared to the HC group.

Conclusion: The MCI group, as a compensatory mechanism, activated both visual pathways and increased activation in the left frontal lobe during the location matching task compared to the healthy controls. This is the first study that has examined visual attention along both visual pathways in an MCI group.