

Dementia and Cognitive Impairment in the Oldest Old in the Community. Prevalence and Comorbidity By: M.M Fichter, I. Meller, H. Schroppel and R. Steinkirchner *British Journal of Psychiatry* 166: 621-629, 1995

Background. The study focuses on the prevalence of dementia in the oldest old.

Method. A community sample (n=402) of the oldest old in Munich (≥ 85 years) was assessed with different methods. Four instruments and a clinical examination were used for case identification: a) the Geriatric Mental State Interview (GMS-A); b) the Structured Interview for the the Diagnosis of Dementia (SIDAM); c) the Global Deterioration Scale (GDS); and d) the Mini Mental State Examination (MMSE). The clinical examination was performed by the interviewing physicians, who made their diagnoses according to ICD-10 and DSM- III-R.

Results. The structured interviews (GMS-A: 25.4%; SIDAM/ SISCO: 28.0%; SIDAM/ DSM-III-R: 27.8%; SIDAM/ICD-10: 16.1%) gave lower point prevalence rates of dementia than physicians' clinical diagnoses (43.1%). The rates were 21.2% based on the MMSE. Depressive syndrome were the most frequent psychiatric disturbances associated with dementia in the very old.

Conclusion. Dementia rates were high in the oldest old, showed an increase with age but no sex differences. Interview methodology has a major impact on results.

The Longitudinal Stability of Cognitive Impairment in Schizophrenia Mini- Mental State Scores at One-and Two-year Follow-Ups in Geriatric In-Patients By: Philip D. Harvey, Leonard White, Michael Parrella, Katherine M. Putnam, Margaret M. Kincaid, Peter Powchik, Richard C. Mohs and Michael Davidson *British Journal of Psychiatry* 166: 621-630-633, 1995

Background. Severe cognitive impairment affects many patients with schizophrenia, especially geriatric in-patients. Little is known about the course of this impairment, however.

Method. Two hundred and twenty-four geriatric schizophrenic in-patients were examined for changes in cognitive functioning over a one-year follow-up period, and 45 of them were assessed over a two-year period. In addition, the subset of 45 patients participated in a one-week and one-month test- retest reliability study of the instrument used to assess cognitive impairment, the Mini- Mental State Examination (MMSE).

Results. The average MMSE scores did not change over a one-or two-year follow-up period. The test-retest reliability of the scale was extremely good at both retest intervals.

Conclusion. Among the implications of these data are that cognitive changes in geriatric schizophrenic patients are very slow and are more consistent with a neurodevelopmental process than a neurodegenerative course.

Adolescent Girls I
Self-Reported Mood Disturbance
in a Community Population By:
Elizabeth Monck, Philip Graham,
Naomi Richman and Rebecca Dobbs
British Journal of Psychiatry 165:
760-769, 1994

Background. This study was undertaken to fill gaps in our knowledge of the rate of mood disorder in teenage girls in transition from school to further education, employment or unemployment.

Method. Girls aged 15-20 years (n=529) whose names were drawn from general practitioner age/ sex registers were interviewed at home and completed the Great Ormond Street Mood Questionnaire. Their mothers completed the 28-item General Health Questionnaire (GHQ). Social background variables were obtained.

Results. Of the girls, 20.8% scored over the cut-off point previously established to indicate risk of psychiatric disorder. Scoring over the cut-off point was not associated with age or parental social class. It was associated with parental separation/ divorce ($P<0.004$), with maternal self-report on the GHQ ($P<0.001$), and with parental unemployment ($P<0.04$). Lowest self-report scores were obtained by girls who had left school and were in employment ($P<0.01$).

Conclusions. About one in five of girls aged 15-20 are at risk of affective disorder. Self reported mood disturbance is associated with a wide range of social and familial background variables, but not with age or parental socioeconomic status.

Predictors of Treatment
Outcome in the Behavioural
Treatment of Obsessive-
Compulsive Disorder By: Ger P. J.
Keijsers, Cees A. L. Hoogduin and Cas
P. D. R. Schaap *British Journal of*
Psychiatry 165: 781-786, 1994

Background. An investigation to determine which prognostic variables are associated with behavioural treatment failure in obsessive-compulsive disorder (OCD). Empirically established prognostic variables measured at the start of treatment may lead to adjusted treatment programmes for these patients.

Method. Forty patients, diagnosed with OCD, received a standardised treatment consisting of 18 sessions in vivo exposure and response prevention. Compulsive behaviour (MOCI) and obsessive fear (ADS) were the outcome measures. Prognostic variables included were initial severity of OC complaints, initial level of depression, problem duration, patients' motivation for treatment, quality of the therapeutic relationship, and marital dissatisfaction.

Results. Greater initial severity of complaints ($P<0.01$), and depression ($P=0.03$) predicted poorer outcome for compulsive behaviour. Greater initial severity of complaints ($P<0.01$), and the conjoint variables higher level of depression, longer problem duration, poorer motivation for treatment, and dissatisfaction with the therapeutic relationship predicted poorer outcome for obsessive fear ($P<0.01$).

Conclusions. The complaint-related variables of initial severity, initial depression, and problem duration, and the non-specific treatment variables of patients' motivation and quality of the therapeutic relationship, affect behavioural treatment outcome in OCD.

Late-Life Depressive Disorder in the Community I. The Relationship between MMSE score and Depression in Subjects with and without Psychiatric History By: Rob Van O Jen, Chris Hooijer, Dick Bezemer, Cees Jonker, Jaap Lindeboom and Willem Van Tilburg *British Journal of Psychiatry* 166: 311-315, 1995

Background. In previous studies cognitive impairment in depressed elderly in-patients tends to be associated with a late onset of depression. This study tests the hypothesis that cognitive impairment is associated with depression only in elderly individuals with no history of psychiatric illness.

Method. We investigated an age-stratified sample of 4051 elderly people living in the community, aged between 65 and 84 (AMSTEL). The relationship between depression (GMS-AGECAT diagnosis) and scores on the Mini Mental State Examination was studied in subjects with and without a report psychiatric history (CAMDEX questionnaire).

Results. Low MMSE scores ($MMSE \leq 25$) were only associated with depression in subjects with no psychiatric history (young/old: OR= 2.075, 95% CI =1.83, 4.19; old/old: OR= 2.21, 95% CI= 1.61, 3.03).

Conclusions. We concluded that the combination of cognitive impairment and first-episode depression in elderly individuals may indicate cerebral deterioration. Depression as such may not be associated with cognitive impairment.

Effectiveness of Zuclopenthixol Compared with Haloperidol in the Treatment of Behavioural Disturbances in Learning Disabled Patients By: Ulrik F. Malt, Roy Nystad, Torkel Bache, Ole Noren, Mary S Jaastad, Knut Ove Solberg, Sverre Tonseth, Peter Zachariassen and Eli Maehlum *British Journal of Psychiatry* 166: 374-377, 1995

Background. We compared the efficacy of two neuroleptics with different receptor profiles (Zuclopenthixol and haloperidol) in learning disabled patients with behavioural disturbance.

Method. A double-blind crossover study (2x8 weeks; n=34), interrupted by a two-week single-blind washout period, was employed. Assessments included the Schedule for Handicaps, Behaviour, and Skills (SHBS) and clinical Global Impression (CGI).

Results. The SHBS score was significantly reduced for the Zuclopenthixol cohort only. Endpoint analysis between the two drugs also showed an enhanced effect for zuclopenthixol over haloperidol. CGI scores did not reveal significant difference between the two drugs.

Conclusion. Zuclopenthixol may be superior to haloperidol for the treatment of behavioural disturbances in mentally retarded subjects.

The Prevalence and Costs of Psychiatric Disorders and Learning Disabilities By: Kirsteen Smith, Ajit Shah, Ken Wright and Glyn Lewis. *British Journal of Psychiatry* (1995), 166, 9-18.

Background. The economic burden of psychiatric disorders and learning disability is assessed in order to aid decisions on priorities for research finding.

Method. A wide variety of data sources both on prevalence and on the usage of costs relevant services were used to measure the economic burden of each condition.

Results. Despite methodological problems and problems with the data, an attempt is made to estimate the relative economic burden imposed by each condition. No attempt is made to sum up the costs for each condition across the agencies and individual involved.

Conclusions. Our findings show that learning disability, schizophrenia and neurotic conditions (including depression) are major burdens on the National Health Service; senile dementia and depression in older people impact largely on local authority social services. Senile dementia, schizophrenia and learning disability are also heavy charges on the social security system. It is also notable that the large numbers with less severely disabling neurotic disorders generate a burden that, according to our figures, is comparable to schizophrenia and other psychotic disorders.

Psychiatric Illness in Patients with Persistent Somatisation By: Per Fink. *British Journal of Psychiatry* (1995), 166, 93-99.

Background. This study explores the incidence and nature of mental illness among persistent somatisers, and analyses their use of mental health services.

Method. Individuals with at least ten admissions to non-psychiatric departments during an 8-year period were studied. Persistent somatisers (n=56) were compared with other frequent users (n=57) of non-psychiatric services.

Results. Of the persistent somatisers, 82% had been examined by a psychiatrist at least once (median, 3 times). Sixteen per cent were mentally retarded, 48% were dependent on alcohol or drugs, and 48% had DSM-III-R personality disorder. The most prevalent ICD-10 diagnoses were anxiety states (54%), depression (30%), phobias (18%) and psychoses (20%).

Conclusions. Persistent somatisation is associated with severe mental illness and a broad spectrum of heterogeneous psychiatric diagnoses and syndromes. Persistent somatisers impose a serious burden on the mental health care system.

Community Attitudes to Mental Illness By: Geoffrey Wolff, Soumitra Pathare, Tom Craig and Julian Leff. *British Journal of Psychiatry* (1995), 166, 183-190.

Background. The baseline findings from a controlled study of the effect of a public education campaign on community attitudes to mental illness are presented.

Method. A census of attitudes to mental illness was conducted in two areas, prior to the opening of supported houses for the mentally ill. Factor analysis of the Community Attitudes toward the Mentally Ill (CAM) inventory revealed three components: *Fear and Exclusion, Social Control and Goodwill*.

Results. The only determinant of Fear and Exclusion was having children. The main determinants of Social Control were social class, ethnic origin, age, having suffered mental illness and having children. The main determinant

of Goodwill was educational level. The attitude factors were predictive of respondents' behavioural intentions toward the mentally ill. Respondents with children and non-Caucasians were more likely to object to the mentally ill living in their neighbourhood.

Conclusions. Any intervention aimed at changing attitudes to mentally ill people in the community should be targeted at people with children and non-Caucasians, as these groups are more likely to object.

Moclobemide in Elderly Patients with Cognitive Decline and Depression By: M.Roth, C.Q. Mountjoy, R. Amrein and the International Collaborative Study Group f.*British Journal of Psychiatry* (1995), 166, 149-157.

Background. The new reversible MAOI moclobemide was compared with placebo in the treatment of elderly patients with DSM-III diagnosis of dementia and / or of major depression.

Method. Six hundred and international, multi-centre, double blind trial in which they were randomly allocated to treatment with either moclobemide 400 mg daily or placebo for 42 days. Five hundred and eleven patients met DSM-III criteria for dementia and were also depressed

(DSM+D); 183 did not meet DSM-III criteria for dementia but met the criteria for DSM-III major depressive episode and also suffered from cognitive decline (MDE+CD).

Results. Analysis of the 17 and 24-item Hamilton Depression scale scores showed that moclobemide, compared with placebo, produced significantly greater improvement in cognitive function as measured by the SCAG Factor 1 in moclobemide treated patients ($p=0.005$ DEM- D; $P=0.02$ MDE+CD). There was no evidence of decline in cognitive function as the result of treatment. Clinical global assessment of tolerance was excellent and good in 88% of the moclobemide and in 92% of the placebo treated patients. The proportion of patients discontinuing treatment prematurely was similar in both treatment groups. There were no significant differences in side-effects between treatment groups. There were no significant changes in vital signs, ECG or laboratory findings in either treatment group. There were no dietary restrictions and no report of any tyramine reaction.

Conclusions. Moclobemide was shown to be a safe, well tolerated and effective antidepressant, which did not cause impairment of cognitive function in elderly patients with a DSM-III diagnosis of dementia and/or DSM-III major depression.