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LATE-LIFE DEPRESSION AND CEREBROVASCULAR DISEASES

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Introduction: One of relevant challenges of psychogeriatric assistance is recognition of depression and cognitive disturbances in elder patients because clinical similarity of their manifestations masks nature of syndrome.

Objective: To study of clinical severity and nosological belonging of depressive syndrome against the background of accompanying cerebrovascular pathology with availability of cognitive disorders in elder patients under treatment at the specialized department of affective states.

Methods: Total number of observations has constituted 55 persons (males - 24, females - 31, mean age $66,3 \pm 5,8$ years). Criteria of inclusion: age older than 60 years, complaints about memory disturbances and decreased background of mood as a basic cause of seeking psychiatric assistance. We excluded patients with mental disorders of psychotic register, presence of substance dependence syndrome, dementia.

Results: According to results of clinical-psychopathological investigation along with ICD-10 diagnostic criteria, nosological structure of revealed disorders has been represented by the following rubrics: organic affective disorder (F06.3) was diagnosed in 35% of patients; depressive disorders of rubric F3 were registered in 45% of patients, comorbid with organic asthenic disorder (F06.6) or with mild cognitive disorder (F06.7), in 15% of cases depression was leading syndrome within adjustment disorder also in combination with mild cognitive disorder, in 55 of cases depressive symptoms was regarded as secondary whereas predominating ones were cognitive and behavior disturbances within organic asthenic disorder (F06.6).

Conclusions: Thus, clinical assessment and nosological belonging of depressive syndrome combined with organic disorders in the elderly are an important factor mainly determining the choice of therapeutic strategy.