

specificity, positive and negative predictive values (PPV and NPV). Kappa coefficient of classification accuracy and area under curve (AUC) were calculated.

Sample consisted of 90 adult ADHD and 90 controls. Average age was 31.6 (SD=10.09) and 57.8% of subjects were men (there were no significant differences between the two groups). Logistic regression analysis showed that the score model proposed by the authors of scale is significant ($\chi^2 = 129.36$, $p = .0005$): Sensitivity (82.2%), specificity (95.6%), PPV (94.8%), NPV (84.3%), Kappa coefficient 0.78 and AUC 0.89.

The Spanish version of the ASRS v1.1 6-question shows adequate psychometric characteristics and it is a valid scale to screen ADHD for adults in a clinical setting.

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Effect of cerebral white matter changes on clinical response to cholinesterase inhibitors in dementia

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Background: Cerebral white matter changes (WMC) represent cerebrovascular disease (CVD) and are common in dementia. Cholinesterase inhibitors (ChEIs) are effective in Alzheimer's Disease (AD) with or without CVD, and in Dementia with Lewy Bodies/Parkinson's Disease Dementia (DLB/PDD). Predictors of treatment response are controversial.

Objective: To investigate the effect of WMC severity on response to ChEIs in dementia.

Method: CT or MRI brain scans were rated for WMC severity in 243 patients taking ChEIs for dementia. Raters were blind to patients' clinical risk factors, dementia subtype and course of illness. Effects of WMC severity on rates of decline in cognition, function and behaviour were analysed for 140 patients treated for nine months or longer. Analysis was performed for this group as a whole and within diagnostic subgroups AD and DLB/PDD. The main outcome measure was rate of change in Mini Mental State Examination (MMSE) score. Secondary measures were rates of change in scores on the Cambridge Cognitive Examination (CAMCOG), Instrumental Activities of Daily Living (IADL) and Clifton Assessment Procedures for the Elderly – Behaviour Rating Scale (CAPE-BRS).

Results: There was no significant correlation between severity of WMC and any specified outcome variable for the cohort as a whole or for patients with AD. In patients with DLB/PDD, higher WMC scores were associated with more rapid cognitive decline.

Conclusions: Increased WMC severity does not predict response to ChEIs in AD, but may weaken response to ChEIs in patients with DLB/PDD.

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Six years experience with acetylcholinesterase inhibitors in a clinical setting

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Background: Evidence for acetylcholinesterase inhibitors (ACIs) available consists mainly of trials conducted by pharmaceutical companies. There are substantial differences between participants in clinical trials and patients in normal clinical settings.

Aims: To evaluate the use of ACIs in a clinical setting.

Methods: Hospital records of 454 patients prescribed ACIs over a 6-year period were analysed. In our catchment area of 50,000 people over the age of 65 approximately 100 new patients per year received treatment with ACIs.

Results: The rate of decline on ACIs was less than half of that expected in an untreated population. A significant difference was found between patients with a baseline MMSE scores greater than 20 and those with a score between 10 and 20.

Conclusions: Our participants were older than in clinical trials and those with significant medical problems and relative contraindications were not excluded. ACIs are as useful in AD as they are in DLB/PDD and there were no differences between donepezil and rivastigmine. A baseline MMSE score of 20-10 might predict better response to treatment.

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Adult ADHD, fact and myth

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Fact or myth? ADHD is a solution for teachers and school psychologists to cope with the problem of uproarious or unusual kids. ADHD is a mixed bag for all suspected organic patients in psycho-therapy.

Four temperament factors, that are stable throughout life can be decomposed in terms of their underlying genetic structure and their relationship to neurotransmitters: Novelty Seeking, Reward Dependence, Harm Avoidance, Persistence (Robert Cloninger - 1987). A lot of other temperament factors, can be decomposed, such as: novelty and excitement seeking, attention span, organizational ability, impulsivity.

In this study, 155 adults were diagnosed by the DSM IV (APA) as suffering from Attention Deficit Disorder (ADD). All subjects filled out a questionnaire which classified each of them on a four-sequence scale: attention (length of the attention span, selective and divided attention), organization (in space and in time, long term memory, planning and decision making), impulsivity and need for excitement (novelty seeking, tendency to addiction).

What determines the diversity on these scales is probably a genetic variability (in D4 allele) causing over activity of the mesocortical dopaminergic pathway (related to the need for excitement), and of the mesolimbic dopaminergic pathway (related to the hyperactivity). Another effective factor is the insufficient development of the frontal lobe, leading to deficient inhibitory activity aimed at the seeking system (related to short attention span and the deficit in selective attention ability), and to deficit in learning ability, causing planning and decision making problems (related to the lack of organization).

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Assessment of competence in dementia in europe. an initiative of the european consensus network (EDCON)

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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.

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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 woman, 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