

The core symptom of dementia is intellectual impairment which leads to difficulties or incapacity of the suffering patients to decide relevant topics on their own. Important areas are the consent to diagnosis, treatment or hospital and nursing home admission, as well as testamentary and financial decisions, advance directives, participation in research and driving licence.

The (empirical) database is scarce. In addition, throughout Europe, legal and social conditions vary widely with only few (recently developed) laws taking the dementia problem into account. In some countries regular health checks in the elderly are already established at least with regard to driving license. Up to now the discussion is ongoing, whether these checks are really helpful or “expression” of ageistic attitudes in the (medical) society.

As a first step we performed a survey and approached national experts for dementia to answer a short questionnaire. It included questions concerning the main topics of testamentary and financial competence, informed consent, advance directives and driving. Representatives of 17 European countries answered and the results were discussed on an interdisciplinary (lawyers, legal medicine specialist, neuropsychologist, psychiatrist) expert workshop. The results and a preliminary consensus are presented.

P301

Representative follow up investigations of primary care physicians competence for the management of memory disorders in Germany

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Introduction: Primary care physicians are in the key position for early recognition and management of memory disorders. The study investigates their competence for this task longitudinally.

Method: Written case vignettes on slight memory disorders (case 1) and moderate dementia (case 2) were presented to primary care physicians in their practices in 1993 and 2001. A standardised open interview was performed and the psychosocial focus remained secret.

Results: Both studies were representative with response rates of 82.1% (n=145) and 71.8% (n=122). From 1993 to 2001 the rate of dementia diagnoses increased and those of vascular encephalopathy/organic brain disease decreased significantly. However, overall rates for diagnosis of Alzheimer dementia remained at about 25% for primary and 50% for differential diagnostic considerations. Vascular diagnoses kept dominating. The diagnostic tools showed a significant increase of the use of neuropsychological screening tests and of thyroid screen in moderate dementia. Neuroimaging would be applied significantly by significantly less physicians (<20%). Antidementia drug prescriptions decreased dramatically mainly regarding the conventional nootropics. Cholinesterase Inhibitors would be prescribed by less than 10% of the physicians. However, knowledge on psychosocial help increased significantly.

Discussion: Competence changes over time can be investigated with this method. Primary care physicians' competence remains too low without systematic training. Especially Alzheimer's dementia will not be early recognized and adequate treated.

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Active allothetic place avoidance task: evaluation of new and promising behavioral approach to testing spatial cognitive abilities of rodents.

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Spatial cognition has long been subject to intensive study of researchers as a model of higher cognitive functions in humans. Animal navigation to directly imperceptible goals is believed to require creating internal representations of environments, which are sometimes called “cognitive maps”. Recently, a novel, spatial cognition task named active allothetic place avoidance (AAPA) was introduced, which requires allothetic mapping and cognitive coordination.

We studied effect of several receptor ligands on the efficiency of performance in the AAPA. D1-like receptor antagonist SCH23390, D2-like antagonist sulpiride, muscarinic antagonist scopolamine, and NMDA receptor antagonist MK-801 was injected 20 min prior to testing in the AAPA. All substances disrupted AAPA learning, in some cases, drug-induced hyper- or hypolocomotion contributed to the behavioral impairment. For future exploitation of the AAPA in testing cognitive abilities of animals, it is necessary to develop a control avoidance conditions similarly to cued vs. visible platforms versions of the Morris water maze. This condition would allow to dissociate cognitive disruption from the sensorimotor and motivational impairments.

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Fearing insanity... charles bonnet syndrome - case study

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Notwithstanding the curiosity that it raises in the psychiatric community, the Charles Bonnet Syndrome is still an entity of poor defined contexts, especially in what concerns to its therapeutic management. It consists in complex visual hallucinations in visually impaired patients that possess insight into the unreality of their visual experiences and have no past history of major psychiatric disturbances or cognitive impairment. This syndrome is sub-diagnosed and, perhaps for that, is considered rare. The prevalence of complex visual hallucinations in patients with diminished visual acuity varies between 0,4 and 15%; reports from different authors point to an average of around 10%. The most consensual theory about the origin of the hallucinations is that they result from a process of de-afferentation of the visual association areas of the cerebral cortex, leading to a phenomenon called “phantom vision”.

The present communication focus on the clinical case of a 65 years-old women, retired, divorced, socially isolated, with no previous major psychiatric disturbances or cognitive impairment. Her visual deficits resulted from complications of severe myopia. In the past year, she has started with visual complex hallucinations, in the form of people, animals and scenes, without special personal meaning. The patient lives this phenomenon with severe distress.

Neuroimaging study failed to find any abnormality. Treatment started with risperidone, carbamazepine and psychotherapy based on reassurance and counselling, to which there was partial response.

The authors emphasize particular clinical aspects and management of this case and present main data published in literature about Charles Bonnet Syndrome.

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The use of non-stimulant drugs in the treatment of adult ADHD

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Background: To date, psychostimulants constitute the most efficacious drugs in the treatment of ADHD with variable response rates