

THE PRINCE OF WALES HOSPITAL

ACADEMIC DEPARTMENT FOR
OLD AGE PSYCHIATRY

RESEARCH REPORT

1998/1999



THE UNIVERSITY OF
NEW SOUTH WALES



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DIRECTOR'S REPORT

Academic Department For Old Age Psychiatry, (formerly the Academic Department of Psychogeriatrics) was established in August 1990. In June 1999 the Academic Department followed our in-patient facility and moved to Prince of Wales Hospital, Randwick. It was with much regret for all of us to leave Prince Henry Hospital at Little Bay with its seaside, bucolic serenity. However, there were powerful reasons to move. Patient care was difficult when our service was spilt across two sites. There were also important advantages for collaborative research - the geographic centrality of the Randwick campus, its proximity to the University of New South Wales and our collocation in the McNevin Dickson Building with the Neuropsychiatric Institute and the Mood Disorders Unit.



Our move heralded an opportune time to reconsider our name. Psychogeriatrics had proven an unpopular term with many people with whom we came into contact. After considerable consultation we changed to the *Academic Department for Old Age Psychiatry*.

The major aims of the Department, articulated at its establishment, remain unchanged:

- I. To provide mental health services for older people living in the Eastern Sector of the South Eastern Sydney Area Health Service.
- II. To oversight the development of psychogeriatrics within NSW.
- III. To provide education and training for those who help older people with mental disorders, for old people themselves and their families; and
- IV. To conduct research into, advance knowledge of, and disseminate information about mental disorders of late life.

This Department's main areas of research, have been:

Dementia: especially Alzheimer's disease and vascular dementia, is one of the major mental disorders afflicting older people. We have undertaken several drug trials for Alzheimer's disease and a study of the determinants of dementia following stroke.

Depression in the Elderly has been under-diagnosed, under-treated and mistakenly perceived as having a poor outlook. We are interested in determining the cause of depression occurring for the first time in late life; the clinical characteristics of depression in older people as compared to those in younger people; its treatment; and the prognosis both in the short term and in the long and very long term.

The Consequences of Cerebrovascular Disease: Spectacular advances in imaging have pointed the way to greater understanding of the contribution of small vessel cerebrovascular disease to mental disorders in late life. Cerebrovascular disease may underpin late onset depression and be a risk factor for Alzheimer's disease. In order to investigate this, we are following up two hundred patients who have been admitted to hospital for stroke - and 100 control subjects.

General Practitioners: With a rapidly ageing population, general practitioners seek help in order to identify and manage mental disorders in older patients better. We are undertaking research to develop instruments and protocols for GPs to identify early dementia more accurately.

Family Caregivers: The effects on family members living with and caring for an older person with a chronic mental disorder. Caregivers are the invisible or second health system, particularly in the care of people with dementia. The cost often includes psychological distress. We are investigating determinants of this psychological morbidity and ways to assist family members to cope better and achieve a better quality of life for themselves and their charges.

Nursing Homes: Prevalence of psychiatric disorders and behavioural problems. There are approximately 77,000 nursing home residents in Australia. Seventy per cent of these residents have dementia, twenty per cent have depression and over fifty per cent have some other psychiatric or behavioural abnormalities. There is a pressing need to understand these psychiatric complications and devise better plans of management. We are investigating these conditions and different management strategies.

Other areas of interest:

- ❖ Service delivery in psychiatry of old age
- ❖ The influence of age and experience on psychiatrists
- ❖ Late onset schizophrenia
- ❖ The outcome and side effects of ECT
- ❖ Suicidal behaviour in the elderly

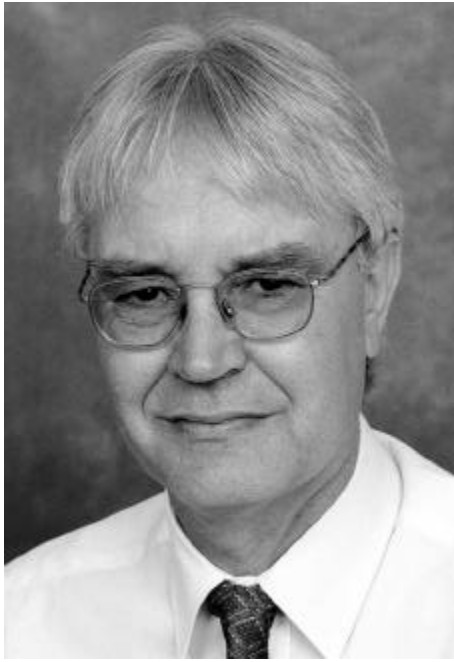
In addition to work presented here, many Department members were involved in

Clinical Services:

- ❖ Aged Care Psychiatry Unit, Villa 3, Prince of Wales Hospital (10 beds)
- ❖ Strickland Cottages, Anzac Parade, Little Bay (12 beds)
- ❖ Aged Care Psychiatry Outreach, Eastern sector of the SESAHS.
- ❖ War Memorial Hospital, Waverley (consultation and out-patients)

Teaching:

- ❖ Undergraduate students in Medicine (UNSW)
- ❖ Psychiatry trainees
- ❖ Master of Medicine (Geriatrics) (UNSW)
- ❖ Master of Psychological Medicine (UNSW)
- ❖ Master of Community Health (UNSW)



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RESEARCH PROJECTS

Staff (both current and former) of the Academic Department for Old Age Psychiatry have their names highlighted using bold formatting.

DEPRESSION AND SCHIZOPHRENIA

Longitudinal study of depression.

Principal researchers: **Brody H, Luscombe G (pictured), Peisah C, Anstey K, Andrews G.**

Associate researchers: **Cramsie J, Monk D, Prenter L, Berman K.**

Status: Completed

Our aim was to examine the long-term outcomes of depression by comparing outcomes of patients who had been admitted to hospital for depression or for gall bladder or appendix operations between 1966 and 1972. We found that depression was a recurrent, chronic condition with only 12.2% remaining well over the 25 years. The suicide rate was highest in the first 2 years after admission.



A major theme of our research has been the link between depression and dementia. We found that, in general, cognitive function was unaffected by having had depression but, for a proportion of patients there was a significantly higher risk of vascular dementia.

Two papers have been submitted, another is in preparation and two have been published.

Coping with depression: a family affair - the long-term effects on children and spouses of living with a person with depression.

Principal researchers: **Peisah C, Brodaty H, Anstey K.**

Status: Completed

The overall aim of the study was to examine the long-term effects on family members of living with a person with depression. Major depression is often, though not always, accompanied by family and marital dysfunction and adverse psychological and psychiatric morbidity for offspring. The determinants of morbidity are not understood well, and the effects of variables such as type, severity, chronicity, recurrence of depression and duration of follow-up on family outcome have not been studied systematically.

We compared the psychiatric status and relationships of children and spouses of patients with depression and those admitted for surgical procedures 25 years ago. The offspring of depressed patients had greater frequency of clinician-rated lifetime and current psychiatric diagnoses and affective disorder compared with controls. The spouses of probands resembled those of other groups on most measures.

We concluded that family outcome and family characteristics may be useful external validators of depressive subtypes. The families of neurotically depressed probands appear to fare worse in terms of relationships and outcome for offspring. Several papers at conferences have been presented. A paper and doctoral thesis are in preparation.

Magnetic Resonance Imaging and long-term outcome in depression.

Researchers: **Scott E**, Hickie I, **Brody H**, Wilhelm K.

Status: Continuing

We have demonstrated previously, in a cohort of 39 older patients with severe depression, that subcortical white matter changes on magnetic resonance imaging (MRI) predict an impaired response to standard antidepressant therapies. We initially extended this study to examine the clinical outcome of patients after 14 months (range 6 months - two years). Of the 37 patients re-assessed, 12 (32%) were living in institutional care. Although no patient clearly met DSM-III-R criteria for a dementia, 10 were rated as having 'probable' dementia syndromes. The original selection criteria for scanning highlighted vascular risk factors. Consequently, the dementias that evolved were mainly vascular. Age and subcortical white matter changes were the strongest predictors of poor longitudinal course. When the follow-up was extended to five years, 16/37 (43%) patients had developed a dementia syndrome.

This study has now been extended to 80 subjects. Most of those available have now been re-scanned and clinically assessed two to five years after initial presentation. Of those patients who have been rescanned none has demonstrated improvement and some exhibit progression in subcortical white matter change. Quantitative analysis of the MRI scans is underway.

Two papers have been published.

A 1-3 year prospective follow-up study of ECT outcome in older depressed patients

Principal researchers: **Brody H**, Hickie I, Mason C.

Associate researchers: **Prenter L**, **Monk D**, **Berle D (pictured)**.

Status: Completed

This was a naturalistic, prospective, 1-3 year follow-up study of 81 consecutive in-patients (from eight Sydney hospitals) with a primary diagnosis of major depression who were prescribed electroconvulsive therapy (ECT). We examined three questions relating to outcome, side effects and attitudes. We found that ECT was effective in reducing symptoms and improving function. These benefits were similar for patients younger than 65 years, those aged 65 - 74 years and those aged 75 years or more.



So called side effects of ECT proved to be mostly symptoms of the depression itself and were no more prevalent in the elderly. At 2 year follow-up dementia was more common in the very old at long-term follow-up, perhaps reflecting the link between late-onset depression and dementia underpinned by cerebrovascular disease.

Finally, we found that patient attitudes and expectations before treatment were not related to improvement after ECT. Psychiatrists' expectations of improvement were more accurate. There was no association between what patients thought and what psychiatrists expected.

A paper is in press and two others have been submitted.

Long-term outcome of late onset schizophrenia

Principal researchers: **Brody H**, Sachdev P.

Associate researchers: **Monk D, Prenter L.**

Status: Completed

A follow-up of subjects with late-onset schizophrenia (LOS) and healthy controls, who were recruited in 1992-4, is investigating the hypothesis that subjects with late-onset schizophrenia are at increased risk of developing dementia. Several papers on the cross-sectioned data examining clinical, neurological, neuropsychological, neuroimaging and EEG data have been published.

A New Efficient Way of Detecting Dementia in General Practice.

Principal researchers: Pond D, **Brody H**, Huppert F, **Luscombe G.**

Associate researchers: **Kemp N (pictured), Harding L.**

Status: Completed

The study aimed to test a new screening instrument for dementia (the GPCOG); developed for use in general practice, and to assess its performance validity and reliability against the CAMDEX interview, used as a gold standard, and another screening instrument (the AMTS); and to examine its acceptability to GPs and patients. The GPCOG was administered by 83 GPs to 385 patients and 227 informants. Patients were then reassessed more fully by a psychologist. Patients diagnosed with dementia scored less on all sections of the GPCOG compared to those without dementia. Eight-seven per cent of GPs felt that the GPCOG was practical to use in General Practice, and 75% of patients were reassured by the testing. Further analyses are under-way.



Two conference presentations have been given. A paper is in preparation.

Idiopathic Calcification of the Basal Ganglia.

Principal researchers: **Brody H**, Mitchell P.

Associate researchers: **Luscombe G**, Kwok J, Schofield P, Mackenzie R.

Status: Completed

This project is investigating a large family (10 first generation, 21 second generation) with idiopathic calcification of the basal ganglia (ICBG) discovered after two members were referred for assessment of dementia. Attempts were made to perform clinical (psychiatric and neurological), neuropsychological, radiological and laboratory assessments for all members of the first, second and third generations. The syndrome of ICBG is manifested by bilateral calcification, neurological disturbances and psychiatric abnormalities that include dementia, schizophrenia-like psychoses and mood disturbances. We have found that these manifestations are independent of each other. With the exception of an association between apolipoprotein E4 and dementia, known genetic markers of dementia have so far not been linked to any of the other manifestations of ICBG.

A paper has been submitted and another is in preparation.

A longitudinal study of cognitive impairment and dementia in stroke patients.

Principal researchers: Sachdev P, **Brodaty H**, Gillies D.

Associate researchers: Valenzuela M, **Monk D (pictured)**, Schwartz R, Shnier R, Haindl W,
Walker A, Hadzi-Pavlovic D.

Status: Continuing

Our aim is to identify risk factors for dementia in patients who have had a stroke. We are following a group of patients for 15 months after their admission for stroke as well as a group of volunteer healthy controls. All subjects have had a clinical, neurological, neuropsychological and neuroimaging assessments with Magnetic Resonance Imaging (MRI), including functional and perfusion MRI. The study commenced in March 1997 and by the end of 1999 a total of 200 stroke patients, and 68 controls had received a baseline assessment. NHMRC funding for a further 3 year follow-up was awarded in November 1999.

Several presentations have been made at conferences, and a paper published and one is in preparation.



DRUG TRIALS FOR ALZHEIMER'S DISEASE

A 30-week, multicentre, randomised, double-blind, placebo-controlled evaluation followed by an open label, extended evaluation of the safety and efficacy of E2020 in patients with Alzheimer's disease.

Researchers: **Brodaty H, Draper B, Berman K (pictured), Prenter L, Sharah S.**

Status: Completed

The Academic Department for Old Age Psychiatry was one of seven Australian centres involved in an international trial of E2020 (donepezil, Aricept) - an acetyl-cholinesterase inhibitor for the treatment of Alzheimer's disease (AD). Six otherwise healthy patients (and their carers) with mild to moderate Alzheimer's disease were enrolled in the initial 30-week, randomised, double-blind placebo-controlled trial. All subjects had completed this initial trial by October 1996 and were subsequently enrolled in a first and then a second extension study. Donepezil (E2020) was found to be associated with modest improvements in cognitive and global function, and activities of daily living.



An open-label extension evaluation of the safety and efficacy of donepezil hydrochloride (E2020) in patients with Alzheimer's disease.

Researchers: **Brodaty H, Draper B, Berman K, Prenter L, Sharah S.**

Status: Completed

E2020 (donepezil, Aricept) is an acetyl-cholinesterase inhibitor reported to improve cognitive function by preventing the breakdown of acetylcholine in the brain.

Patients completing the initial 30-week, randomised, placebo controlled double-blind trial in October 1996, were enrolled in the extension study. The extension study was terminated in May 1998, by Pfizer, when Aricept (donepezil/E2020) was approved by the TGA for use by doctors under the Special Access Scheme (SAS) in Australia. All patients completing the trial to this time were transferred to the Aricept Maintenance Program, whereby they could continue receiving Aricept (free of charge) from Pfizer.

The studies were funded by Eisai and Pfizer.

A paper has been published.

A double-blind randomised placebo controlled comparative study of Celecoxib (SC-58635) for the inhibition of progression of Alzheimer's disease (AD) and open-label extension.

Researchers: **Brodaty H, Sachdev P, Fell K, Berman K, Sharah S, Berle D.**

Associate researcher: **Green A (pictured).**

Status: Completed (The data-base has been locked and we are awaiting the breaking of the double blind code.)

The Academic Department for Old Age Psychiatry is one of three centres in Australia, involved in an international multi-centre trial of celecoxib, a cox-2 inhibitor, non-steroidal anti-inflammatory drug (Searle and Co). Celecoxib is an effective anti-inflammatory agent, but has fewer side effects than other anti-inflammatories. There is evidence of brain inflammation in some patients with AD, and so it was hoped that it would help patients with AD. Preliminary results indicate that celecoxib was no better than placebo in preventing decline.



This study was funded by Searle.

Risperidone in the treatment of behavioural and psychological signs and symptoms in dementia (BPSSD): A multicentre, double-blind, placebo controlled, parallel group trial, and an open-label extension phase.

Researchers: **Brodaty H, Berman K, Draper B, Burgess E.**

Associate researcher: **Green A.**

Status: Double-blind phase is completed.

Open-label phase is continuing.

Approximately 90 per cent of nursing home patients show some form of behavioural disturbance. Current treatment options for these problems are limited, and novel psychotropic agents have become the treatment of choice. Risperidone, a novel antipsychotic with fewer side effects than traditional antipsychotic medications has been reported to be helpful in the treatment of behavioural disturbances in patients with dementia. 310 nursing home patients with dementia and behavioural disturbances were randomly assigned to receive risperidone or placebo for 12 weeks (chief investigator for Australasia was Professor Brodaty). At our site 24 patients were screened and 21 enrolled in the study. All patients were visited on a frequent and regular basis and were assessed for change in their behavioural problems and possible side-effects. Fourteen patients completed the double-blind phase and, all except for one, proceeded to the open label phase. Data from this study are currently being analysed.

This study was funded by Janssen-Cilag.

3-COUNTRY STUDY

Focussed Active Caregiver Therapy: a randomised, prospective, controlled intervention study of caregiver plus drug therapy vs drug therapy alone for Alzheimer's disease.

Researchers: **Brodaty H, Draper B, Mittleman M, Burns A, Sachdev P, Berman K, Kemp N, Leimena A (pictured), Green A.**

Status: Continuing

Aim: to determine whether caregiver intervention plus drug therapy for Alzheimer's disease (AD) is superior to drug therapy alone. 150 couples, people with AD and their spouses, are being randomised to receive donepezil plus information to the caregiver or donepezil plus counselling and other services to the caregiver. The year-long international trial is taking place in New York, Manchester and Sydney. Anticipated outcomes include improvement in the quality of life of patients and caregivers, less caregiver depression and a delay in the nursing home admission for the patient.



This study is funded by an unrestricted grant from Pfizer International and Pfizer Australia.

CARERS AND STRESS

An intervention programme for carers of dysphasic stroke patients - a controlled study.

Researchers: **Draper B, Bowring G, Conroy P, Servaes P, Poulos C, Ehrlich F.**

Status: Discontinued

In this controlled intervention study for carers of dysphasic stroke patients, an intervention involving education, communication skills training and stress management coupled with the development of a support group was to be assessed. The project, which commenced in October 1996, was to run for at least four years.

A review article was published in 1999.

Stress in Carers of the Elderly Attending a Sydney Family Medical Practice.

Researchers: **Payda C, Draper B, Luscombe G, Ehrlich F, Maharaj J.**

Status: Completed

Carers have been identified in many studies as being particularly vulnerable to psychological morbidity. This study aimed to examine stress in carers of the elderly who attended a solo family medical practice in Sydney, using the General Health Questionnaire (GHQ) as a measure of psychological morbidity. Eighty-seven carers were compared with 102 non-caregiving controls. No significant difference was found in GHQ

scores, reflecting the high level of stress in this family practice sample (mean GHQ = 4.7, SD = 6.2). Psychological morbidity in carers was associated with the provision of assistance with Instrumental Activities of Daily Living such as shopping, cooking and finances. We suggest that because carers often encounter specific challenges which may be amenable to interventions, general practitioners should familiarise themselves with these issues, determine the caregiving status of their patients and provide information about community services to carers.

A paper has been published.

Longitudinal controlled study of psychological stress in carers of stroke patients.

Principal researchers: **Brodaty H, Draper B, Luscombe G**, Sachdev P.

Associate researchers: Valenzuela M, Jones M, Kinch J, **Monk D. Withall A (pictured).**

Status: Continuing

Previous studies of carers of persons with stroke have established that they do experience psychological distress and burden. However, the factors mediating such impacts or stresses of caregiving have not been clearly delineated. It is important to determine predictors of stress in carers in order to identify factors amenable to intervention and carers vulnerable to breakdown. A longitudinal design is particularly valuable in this area of research as the dynamics of caring for someone with a chronic or long-term illness, such as a vascular dementia, change over time.



This study is linked to the longitudinal follow-up of admissions to Prince of Wales and St. George Hospital Stroke Units which is investigating risk factors for post-stroke dementia. The aims are (1) to follow a group of primary carers over fifteen month period starting from admission of the "patients" to the Stroke Unit and a group of informants of controls for a twelve month period, and (2) to determine (a) the levels of stress in carers of stroke patients compared with informants of matched controls, (b) whether factors can be identified to predict stress in this sample, and (c) the longitudinal course of any such stress.

SERVICE DELIVERY

The effects of physical health upon the outcome of admission to an acute psychogeriatrics ward.

Researchers: **Draper B, Luscombe G.**

Status: Completed

Objectives: To quantify the physical health of admissions to an acute psychogeriatric unit (PGU) and to determine whether measures of physical health predict psychiatric outcome at discharge and mortality at 12 months.

Method: Prospective audit of PGU admissions over 12 months using the Physical Health Schema (PHS) to quantify physical health.

Results: There were 88 admissions categorised into four principal psychiatric diagnostic groups - major depression (46), dementia (20), delirium (7) and 'other' diagnoses (15).

The mean number of organ systems affected by physical illness was 3.9 per admission (SD 1.5, range 1-8), which did not differ between psychiatric diagnostic groups.

Neurological disorders were the most severe and disabling conditions, with gastrointestinal and musculoskeletal disorders the other main acute conditions, and cardiovascular and sensory disorders the other main chronic conditions. Patients rated, on global outcome as recovered or improved had fewer chronic organ systems affected by physical illness than patients whose outcomes unchanged or worse outcomes (Model $\chi^2 = 8.01$, $df = 1$, $p = 0.005$) and ADL score (Model $\chi^2 = 6.33$, $df = 1$, $p = 0.012$). Mortality 12 months after discharge was predicted by PHS acute illness scores (Model $\chi^2 = 7.94$, $df = 1$, $p < 0.005$) and ADL score (Model $\chi^2 = 6.43$, $df = 1$, $p < 0.05$).

Conclusion: Acute PGUs are best co-located near geriatric medical wards in general hospitals due to high rates of physical illness.

A paper has been published.

The effectiveness of old age psychiatry services.

Researcher: **Draper B.**

Status: Completed

The objective was to review evaluation strategies and outcomes of acute service delivery in old age psychiatry. All controlled trials, prospective and retrospective audits, and surveys of the outcomes of service delivery in old age psychiatry located in acute hospitals and community settings were reviewed. Service delivery by medical, adult psychiatry and consultation/liaison services were included. With the exception of outreach services to nursing homes, long term institutional care was excluded.

Controlled trials, audits and surveys were each found to provide important data in the evaluation of service delivery. There was better quality evidence to support the effectiveness of components of old age psychiatry services than other services. The majority of studies indicated that old age psychiatry services have positive acute treatment outcomes, particularly with depression. There was insufficient evidence to determine which processes of care were associated with better outcomes. Pluralistic evaluations indicate that carers often have unmet needs and were not as positive about outcomes. There were no controlled comparisons of service delivery provided by other services. Medical services may be effective in treating behavioural disturbances related to dementia and delirium, but there was little evidence of effectiveness with depression. Audits of adult psychiatry inpatient services with specialist old age psychiatry staff have demonstrated positive outcomes.

Conclusions: Controlled trials and audits indicate that old age psychiatry services are effective. Further pluralistic evaluations and comparisons with other services are required.

A paper is in press.

Prediction of Falls in an Acute Old Age Psychiatry Unit.

Researchers: **Draper B**, McIntosh H, Busetto G.

Status: Continuing

Falls are a major cause of morbidity in an acute old age psychiatry unit. Existing falls screening instruments fail to adequately predict patients at risk of falling in this environment as they mainly focus on older people in community or general medical settings. We devised a Falls Screen based on a retrospective audit of falls in the old age psychiatry unit. The Falls Screen has now been prospectively used in over 150 admissions. The project aims to validate the Falls Screen and identify strategies to reduce falls in the ward.

Models of management of depression and psychosis in nursing home residents with dementia: a randomised controlled trial.

Principle researchers: **Brody H, Draper B.**

Associate researchers: **Lie D, Paton H, Martin K, Cameron F, Monk D, Saab D, Richards V.**

Status: Completed

Aim: to compare different models of management of depression and psychosis in residents with dementia in nursing home. Three models of management were compared:

- 1) Usual care - by the GP and nursing home;
- 2) Consultative model - the GP was given information on the assessment and a recommended management plan after a thorough psychogeriatric assessment; and
- 3) Intensive psychogeriatric management - the management plan devised prior to randomisation is undertaken by the psychogeriatric team alongside the GP, families and nursing home staff.

Outcome success was gauged by the reduction in depressive/psychotic symptoms, greater participation in activities, and reduction in stress levels of carers. Analyses are underway.

Several papers are in preparation.

Funded by a grant from the National Action Plan for Dementia Care.

Use of psychotropics in nursing homes

Researchers: **Draper B, Brody H.**

Associate researchers: **Richards V, Lie D.**

Status: Continuing

Concerns are frequently expressed about the use of psychotropic medication in nursing homes. The sample comprised 647 residents (mean age 82.3 years) from 11 eastern Sydney nursing homes. Overall, 333 residents (51.5%) were prescribed a regular psychotropic, which increased to 381 residents (58.9%) when 'as required' prescription was included. Antipsychotics were regularly prescribed in 21.4% of residents, antidepressants in 19.8%, sedative/hypnotics in 23.1%, anxiolytics in 8.5% and anticonvulsants in 9.7%. When regular and 'as required' psychotropics are considered, 22.9% of residents were taking more than one psychotropic. In those prescribed antidepressants, 45% were taking tricyclics and 41% SSRIs. Only 32 (28.3%) residents on antidepressants had a chart diagnosis of depression. On the EBAS-DEP, 69.2% with significant levels of depressive symptoms were not on antidepressants,

though 53.8% of residents on antidepressants also had significant levels of depressive symptoms. The mean daily dosage of antipsychotic medication prescribed (in chlorpromazine equivalents) was 73.0 mg.

A conference presentation has been delivered and a paper is being submitted.

An investigation of suicidal and other life threatening behaviours in nursing home residents.

Principal researchers: **Draper B, Brodaty H.**

Associate researchers: **Saab D, Richards V.**

Status: Completed

Aims: to document the prevalence of life-threatening behaviours, suicidal ideation and depressive symptoms in nursing home residents and to determine whether life-threatening behaviours are associated with suicidal ideation or depression.

Methods: Survey of 635 residents of 11 eastern Sydney nursing homes using the Even Briefer Assessment Scale for Depression (EBAS-DEP), Life-Threatening Behaviours Scale (LTBS) and suicidal ideation item from the Hamilton Rating Scale for Depression. Chart diagnoses and demographic data were obtained. Results: In the previous two weeks on the LTBS, 30.9% had refused to eat/drink, 18.2% refused to take medication, 17.3% alienated staff/provoked rejection, 11.7% exposed themselves to hazards, 5.7% expressed suicidal ideas and 2.4% cut themselves with a sharp object. Four factors were found on the LTBS – Unco-operativeness, Risk taking, Passive self-harm and Self-injury. None of these factors were found to have a significant relationship with depressive symptoms or suicidal ideation. There was a strong correlation between the presence of suicidal ideation and depressive symptoms on the EBAS-DEP ($r = 0.66$, $p = 0.00$). Life-threatening behaviours were associated with dementia, were more common in younger residents and varied significantly between nursing homes. It was concluded that direct and indirect life-threatening behaviours are common in nursing home residents.

A conference presentation has been delivered and a paper is being submitted.

Prevalence of Depression, Psychosis and Behavioural disturbances in Nursing Homes.

Researchers: **Brodaty H, Draper B.**

Associate researchers: **Saab D, Lie D, Richards V, Paton H, Martin K, Monk D, Cramsie J (pictured).**

Status: Completed

Aim: to ascertain the level of behavioural and psychological symptoms in nursing home residents. Nursing staff were surveyed about each of 647 residents living in 11 nursing homes. Over 90 per cent of residents were found to have some level of behavioural or psychiatric disturbance: 80 per cent with activity disturbance or aggression, 55 per cent with psychotic symptoms and, depending on the threshold chosen, 42 per cent with depressed mood. Older and more severely demented residents had higher behavioural and psychological symptoms of dementia rates as did those residing in larger nursing homes. Behavioural disturbances were frequently associated with psychosis and/or depression. Funded by a grant from the National Action Plan for Dementia Care.



The measurement of stress levels in nursing home staff and family carers of dementia patients.

Principal researchers: **Brodady H, Draper B.**

Associate researchers: **Cameron F, Paton H, Lie D.**

Status: Completed

I. Nursing Home Staff

Several studies indicate that there tends to be high stress levels amongst nursing home staff. They are often caring for residents who are experiencing a combination of dementia, psychiatric problems and associated behavioural problems.

The “Models of management of depression and psychosis in nursing homes” project provides an opportunity to measure the impact on the staff of interventions for nursing home residents by the research team. More specifically, before and after the project, staff were asked about their knowledge and attitudes when working with those with dementia. Job satisfaction was examined.

II. Family Carers

Results of some studies indicate that placement of relatives with dementia in nursing homes may resolve some problems that are stressful for family carers. However it may also create a new set of stressors for family members. These include cultural pressures from submitting to nursing home placement, financial burden, and poor interaction with staff.

As part of the “Models of management of depression and psychosis in nursing homes” project, family carers were asked during assessment and at completion of the project about problems they may be experiencing and possible effects of these on their health.

Papers are in preparation.

Funded by a grant from the National Action Plan for Dementia Care.

A case-controlled study of nursing home residents referred for treatment of vocally disruptive behaviour.

Researchers: **Draper B**, Snowdon J, Meares S, Turner J, Gonski P, McIntosh H, McMinn B, **Luscombe G**, Draper D, Latham L, Abbott E.

Status: Completed

The aim of this study was to identify factors associated with vocally disruptive behaviour (VDB) in nursing home patients referred to aged care services for treatment, using a case-control methodology. Characteristics of the VDB, reasons for referral, perceived causal factors and psychotropic use were noted. Twenty-five subjects and controls were examined with the Screaming Behaviour Mapping Instrument, the Cornell Scale for Depression in Dementia, the Dementia Behavior Disturbance Scale, and measures of cognition, functional capacity, social activities and emotional reactions of nursing staff. VDB was associated with other disturbed behaviours, depression, anxiety, severe dementia, functional impairment, communication difficulties, use of psychotropic medication, social isolation, and emotional distress in the nursing staff. Reasons for referral may relate more to the stress experienced by nursing home staff in managing VDB, than specific attributes of the VDB itself.

A paper has been submitted.

A case-controlled study of nursing home residents referred for treatment of vocally disruptive behaviour 2. Treatment outcomes.

Researchers: **Draper B**, Snowdon J, Meares S, Turner J, Gonski P, McIntosh H, McMinn B, **Luscombe G**, Draper D, Latham L, Abbott E.

Status: Continuing

Research on intervention strategies for vocally disruptive behaviour (VDB) is limited. There have been many case reports and several audits of treatments used in clinical practice but few systematised studies. Further analyses will report an audit of management strategies currently utilised by services. Three month outcome data were collected and the efficacy of various treatment strategies will be assessed.

Treatment of vocally disruptive behaviour of multifactorial aetiology.

Researchers: Meares S, **Draper B**.

Status: Completed

The objective was to describe the treatment of vocally disruptive behaviour (VDB) of multifactorial aetiology. Method: Three case reports of multifactorial VDB successfully treated by a multidisciplinary psychogeriatric outreach team.

Results: A biopsychosocial assessment is required to identify the different aetiologies involved and the way they interact. Acute medical and psychiatric factors may demand that interventions are introduced simultaneously rather than in succession. It was concluded that successful interventions require the combination of multiple biopsychosocial strategies tailored to the individual case with realistic goals that include the acceptance of a residual level of VDB as a reasonable outcome.

A psychogeriatric outreach service to nursing homes in Sydney.

Researchers: **Draper B**, Meares S, McIntosh H.

Status: Completed

We aimed to describe nursing home referrals to a multidisciplinary psychogeriatric outreach team. Methods: Retrospective case note audit of all nursing home referrals to a psychogeriatric outreach service in Sydney during 1996. Results: Of 106 referrals (mean age 76.9 years) from 22 nursing homes, 101 (95%) were assessed in the home. Behavioural problems were identified in 87 referrals (82%), usually being associated with chronic organic brain syndromes including dementia (n=75, 86%). Aggressive behaviours (45%), agitation (32%), unco-operativeness (17%), and screaming (16%) were the most frequently identified problems. Depression was diagnosed in 33 referrals (31%), often comorbid with dementia (n=16). Multiple diagnoses were present in 58 (55%) referrals. The most frequent treatment recommendations related to the use of nursing interventions (73%), psychotropic medication (70%), behavioural problems (29%), and family involvement (29%). Admission to the acute psychogeriatric ward occurred in 18 cases (17%). We concluded that, psychogeriatric services should provide adequately staffed outreach teams to nursing homes.

OTHER PROJECTS

Psychiatrists' attitudes towards ageing.

Researchers: **Draper B**, Gething L, Fethney J, Winfield S.

Status: Completed

The objective was to explore whether there is a relationship between the effects of gender, age and perceptions of personal health on psychiatrists' reactions to personal ageing. To determine the effects of psychiatrists' reactions to personal ageing upon their approach to clinical practice, retirement planning and post-retirement activities. The method implemented was postal survey design. Respondents were Fellows of the Royal Australian and New Zealand College of Psychiatrists resident in Australia or New Zealand. Of 1086 eligible subjects, 529 participated. The main outcome measures were: Reactions to Ageing Questionnaire (RAQ); self-rated health; location and type of psychiatric practice; the perceived benefits and drawbacks of age on psychiatric practice and case selection; and retirement plans.

Results. Positive attitudes towards personal ageing were significantly associated with old age, males and good or excellent self-rated health. Negative attitudes were associated with working in universities and anticipated retirement due to poor health. Field of practice, anticipated post-retirement activities and approach to clinical practice were not found to have a significant effect on attitudes towards personal ageing. We concluded that the effects of life experiences on psychiatrists' attitudes towards personal ageing were complex. Attitudes towards personal ageing had little impact on psychiatric practice.

A paper has been published.

The influence of age upon clinical psychiatric practice.

Researchers: **Draper B**, Luscombe G.

Status: Completed

The objective was to determine the effects of age upon the practice, roles, status and attitudes of psychiatrists within the Royal Australian and New Zealand College of Psychiatrists (RANZCP).

Method. Postal survey of Fellows of the RANZCP resident in Australia or New Zealand. Main outcome measures were age; location and type of psychiatric practice; hours of work; attitudes about reaccreditation; changes in work practices over the career; and the perceived benefits and drawbacks of age on psychiatric practice and case selection. Results. Of 1086 eligible subjects, 629 participated. Mean age of the sample was 52.7 years (SD 13.5). Those psychiatrists favouring reaccreditation were younger. Psychiatrists practising psychotherapy, forensic psychiatry or general psychiatry; working in psychiatric hospitals and private practice were more likely to be older. Older psychiatrists worked shorter hours. There was largely no association between case selection and age. Psychiatrists reporting increased credibility and respect as a benefit of their current age upon their psychiatric practice were older, as were those identifying fatigue and an inability to keep up to date as a drawback of age. Psychiatrists reporting a lack of credibility and respect were younger, as were those who reported increased enthusiasm and optimism. We concluded that age is associated with benefits and drawbacks to the practice of psychiatry and this may be reflected in the different practice profiles of older and younger psychiatrists.

A paper has been published.

The influence of experience upon clinical psychiatric practice.

Researchers: **Draper B, Luscombe G, Winfield S.**

Status: Completed

Objective. To determine the effects of experience upon the practice, roles, status and attitudes of psychiatrists within the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Method. Postal survey of Fellows of the RANZCP resident in Australia or New Zealand. Main outcome measures were years of psychiatric experience; higher medical qualifications; location and type of psychiatric practice; attitudes about senior psychiatrists and mentorship; changes in work practices over the career; and the perceived benefits and drawbacks of experience on psychiatric practice and case selection.

Results. Of 1086 eligible subjects, 629 participated. Over 96% of respondents, particularly the younger and less experienced, believed that senior psychiatrists have wisdom to offer to junior colleagues. This wisdom principally related to mentorship/supervision. Increased 'respect and tolerance' of patients as a benefit of experience was more likely to be reported by respondents who were more experienced. Respondents more confident about treating younger patients and treating functional psychoses were more likely to be less experienced, as were those reluctant to take on psychotherapy cases. Those respondents reluctant to take on dangerous or acting out patients were more experienced. Field of psychiatric practice significantly influenced case selection. Conclusions. Senior psychiatrists have accumulated wisdom through experience that is sought by junior colleagues via mentorship. We recommended that the RANZCP should specifically address the needs of early career and senior psychiatrists.

A paper has been published.

Work stress and satisfaction.

Researchers: **Draper B, Luscombe G, Doutney C.**

Status: Completed

1997 saw the start of the consolidation of the psychiatric units of the Eastern Sector Mental Health Service onto the Prince of Wales campus. With the potential of this process to pose a number of challenges to staff members, we were interested in finding out more about what it was like for staff to work in their units before the move, in terms of job satisfaction and work stress, and then over the following 6 months in the consolidated units. We asked staff in all of the Eastern Sector inpatient units and community teams to fill out survey questionnaires, on three occasions - before the move, then three and six months after. Eighty-seven baseline surveys were received and 75 'six month' surveys. Unfortunately the data collected at three months had to be abandoned because of problems with distribution and collection of surveys.

Data are being analysed and a report is being prepared.

Psychological aspects of holocaust survival

Researchers: Joffe C, Brodaty H, Ehrlich F.

Status: continuing

A detailed demographic questionnaire was sent to 2,800 older Jewish individuals living in Sydney. From the sample of 814 respondents, 100 holocaust survivors, 50 refugees and 50 Australian/English born individuals were randomly chosen for in-depth interviews using standardised scales to measure psychological morbidity, psychiatric symptoms, physical health, cognitive function, social and marital function and symptoms of post traumatic stress disorder.

About 40 % of the holocaust survivors met DSM IV criteria for Post Traumatic Stress Disorder, compared to 16% of the refugees and 4% of the Australian/English born elders. Survivors also had high levels of psychiatric morbidity, 67% reporting trouble with "nerves or depression", compared with approximately one-third of the refugee and the 'control' groups. Twenty-nine percent of holocaust survivors rated their current psychological health as bad to poor, compare to six and two percent of the refugees and controls respectively. There were no significant differences in self-rated physical health.

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Brody H. *Depression in the elderly*, Invited Plenary, NSW Aged Care Assessment Team (ACAT) Conference, 25th and 26th November, 1998, Sydney, Australia.#

Brody H. *Participation – The best medicine*, Asia-Pacific Regional Conference for the International Year of Older Persons, 26-29 April, 1999, Hong Kong. #

Brody H. *Conference on prevalence of behavioural signs and symptoms in AD: What should we be treating?* Proceedings of the 6th International Conference on Alzheimer's Disease and Related Disorders: Behavioural Signs and Symptoms of Dementia and Treatment Possibilities Round Table, July, 1998, Amsterdam, Netherlands.#

Brody H. *Depression and dementia in general*, International Psychogeriatric Association Conference and Turkish Society of Psychogeriatrics, 21-23 May, 1998, Istanbul, Turkey.#

Draper B. *Depression in physically ill older people*, 50 years of treatments for Bipolar disorder - A celebration of John Cade's discovery, 4-5 December, 1999, Sydney, Australia.#

Draper B. Investigational Drugs weekly highlights. The International Psychogeriatric Association – Ninth Congress (Part III) Week 35, September 1, 1999. Current Drugs Ltd, London. *

Draper B. The International Psychogeriatric Association - Ninth Congress 15-20 August, 1999, Vancouver, Canada.*

Draper B. *Psychiatrists who treat the elderly-The Influence of Age and Experience Upon Clinical Psychiatric Practice*, RANZCP 33rd Annual Congress, 25th May, 1998, Melbourne, Victoria.*

Draper B. *Distance Learning and the Internet in Geriatric Psychiatry*, Workshop with Dr Ken LeClair, Canadian Academy of Geriatric Psychiatry Annual Scientific Meeting, 14th September, 1998, Halifax, Nova Scotia, Canada. *

Draper B. *Depression and life threatening behaviours in nursing home residents*, Wake-Forest University Psychiatry Grand Rounds, 18th September, 1998, Winston-Salem, North Carolina, USA . *

Draper B. *Life threatening behaviours and depression in nursing home residents*, Hurwitz Lecture series, Research Institute, Hebrew Home of Greater Washington, 25th September, 1998, Rockville, Maryland, USA.*

Draper B. *Depression and life threatening behaviours in nursing home residents*, State University of New York at Buffalo Psychiatry Grand Rounds, 16th October, 1998, Buffalo Psychiatric Centre, Buffalo, NY, USA.*

Draper B. *Depression and life threatening behaviours in nursing home residents*, Toronto General Hospital Psychiatry Grand Rounds, 19th October, 1998, Toronto, Ontario, Canada.*

Draper B. *Life threatening behaviours in Sydney nursing homes*, 51st Annual Scientific Meeting, The Gerontological Society of America, 23rd November, 1998, Philadelphia, USA.*

Draper B. *Depression and life threatening behaviours in nursing home residents*, RANZCP Section of Psychiatry of Old Age 10th Annual Scientific Meeting, 1st December, 1998, Brisbane, Queensland.

Draper B. *Variables associated with life-threatening behaviours in Sydney nursing homes*, Ninth Congress of the International Psychogeriatric Association, 19th August, 1999, Vancouver, Canada, International Psychogeriatrics 11,(Suppl1)1999,80.*

Draper B. *Use of the internet and distance learning in Faculty training*, Post-graduate education in old age psychiatry seminar with David Burke, Pam Melding and Ed Chiu, RANZCP Faculty of Psychiatry of Old Age. 1st Annual Scientific Meeting, 1st December, 1999, Sydney.

Draper B. *Grey Matters - Removing the Confusion from Dementia*, Pfizer GP Forum General Practitioner Conference and Exhibition, 28 March, 1998, AJC Exhibition and Conference Centre, Sydney.

Draper B. *Management of Depression in Old Age*, Psychogeriatric Educational Program, 2nd June, 1998, Rozelle Hospital, Sydney.*

Draper B. *Psychosis in old age*, Illawarra Psychiatric Association, 16 June, 1998, Novotel Hotel, Wollongong.*

Draper B. *The assessment and management of depression in old age*, Illawarra Retirement Trust, 12th August, 1998, Tarrawanna Court, Wollongong, NSW.*

Draper B. *The management of depression in old age*, Illawarra Division of General Practice, 12th August, 1998.*

Draper B. *Depression and life threatening behaviours in nursing home residents*, University of New South Wales, School of Psychiatry Academic Meeting, Prince of Wales Hospital, 14th August, 1998, Randwick, Sydney.

Draper B. *Issues in the management of older patients in general psychiatry wards*, Department of Psychiatry in-service, 2nd September, 1998, Rush-Presbyterian-St Lukes Medical Center, Chicago, USA.*

Draper B. *Psychogeriatric units in Australia*, Department of Geriatric Psychiatry in-service, 3rd September, 1998, Bowman Center Rush-Presbyterian-St Lukes Medical Center, Chicago, USA.*

Draper B. *Behaviour disorders and nursing home psychiatry*, 'Psychogeriatric Issues' two-day seminar, 11th December, 1998, St Vincent's Hospital, Darlinghurst, Sydney.*

Draper B. *Evidence based practice*, RANZCP, Faculty of Psychiatry of Old Age (NSW) seminar, 29th January, 1999, Parliament House, Sydney.*

Draper B. *Suicidal behaviour in older people*, Suicide & depression in old age conference, 25th March, 1999, Bankstown-Lidcombe Hospital.*

Draper B., **Koder D.** *Strategies for managing difficult behaviour in elderly people*, Psychogeriatric GP Shared Care Project, 30th March, 1999, Scottish Hospital, Paddington.*

Draper B. *Overview of depression in the elderly*, Depression in the elderly seminar, 30th July, 1999, ACT Mental Health Service, Canberra.

Draper B. *Non-pharmacological interventions in dementia*, Geriatric Medicine Registrars Workshop, 4th September, 1999, Concord Hospital, Concord.*

Draper B. *The treatment of depression in the physically ill elderly*, University of New South Wales, School of Psychiatry Academic Meeting, 10th September, 1999, Prince of Wales Hospital, Randwick, Sydney.

Draper B., **Brody H.**, **Rylands K.** *Life threatening behaviours in Sydney nursing home residents* (abstract), Program abstracts 51st Annual Scientific Meeting of the Gerontological Society of America, *The Gerontologist*, Vol 38, Special issue 1, October 1998, 395-396.

Luscombe G. *The features of dementia and depression in the elderly*, For the Dementia Services Development Centre. 12th February, 1998, Springwood Nursing Home, Springwood. NSW.#

Luscombe G., **Brody H.**, Ames D, Hecker J, Helme R, Leong M, Woodward M. *The effect on carers of participation in drug trials for Alzheimer's disease*, Inaugural meeting of the Australasian Consortium of Centres for Clinical Cognitive Research (AC4R), 13th May, 1998, National Ageing Research Institute, Melbourne.

Luscombe G. , Brodaty H, Ames D, Hecker J, Helme R, Leong M, Woodward M. *The effect on carers of participation in a drug trial for Alzheimer's disease*, Alzheimer's Awareness Week, Alzheimers's Association (Victoria) 8th September, 1998, Melbourne.#

Mittelman M, **Brodaty H.** *Counselling, education and support for family caregivers of dementia patients: The similarities and differences between two effective psychosocial interventions and plans for a multinational collaborative study.* International Psychogeriatric Association, Beijing Joint Meeting. International Psychogeriatric Association, 12-13 April, 1999, Beijing.

Mittelman M, **Brodaty H,** Burns A. *Counseling, education and support for family caregivers of dementia patients: The similarities and differences between two effective psychosocial interventions and plans for a multinational collaborative study,* Ninth Congress of the International Psychogeriatric Association, August 15-20, 1999, Vancouver, Canada, International Psychogeriatrics,11(Suppl1)1999,34. *

Peisah C, Brodaty H, Anstey K. *Depression: 25 year outcome of spouses and children of a depressive cohort.* Preliminary results. Australian Society for Psychiatric Research Conference, 2nd December, 1999, Sydney.*

Peisah C, Brodaty H, Kruk J, Hickie I., *The neuropathology of depression in later life.* The Australian Society for Psychiatric Research Annual Scientific Meeting, December, 1998 Brisbane, Queensland.*

Peisah C. *Retirement and mental competency: A medical view,* Retirees and the aged: a developing market. College of Law Conference, February, 1998, Sydney.*

Sachdev P, Brodaty H, Gillies D, Valenzuela M, Looi J, **Monk D,** Kinch J, Lorentz I, Walker A, Ebert C, Howard L, Wang X L, Shnier R, Zagami A, Hersch M, Pryor D, Johnston R, Enis J. *The Sydney longitudinal study of stroke patients for cognitive impairment and dementia,* Preliminary data from the Sydney Longitudinal study of stroke patients for cognitive impairment and dementia. Stroke Society of Australia - Annual Scientific Meeting, 13-15 October, 1999, Sydney, Australia.

Valenzuela M, Sachdev P, **Brodaty H,** Gillies D, Wen W, Mclvor B, Looi J, **Monk D,** Kinch J, Lorentz I, Walker A, Ebert C, Howard L, Wang X L, Shnier R, Zagami A, Hersch M, Pryor D, Johnston R, Enis J. *H-MRS and neuropathology after stroke: Association with executive and attentional cognitive dysfunction.* Preliminary data from the Sydney Longitudinal study of stroke patients for cognitive impairment and dementia. Stroke Society of Australia - Annual Scientific Meeting, 13-15 October, 1999, Sydney, Australia.

Brodaty H. *The importance of behavioural and psychological symptoms in dementia – How common are they and what can we do about them?* Alzheimer's Disease International, 15th International Conference, 15-18 September 1999, Johannesburg, South Africa.

POSTERS

Draper B, Brodaty H, Richards V, *Antidepressants and depression in Sydney nursing homes*, Challenges in Nursing Home Care. Canadian Academy of Geriatric Psychiatry Annual Scientific Meeting, 13th September, 1998, Halifax, Nova Scotia, Canada.

Berle D, Brodaty H, Hickie I, Mason C. *Do "Side Effects" improve after ECT?* Annual Scientific Meeting, The Australian Society for Psychiatric Research, December 2-3, 1999, Sydney, Australia.

Peisah C, Brodaty H, Anstey K. *Families and depression: 25-year outcome of spouses and offspring of a depressive cohort. Preliminary results*. Annual Scientific Meeting, The Australian Society for Psychiatric Research, December 2-3, 1999, Sydney, Australia.

Kemp N, Brodaty H, Pond D, Harding L. *A new efficient way of detecting dementia in general practice*, The 1999 General Practitioners Evaluation Program (GPEP), 6th and 7th of May, Sydney, Australia.

PAPERS SUBMITTED OR IN PREPARATION

Brodaty H, Draper B, Saab D, Richards V. Psychosis, depression and behavioural disturbances in Sydney nursing home residents: Prevalence and predictors.

Brodaty H, Mitchell P, **Luscombe G**, Kwok J, Badenhop R, Mackenzie R, Schofield P. Idiopathic calcification of basal ganglia, independence from dementia, psychosis and several genetic markers.

Brodaty H, Luscombe G, Peisah C, Anstey K, Andrews G. Outcome of depression: a 25 year follow-up study, (submitted).

Brodaty H, Berle D, Hickie I, Mason C. Neuropsychological and other adverse side effects following ECT in elderly depressed patients.

Draper B, Snowdon J, Gonski P, Meares S, McIntosh H, Draper D, Latham L, McMinn B, Abbott E, Turner J. Treatment outcomes of nursing home residents with vocally disruptive behaviour.

Draper B, Snowdon J, Meares S, Turner J, Gonski P, McMinn B, McIntosh H, Draper D, **Luscombe G**. A case controlled study of nursing home residents referred for treatment of vocally disruptive behaviour, (submitted).

Draper B, Brodaty H, Saab D, Richards V, Lie D. Psychotropic medication use in Sydney nursing homes.

Draper B, Brodaty H, Saab D, Richards V. An investigation of suicidal and other life threatening behaviours in nursing home residents

Joffe C, Brodaty H, Luscombe G, Ehrlich F. The Sydney holocaust and aging study: post-traumatic stress disorder and other psychosocial morbidity, (submitted).

POST-GRADUATE AND OTHER TEACHING

PROFESSOR HENRY BRODATY

Institute of Psychiatry

Lecturer for

- ❖ Psychiatry of Old Age Course
 - Depression in old age
 - Dementia
 - Update on psychogeriatrics
- ❖ Psychiatrists in Training Courses
 - Depression in old age
 - Dementia

University of New South Wales

Lecturer for

- ❖ Psychiatry Medicine 5th Year
 - Principles of Old Age Psychiatry
 - Psychiatric syndromes in late life
 - Elder abuse
 - Self-help groups
 - Guardianship
- ❖ Human Behaviour 1, Medicine 1st year
 - Age and society
- ❖ Master of Community Health/Public Health/Health Planning.
- ❖ Master of Medicine (Geriatrics)
 - Dementia
- ❖ Master of Psychological Medicine
 - Dementia and delirium, assessment
 - Dementia, management

Supervision of doctoral theses:

- ❖ Charmaine Joffe (PhD candidate).
The twilight years: A comparative investigation into the psychological and social well-being of aged Jewish holocaust survivors, refugees, and Australian/English born Elders living in Sydney, Australia (submitted)..
- ❖ Carmelle Peisah (MD candidate).
Coping with depression: a family affair. A study of the effects of depression on spouses and children.
- ❖ Elizabeth Scott (MD candidate).
Magnetic resonance imaging and long-term outcome in depression
- ❖ Chanaka Wijeratne (MD candidate)
Psychological distress and fatigue in older primary care attenders.

DR BRIAN DRAPER

Institute of Psychiatry

Lecturer for

- ❖ Psychiatrists in Training course
 - Year 2 Psychogeriatrics

University of New South Wales

(i) School of Community Medicine

Lecturer for

- ❖ Masters of Community Health/Public Health/Health Planning: Health Elderly Course
 - Memory disorders
- ❖ Masters of Medicine (Geriatrics).
Co-ordinator of Psychogeriatrics subject CMED 9539 that is provided in a distance learning format over the internet. Contributed modules on 'Epidemiology and Service Delivery', 'Mood disorders', 'Assessment', and 'Psychiatric disorders & physical health'.

(ii) School of Psychiatry

- ❖ Medical Students, Year 5
 - Assessment and Management of Behavioural Problems in the Elderly

Faculty of Psychiatry of Old Age, RANZCP

- Internet chat tutorials were commenced in 1999 for advanced trainees

OTHER ACTIVITIES

PROFESSOR HENRY BRODATY

Grants Assessor:

- ❖ National Health and Medical Research Council
- ❖ Commonwealth Repatriation Hospital research grants
- ❖ Alzheimer's Association (Australia)
- ❖ Netherlands Alzheimer's Association

Journal Editorial Boards

- ❖ *Alzheimer Disease and Associated Disorders*
- ❖ *Mental Health and Aging*
- ❖ *CNS Drugs*
- ❖ *Psychiatry in Primary Care*
- ❖ *International Psychogeriatrics*

Journals Assessor:

- ❖ *Australian and New Zealand Journal of Psychiatry*
- ❖ *Australasian Journal on Ageing*
- ❖ *Alzheimer Disease and Associated Disorders: an International Journal*
- ❖ *International Journal of Geriatric Psychiatry* (and Guest Editor)
- ❖ *International Psychogeriatrics*
- ❖ *Medical Journal of Australia*
- ❖ *Psychiatry in Medicine*
- ❖ *American Journal of Geriatric Psychiatry*
- ❖ *Psychological Medicine*

Extramural Activities:

ALZHEIMER'S ASSOCIATION

- Chair, Dementia Research Subcommittee, Alzheimer's Association (Australia)
- Medical Advisor, Alzheimer's Association (NSW)

ALZHEIMER'S DISEASE INTERNATIONAL

- Vice-Chairman, ADI
- Chair, Medical and Scientific Committee
- Member: Executive Committee, Finance Committee, Nominations Committee

AUSTRALASIAN CONSORTIUM OF CENTRES FOR CLINICAL COGNITIVE RESEARCH (AC4R)

- Chairman (founding)

FACULTY OF PSYCHIATRY OF OLD AGE (FPOA), RANZCP

- NSW and Australian Executive

INTERNATIONAL PSYCHOGERIATRIC ASSOCIATION

- Board of Directors

NSW BOARDS AND COMMITTEES

- Co-Chair, NSW Department of Health Taskforce on Mental Health of Older People, 1997-1998
- NSW Ministerial Taskforce on Psychotropic Medication Use in Nursing Homes, 1997
- NSW Guardianship Tribunal, 1990-
- Psychiatric Sub-committee of Medical Services Committee (to review all medical legislation coming to NSW parliament)
- NSW Action Plan on Dementia Care, 1996-
- General Practitioner Working Party for the NSW Action Plan on Dementia Care
- NSW Committee on Ageing (reports to the minister for Aged and Disability on matters related to ageing), 1998-

DR BRIAN DRAPER

Grants Assessor:

- ❖ Alzheimer's Association
- ❖ Health Research Council of New Zealand

Journals Assessor:

- ❖ *Medical Journal of Australia*
- ❖ *Australasian Journal on Ageing*
- ❖ *International Journal of Geriatric Psychiatry*
- ❖ *International Psychogeriatrics*
- ❖ *Australian and New Zealand Journal of Psychiatry*

Government Reviews:

Reviewer of Challenging Behaviour in Dementia report for Older Australians' Policy Section, Office for Older Australians, 1999.

Extramural Activities:

FACULTY OF PSYCHIATRY OF OLD AGE (FPOA), RANZCP

- Chair, Committee of Advanced Training
- Member of Faculty Executive

BOARDS AND COMMITTEES:

- Member, Steering Committee, NSW Centre for Mental Health/RANZCP Faculty of Psychiatry of Old Age Project
- Member, Medical & Scientific Advisory Panel of Alzheimer's Disease International
- Member, Australasian Consortium for Centres for Clinical Cognitive Research
- Member, Fellowships Board, RANZCP

AFFILIATIONS

- Suicide Prevention Australia
- NSW Association of Mental Health
- Australian Society for Geriatric Medicine
- Alzheimer's Association
- International Psychogeriatric Association
- International Association for Suicide Prevention

GRANTS

Models of management of depression, psychosis and associated behavioural problems in nursing home residents with dementia.

INVESTIGATORS: Brodaty H, Draper B.
FUNDING BODY: National Action Plan for Dementia Care
AMOUNT: Totaling \$210 000 over 1996-1998.

A prospective multicentre study of the assessment management of screaming behaviour in nursing homes.

INVESTIGATORS: Draper B, Gonski P, Meares S, McIntosh H, Latham L, Snowdon J, McMinn B.
FUNDING BODY: School of Community Medicine, UNSW
AMOUNT: \$ 6 000, 1996-1997.

A longitudinal study of cognitive impairment and dementia in stroke patients.

INVESTIGATORS: Sachdev P, Brodaty H, Gillies D, Schwartz R, Shnier R, Haindl W, Walker A, Hadzi-Pavlovic D, Fell K.
FUNDING BODIES: NHMRC and Vincent Fairfax Family Foundation
AMOUNT: NHMRC: \$90 516 for 1997, \$93 487 for 1998, \$64 961 for 1999; \$283,968 for 2000.
Vincent Fairfax Family Foundation: \$75 000.

New efficient method for the detection of dementia in general practice.

INVESTIGATORS: Pond D, Brodaty H, Huppert F, Luscombe G.
FUNDING BODY: General Practice Evaluation Program
AMOUNT: \$ 99 520

Psychological aspects of holocaust survival.

INVESTIGATORS: Joffe C, Brodaty H, Ehrlich F.
FUNDING BODY: Henry H. Roth Charitable Foundation
AMOUNT: \$ 4 000

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