behaviours. For several reasons, the psychiatric patients are more vulnerable to the STDs, namely because of clinical situations that for temporary or permanent ways determine the diminishing or absence of insight related to sexual behaviour.

P0007

Downs syndrome, dementia and epilepsy

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Background: In patients with Down's syndrome, late onset seizures may have a relationship with the clinical onset of dementia.

Aim: to explore the profile of patients in Memory Clinic (MC) in Barnet Learning Disability Service.

Methods: Retrospective study of case notes of 41 patients with Learning Disability (LD) who were registered in MC from 2004 to 2007.

Results: Among the patients with different level of LD attending MC the gender distribution was as follows 27 (65.9%) were women and 14 (34.1%) were men. Most of the patients 25 (60.9%) were middle aged (35-49 years old). Patients with Down's syndrome consisted of 31(75.6%). 17 (41.5%) patients were diagnosed with dementia. 24(58.5%) showed borderline results. All patients with diagnosis of dementia had Down's syndrome whereas among those without definitive diagnose of dementia predominated people with mild to moderate LD.

Neuropsychological testing included Dementia Questionnaire for Mentally Retarded Persons (DMR), Psychiatric Assessment Schedule for Adults with Developmental Disabilities (PAS-AD).

12 (26.3%) had epilepsy. The seizure started during childhood and at middle age. Those with childhood epilepsy had the better seizure control. In individuals with late onset epilepsy the beginning of the seizures preceded cognitive decline.

Conclusions: The analysis of patients registered in MC showed the prevalence of middle aged persons with Down's syndrome. The dementia was established in 41.5% of patients with Down's syndrome.

A bimodal distribution for seizure onset in childhood and middle age was described. Late onset of epilepsy was associated with clinical onset of dementia.

P0008

Naturalistic study with risperidone in with other neuroleptics pretreated patients with dementia and vascular risk factors regarding safety and effectiveness

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Objectives: To collect data on safety profile, behavioural symptoms and functioning under risperidone treatment in flexible doses in demented patients with vascular risk factors who have been unsatisfactorily pretreated with other neuroleptics.

Methods: Results of a 6-week, prospective observational study (RIS-DEM-0003). Clinical symptoms (aggression, hostility, distrust, agitation, delusion, sleep-wake-rhythm disturbances, social withdrawal, hallucinations, depression) and caregiver burden were measured and evaluated on a 5-point categorical scale.

Results: 787 outpatients (ITT; 58% with AD, 31% mixed, 9% vascular dementia, 2% other diagnoses; mean age±SD 80±9 years; 66% women) were documented. Most frequent vascular risk factors was hypertension (41%). Mean risperidone dose at endpoint was 1.2±0.6mg/day. Clinical symptoms improved significantly. Caregiver burden improved significantly ($p<0.0001$ vs. baseline) as well with respect to the criteria "wellbeing", "time burden", "carrying-out of other daily tasks", "social contacts" ($p=0.02$). 36 (4.2%) AEs and 16 SAEs were reported. Four SAEs in 2 patients were considered as at least possibly related to risperidone (cerebrovascular accident; confusional state, agitation, delirium). 4 patients had a fatal outcome (cerebrovascular accident in 1 patient assessed as possibly related to risperidone; death NOS in 2, heart failure in 1 patient without causal relationship). The incidence of cerebrovascular events was 0.13%, the mortality rate 0.51%.

Conclusions: In this observational study the transition from other neuroleptics to risperidone in demented patients with vascular risk factors was efficacious. The incidence of cerebrovascular events and mortality was not higher than what has been described for risperidone in controlled clinical studies (3.34% and 4% respectively over 12 weeks).

P0009

Effects of galantamine in patients with Alzheimer's disease previously treated with nootropics, memantine or other cholinesterase inhibitors, a non-interventional study

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Background: In this trial the tolerability of galantamine and the effects on cognition, behavior, caregiver burden and activities of daily living were assessed in patients who had been switched from therapies currently used in Germany to treat AD (memantine, nootropics, other AChEI).

Methods: Prospective, non-interventional trial (GAL-DEM-4005). Patients with mild to moderate AD (ICD-10) were treated with 8-24mg/day galantamine. Clinical assessments included DemTect, NOSGER and CGI.

Results: 286 patients (ITT, LOCF; 35% with mild, 64% with moderate AD; mean age±SD 75.4±8 years; 54.5% women) were documented. Major reasons for transition were lack of efficacy and tolerability. 77.3% completed the study. After 159±50 days of treatment mean total score in DemTect changed significantly from 7.2±3.5 to 8.2±4.4 ($p<0.0001$). Clinical response (defined as decline of DemTect raw values ≤ 2 points) occured in 78.2% of ITT-population - in 82.6% with nootropic, 72.1% with other AChEI, and 70% with memantine pretreatment. NOSGER total scores remained stable with exception of significantly enhanced mood and ADL ($p<0.05$). CGI demonstrated an improvement or stabilization for 75.5% of patients. 35.0% had at least one AE. Most frequent AEs (>5%) were nausea, agitation and dizziness. 29 patients (10.1%) discontinued due to AEs. 23 patients experienced a SAE with 2 thereof considered as possibly related to galantamine by the treating physician (syncope, fall with lethal traumatic brain injury).

Conclusions: In this non-interventional trial galantamine revealed favorable effects on cognition and behavior in patients with AD who had been pretreated with memantine, nootropics or other AChEI in daily routine.

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