However, the real nature of this association is still unknown. The objective of the present study was to determine the prevalence of SAD in patients with a diagnosis of PD.

Methods: Eighty-seven consecutive patients with a diagnosis of PD and no associated dementia were evaluated at a movement disorder outpatient clinic. The patients were independently interviewed using the SCID-IV for DSM-IV.

Results: Patient age ranged from 24 to 85 years (mean: 60.7 years) (+13.2). Forty-five patients (51.7%) were women and 42 (48.3%) were men. The lifelong prevalence of SAD was 32.2%. However, only 16.1% presented this anxiety disorder before the beginning of PD. The prevalence of SAD with onset after PD, i.e., secondary to a movement disorder, was 16.1%, with no sex differences in SAD prevalence among PD patients.

Conclusions: The high rate of SAD among PD patients detected in the present study (32.1%) is comparable to those reported in other countries. However, the prevalence of patients who presented SAD before the onset of PD (16.1%) was similar to that reported for the general population. Thus, the present results suggest that the high rates of SAD among PD patients reported in the literature are due to afraid to be judged in a negative manner in public due to their tremors and other aspects of PD, rather than being related to a specific neurobiological process occurring in this movement disorder.

P0004

Evaluation of apathy using reaction time task in neurodegenerative diseases

R. David [1], G. Colazzo [2], L. Siccardi [3], L. Forcellino [1], A. Vada [2], S. Louchart [3], C. Serrati [2], M. Piva [3], P.H. Robert [1]. [1] *Centre Memoire de Ressources Et de Recherche, CHU de Nice, Nice, France* [2] *U.O Neurologia, Imperia, Italy* [3] *Centre de la Memoire, CHPG, Monaco, France*

Background: Apathy, defined as a lack of motivation, is common in neurodegenerative diseases. Specific scales are available for the evaluation of apathy but it lacks objective evaluation methods.

Aim: To evaluate the changes in reaction time task according to the presence or absence of reward stimulation and to assess the relation between these performances and apathy scales.

Methods: 13 patients with Mild Cognitive Impairment, 15 patients with Alzheimer's disease and 91 elderly healthy subjects were enrolled. A computerized test using the experiment software E-prime® was designed to assess reaction times in different experimental conditions after a training trial (neutral, stimulation, stress, stimulation after stress, extinction) and relation between the performances to the test and the Apathy Inventory (AI) scores were observed.

Results: Patients reaction times were significantly higher than control. Reactions times were lower in stimulation conditions and maximum during the stress condition. In the patients population, apathetic subjects (AI total score >2) had significantly higher reaction times than non apathetic subjects ($p<0,05$). We found significant positive correlation between AI dimensions lack of initiative and lack of interest, and reaction times in the following conditions: lack of interest and neutral condition ($p<0,01$), stimulation condition ($p<0,05$), lack of initiative and stress condition ($p<0,05$). Furthermore, AI total score was correlated with both stimulation and extinction conditions ($p<0,05$). There was no significant correlation with the emotional blunting.

Conclusion: the reaction time task may be a promising tool for an objective evaluation of the initiative and interest dimensions of apathy in neurodegenerative diseases.

P0005

Study of the prevalence of depression among patients with Parkinson

J.A. Crippa, M.H.N. Chagas, A. Santos-Filho, A.C. Lemos-Correa, S.R. Loureiro, G.G.R. Rodrigues, V. Tumas. *Departamento de Neurologia, Psiquiatria E Psicologia Medica, Faculdade de Medicina de Ribeirao Preto, Universidade de Sao Paulo, Hospital Das Clinicas,, Ribeirao Preto, Brazil*

Background and Aims: Depression is the psychiatric co-morbidity most commonly associated with Parkinson's disease (PD). However, depression is often under-diagnosed and under-recognized and the affected patients seldom receive treatment for this psychiatric disorder. The objective of the present study was to determine the prevalence of major depression among Brazilian patients with a diagnosis of PD.

Methods: The study was conducted at the movement disorders outpatient clinic of the University Hospital, Faculty of Medicine of Ribeirão Preto. A total of 111 consecutive patients with a diagnosis of PD were selected and independently interviewed using the SCID-IV-CV (DSM-IV). Patients with dementia associated with PD were excluded.

Results: Patient age ranged from 24 to 85 years (mean: 61.2 + 12.7 years). Fifty-eight of the 102 patients (52.3%) were females and 53 (47.7%) were males. The current prevalence of depression was 26.1% (29) and the lifetime was 57.7% (64). Regarding gender, the current prevalence of depression was 15.1% (9) for males and 36.2% (21) for females, with the difference being statistically significant ($p<0.01$). The lifetime prevalence of depression was 33.4% (23) for males and 70.7% (41) for females ($p<0.01$).

Conclusions: The high prevalence of major depression among patients with PD and the predominance of women detected in this study are comparable to the rates observed in studies conducted in other countries. Strategies for an early diagnosis and adequate treatment appear to be necessary and opportune in order to improve the quality of life of the patients and to prevent possible complications such as suicide.

P0006

Sexual behaviour and psychiatric disorders - A clinical case

M.J. Ferreira, E.V. Costa, C. Pissarra, J.C. Oliveira. *Psychiatric Hospital of Lorvão, Coimbra*

Objectives: The authors have as a goal to conduct a reflection about an important public health problem that is the influence of neuro-psychiatric disease in a patient sexual behaviour. Thus, a case study is described of a patient, of 49 years old, hospitalized with bipolar affective disorder diagnosis – depressive phase, in which unprotected sexual intercourse was predominant with several partners.

Methods: Clinical observation, conducted during three months of hospitalization, showed a sexual behavioural inadequacy, which was not justified by decompensation of the psychiatric feature previously referred. We also verified a cognitive dysfunction.

Results: The results of this clinical evaluation, including neuropsychological evaluation and organic complementary study (ACTCE and SPECT), suggest the diagnosis of front-temporal dementia.

Conclusion: The authors finish emphasising the existence of psychiatric disorders, functional and organic, with sexual risk

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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

D. Gazizova [1], A. Dudley [2], M. Tuddenham[3]. [1] *Barnet Learning Disability Service, London, UK* [2] *Barnet, Enfield and Haringey Mental Health NHS Trust, London, UK*

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

M. Gerwe [1], B. Ibach [1], K.C. Steinwachs [2]. [1] *Therapeutic Area CNS, Medical & Scientific Affairs, Janssen-Cilag, Neuss, Germany* [2] *Institute for Psychogerontology, University of Erlangen-Nuernberg, Erlangen, Germany*

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

M. Gerwe, B. Ibach. *Medical & Scientific Affairs, Janssen-Cilag, Neuss, Germany*

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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