

ACADEMIC DEPARTMENT FOR OLD AGE PSYCHIATRY

AGED CARE PSYCHIATRY SERVICE



UNSW
THE UNIVERSITY OF NEW SOUTH WALES

Cover:
Mildred (Aged 102) Performing
at the Centenarians afternoon
Tea, Government House,
Sydney, June, 2006.

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DIRECTOR'S REPORT

The numbers of older people in Australia continue to rise out of proportion to the rest of the population growth. It is estimated that 2.6 million or 13% of Australians are aged 65 or more and that this will rise to 9.4 million or 30% of the population by 2051. The increase in proportion of persons aged 85 or more is even more staggering, from 1.4% (0.3 million) to 11% (4.1 million) which is almost an eightfold increase in percentages (and a 13 fold increase in the absolute numbers).

If the 19th century health problems were dominated by infectious diseases and the 20th century by diseases of the heart and by cancer, the 21st century is undoubtedly the era of neurodegenerative disorders. These are conditions that cause degeneration of nerve cells in the brain such as Alzheimer's disease, vascular dementia and Parkinson's disease. Already depression and dementia are among the leading causes of disease burden and with the greying of Australia they will be the leading causes within a few years.

The Academic Department for Old Age Psychiatry aims to improve the mental health of older people by researching the causes, assessment, prevention, treatment and management of mental disorders in late life. We have particularly focused on the dementias, including Alzheimer's disease, the effects of stroke, nursing homes, depression in late life including late life suicide and service provision.

Research has documented that there are 25 million people with dementia in the world now and this figure will approximately double every 20 years to 40 million by 2020 and 80 million by 2040 – one new person every seven seconds. There is excitement about developments in dementia research, a major focus of our department's research. Dementia is being diagnosed earlier and earlier, so much so that a new but still controversial pre-dementia diagnosis has been proposed, Mild Cognitive Impairment.

New methods of preventing and treating the behavioural problems associated with dementia have been developed. Our work led to recognition of some complications from drugs used to treat these behavioural complications. Our investigations of the consequences of stroke have confirmed that depression is a significant complication of stroke but the rate is less than previously reported. However, we found a third of patients were experiencing significant apathy. It may be that apathy has previously been misdiagnosed as depression. Over half the patients whom we followed up after their stroke were doing well. That those who had had further strokes were doing worse underscores the need to be assiduous in promoting strategies to prevent further strokes.

Our group has also contributed to advances in understanding and preventing late life suicide and in how best to organise services the help the older people with mental health problems.

Training and education are important if the lessons from research are to be applied. We have been active in a number of areas of teaching for the public, undergraduates and postgraduates. Special mention should be made of the outstanding work of Associate Professor Brian Draper who has chaired the advanced training subcommittee of the Faculty of Psychiatry of Old Age, RANZCP and the Psychiatry Training Network Oversight Committee of the NSW Institute of Medical Education and Training.

Measures of the success of research include publications, grant success and impact in the field, in particular what difference the outcomes make to people's lives. The last measure is difficult to judge as often there is a long latency from research to practice. As for publications, our department has been extremely productive as can be seen from the listings at the end of this report.

We also have had success with grants. A trio from the School of Psychiatry within the University of New South Wales - Professor Perminder Sachdev from the Neuropsychiatry Institute, Prince of Wales Hospital, Professor Gavin Andrews from St Vincent's Hospital and myself - were successful in obtaining a prestigious NHMRC Program Grant. The program grant will allow a number of research projects to go forward. The centrepiece is a study of what determines preserved and impaired memory and cognition in older people. We are surveying some 5,000 people aged 70 to 90 years in the Randwick area with the aim of interviewing and assessing in depth approximately 1,000 older people and following them every two years to see what predicts maintenance of memory and other thinking abilities and what predicts deterioration. We will also be able to exam-

ine the concept of Mild Cognitive Impairment and to determine its utility in predicting who is at risk of developing dementia and eventually in targeting interventions to prevent this.

Another major achievement was the receipt in 2006 of a \$3 million grant over three years to establish the Primary Dementia Collaborative Research Centre, funded by the Australian government through the Dementia: A National Health Priority Initiative. The Centre, which has been established on UNSW property at Coogee, is managed by a core committee of Professors Perminder Sachdev, Brian Draper, Tony Broe and myself as Director with Rosi Benninghaus as Manager and Alex Dunbar as Administrative Officer. Our department at the University of New South Wales will be the hub that will be collaborating with six other universities with the aim of Translating Research Into Practice. We will focus on improvements in assessment and management by general practitioners; nursing care; technology and design; understanding and management of physical and behavioural and psychological complications of dementia; and in understanding and predicting the transitions in care between community, hospitals and residential care.

Another research initiative is the establishment of the Janssen-sponsored PRIME data base, an Australia-wide consortium of memory clinics who are pooling de-identified anonymous data from consenting patients to enable research on a scale not possible when individual sites analyse their own patient information. I am chairing the Scientific Advisory Committee for this data base which will allow all participating clinicians to access the pooled data from an anticipated 1000-2000 patients by August 2008 for research purposes.

Recently we were associated with two other successful grants. Professor Perminder Sachdev and Dr Julian Trollor received funding through the Ageing Well, Ageing Productively Program to examine the interplay of genetics and environment through a study of ageing twins in Australia. Falls are a major public health issue for older people, so it is timely that Professor Stephen Lord and Dr Jacqui Close received NHMRC funding to investigate the contribution of cognitive impairment to falls.

The research in our department is linked with the clinical services that we provide. The Aged Care Psychiatry Service at Prince of Wales Hospital provides mental health services for about 35,000 older people living in the eastern suburbs of Sydney. We provide assessment, inpatient and outpatient management, a Memory Disorders Clinic and a consultation liaison service to the Prince of Wales Hospital and to local residential Aged Care Facilities. Many of the clinical staff are also engaged in research. The department is active in teaching medical students, trainee psychiatrists, general practitioners and other health professionals. Each year our department conducts a forum designed to promote health and prevent illness. In 2004 our forum was on the theme of Facing Fears & Phobias in Late Life, in 2005 Relationships & Older People and in 2006, Train the Brain, our most successful forum ever with almost 400 people coming to Easts Leagues Club to learn about ways to prevent dementia.

Research requires a team effort and I am privileged to work with bright, enthusiastic and committed colleagues. I would also like to acknowledge the many people who have given their time and effort to participate in the research.

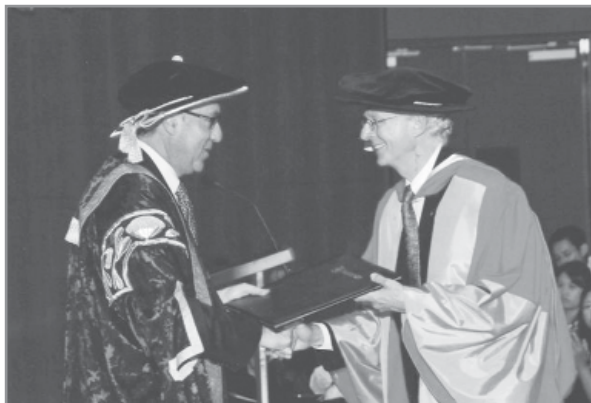
Finally, while grants provide the life blood of research, they do not allow for pilot projects which can lead to larger scale investigations nor do they provide for infrastructure such as administrative support and computing. We gratefully acknowledge our donors, especially the estate of the late Peter Borrell.

We invite you to make a tax-deductible donation (or include us in your bequest) towards research. Details of how to do this are provided at the end of this report.



Henry Brodaty AO

AWARDS AND ACHIEVEMENTS



Professor Brodaty being awarded a Doctor of Science by David Gonski, Chancellor of the University of New South Wales, 14th December 2006



A/Professor Brian Draper
Chairman Elect
Faculty of Psychiatry of Old Age
Royal Australian and New Zealand College of Psychiatrists



Margaret Fitzgerald received a Prince of Wales Hospitals' Employee Recognition Award in 2005. These awards acknowledge special contributions made by individual staff members. Margaret has worked tirelessly and selflessly, is the reference point for everyone in the department and is respected and loved by patients and staff. She has consistently delivered excellence in service, demonstrated initiative, enthusiasm and commitment, and performed above and beyond her normal duties. The staff in Aged Care Psychiatry unanimously nominated her for this award and we were delighted that she received the recognition that she so well deserved. Here, Executive Director POW, George Jepson is presenting Margaret with the Prince of Wales Hospital's Employee Recognition award.

MEMBERS OF ACADEMIC DEPARTMENT FOR OLD AGE PSYCHIATRY

DIRECTOR Professor Henry Brodaty, AO, MB BS, MD, DSc, FRACP, FRANZCP	RESEARCH ASSISTANTS Kim Burns RN, BPsych(Hons) Louisa Gibson BSc(Arch); Grad. Dip. Psych.; BSc(Hons) (Psych)	DOCTORAL FELLOW Sally McSwiggan B.Psych(Hons), M.Clin.Neuropsych PhD candidate
ASSISTANT DIRECTOR A/Professor Brian Draper MB BS(Hons), MD, FRANZCP	RESEARCH OFFICER Dr Annette Altendorf PhD (Psych)	ADMINISTRATION STAFF Eveline Milne Lynne Seifman
RESEARCH DOCTOR Dr Karen Berman MB BCH	Lee-Fay Low BSc (Hons) (Psych) (until April 2004) Claire Thompson BA(Hons) (Psych), MAPS Adrienne Withall BSc (Hons) PhD Candidate	VOLUNTEERS David Brodaty Eva Hart Joy Storey

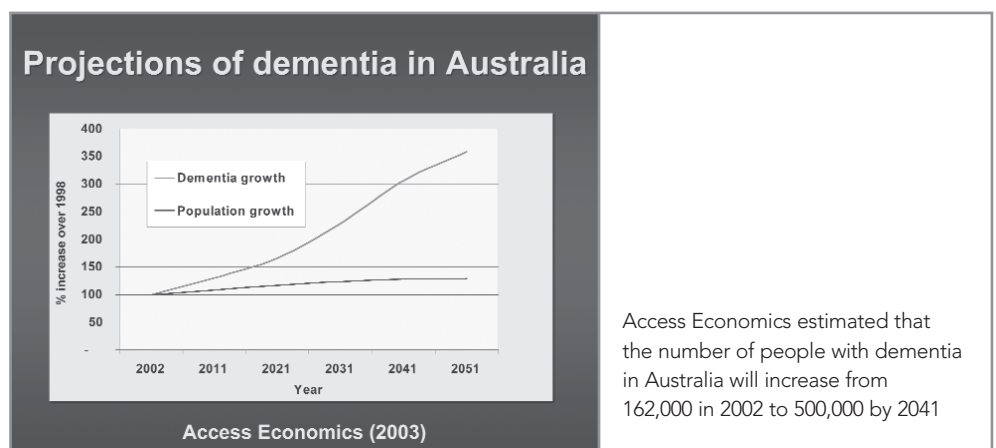
MEMBERS OF AGED CARE PSYCHIATRY SERVICE 2004-2006

PSYCHOGERIATRICIANS^(*2.0) Professor Henry Brodaty A/Professor Brian Draper	SOCIAL WORKERS^(*0.6) Daniella Kanareck Karen Lazarus	Bo Madej Amanda Martin Ruth Moala Frances Pawsey Michelle Rae Rebecca Ramos Christine Sellman Roxana Warning
PSYCHOGERIATRIC REGISTRAR^(*1.0) Dr Nadir Hafiz (2005) Dr Jane Hay (2004) Dr Nicola Rendina (2005) Dr Peter Vaux (2004) Dr Daniel Pellen (2006) Dr Jenny Wong (2006)	NURSING^(*10.0) Nursing Unit Manager Cheryl Henke Giselle Bygraves (until Sept. 2005) Clinical Nurse Consultant Helen McIntosh	ADMINISTRATION Margaret Fitzgerald Michele DePermentier Dorothy Janssen (until Sept. 2006)
CLINICAL PSYCHOLOGISTS^(*1.0) Cathy Ebert Lisa Lorentz	COPE NURSES Corinne Bodeker John Francis Karen Preston	DOMESTIC SERVICES Judy Charlton Teresa DeSilva Imma Martino <i>*Full-time equivalent positions</i>
OCCUPATIONAL THERAPY^(*0.4) Jacki Wesson	WARD NURSES Hans Van Kelken Beverly Beattie Winnie Cheung Joan Murphy Leah Campbell Susan Kendall	
DIVERSIONAL THERAPY^(*0.8) Julia Dilli		

RESEARCH STAFF

COLLABORATORS

Gavin Andrews	Perminder Sachdev
Kaarin Anstey	Peter Schofield
Greg Bowring	Ron Shnier
Alistair Burns	John Snowdon
A.G. (Tony) Broe	Philippe Thomas
Giselle Bygraves	Cathy Thomson
Lynn Chenoweth	Julian Trollor
Eddie Siu Lun Chow	Jane Turner
Philip Conroy	Michael Valenzuela
Breda Cullen	Jocelyn Van Heyst
Peter Paul DeDeyn	Alex Walker
Debbie Draper	Wei Wen
Rachel Edwards	Chanaka Wijeratne
Lori Frank	Kay Wilhelm
Peter Gonski	Chun Por Wong
Nori Graham	Mike Tak Po Wong
Ian Hickie	Michael Woodward
Shuk Kuen Sabrina Ho	Alessandro Zagami
Jean Hollis	
Felicia A. Huppert	NHMRC PROGRAM GRANT
Yun-Hee Jeon	Memory & Ageing Study
Charmaine Joffe	Tracy Anderson
Ira Katz	Alison Bowman
Madeleine King	Sarah Fairjones
Leah Kleinman	Janelle Fletcher
Bernard Ming Hei Kong	Evelyn Harvey
Lynda Latham	Sharpley Hsieh
Ka Leung Lin	Laura Hughes
Jeff Looi	Sarah Jacek
Steven Lord	Nicole Kochan
Lisa Lorentz	Roslyn O'Grady
Georgina Luscombe	Amanda Rose
Helen McIntosh	Amanda Sharpley
Brian McMinn	Melissa Slavin
Sue Meares	Samantha Wong
Pam Melding	
Philip Mitchell	PRIMARY DEMENTIA
Mary Mittleman	COLLABORATIVE
Gordon Parker	RESEARCH CENTRE
Carmelle Peisah	Rosie Benninghaus
Kate Plumb	Alex Dunbar
Ann Poljak	
Dimity Pond	PRIME STUDY
Martin Prince	Kirsty Edbrooke
Jonathon Rabinowitz	Jane Southwell



DEMENTIA AROUND THE WORLD AND PRE-DEMENTIA

Dementia around the world

A consortium of international researchers estimated that there were 25 million people in the world with dementia in 2005 and the numbers would double every 20 years to 40 million by 2020 and over 80 million by 2040 (R27). Over two thirds of people with dementia live in the developing world and this has been the focus of 10/66 Group, the research arm of Alzheimer's Disease International. The 10/66 Group developed a model for action research in developing countries (R44). A consortium of world experts reviewed existing data to provide estimates of the worldwide epidemiology of dementia. The estimated prevalence of dementia was 21 million people in 2001, 40 million in 2020 and over 80 million by 2040, or one new person developing dementia every seven seconds (R27).

Pre-dementia

Increasingly there is a trend to earlier diagnosis of dementia and even diagnosis of pre-dementia. Syndromes such as Cognitive Impairment No Dementia and Mild Cognitive Impairment have been described and are being used clinically. However their validity is not certain and they have been the subject of intense research and debate (R35 & P5, 17).

Dementia and the public

The public desire for more information about dementia led to a book 'Dealing with Dementia' by Professor Draper (B1). Our concern about Australian projections of the increased numbers of people with dementia resulted in an editorial (R13) which highlighted the importance of deciding on actions to meet the challenge.

Related articles, presentations, public lectures and continuing education (see pages 24-40)
R13,R20, R27, R35,R44,R59, R62, NR17 P4, P17

RESEARCH PROJECTS



Christmas lunch with some of the study participants

DRUGS FOR DEMENTIA



Lynne Seifman
- Study Administrator

Drugs for Dementia

The Sydney Centre for Clinical Cognitive Research based within the Academic Department for Old Age Psychiatry has been conducting trials of drugs for dementia, particularly Alzheimer's disease, and for the complications of dementia, since 1989.

Our work in the past two years has examined the use of donepezil (Aricept) and galantamine (Reminyl) in global, multi-national studies (R2, R6). A multi-centre international trial demonstrated that the prolonged release of galantamine was equivalent in efficacy to the immediate release form which has led to the withdrawal from the market of the twice daily preparation in favour of the more convenient once daily dose (R6).

Does Vitamin E prevent Alzheimer's disease?

The use of Vitamin E as a prevention or treatment for Alzheimer's disease is controversial. When we reviewed available evidence up to 2004, there were indications that Vit. E may have preventative and possibly treatment effects in Alzheimer's disease. These findings came from animal, in vitro, epidemiological and prospective cohort studies; dietary Vitamin E may be superior to Vit E supplements. Our review concluded that the results from clinical trials have been mixed so while current clinical practice favors its use in the treatment of Alzheimer's disease the answers are far from clear-cut (R3).

Note: Subsequent to our review there was a report of a slightly increased mortality in patients with heart disease taking vitamin E and a negative result in use of Vitamin E for prevention of progression of Mild Cognitive Impairment.

Other dementia studies

We investigated the use of neuropsychological tests to differentiate fronto-temporal dementia from Alzheimer's disease and normal ageing (R62) and measurement of regional cerebral blood flow (R59) and haemorphin proteomics to diagnose mild Alzheimer's disease (R42).

Related articles, presentations, public lectures and continuing education (see pages 24-40)
R2, R3, R6, R42, R59, R62

GENERAL PRACTITIONERS, EARLY DIAGNOSIS & DEMENTIA



Kim Burns

If worried about their memory, the first health professional that most people consult is their general practitioner. Yet GPs are liable to miss the diagnosis of dementia in over 50% of cases particularly when the condition is milder. We have been active in trying to improve the diagnosis and management of dementia in general practice (R40, R43a, R43b).

The GPCOG

We developed a screening tool which is quick and efficient to assist GPs in diagnosing cognitive impairment. This tool, the General Practitioner Assessment of Cognition or GPCOG, consists of two sections: four questions asked of the patient and six questions asked of someone else who knows the patient well, the 'informant'. The GPCOG has been translated into Italian, French (R58), Spanish, Norwegian, Portuguese and Chinese. We investigated whether GPCOG scores were biased by patient and informant characteristics. We found that there were correlations between cognitive performance and age, education and depression, but when we combined all these factors only age was significant. Performance on the informant section was free of bias (R9).

But which screening tool is best for GPs?

Many screening instruments have been devised for general practice and this can be confusing to the GP. The NSW Department of Health funded us to review current screening instruments. This led to recommendations about the three most suitable instruments for GPs to use (R57, P13, P16).

Does screening improve outcome?

Our future direction is to refine the use of the GPCOG and to answer a fundamental question: Does screening for dementia improve outcome? (R1, R10). In collaboration with Prof. Dimity Pond from the University of Newcastle we are undertaking an NHMRC funded randomised controlled trial to determine the benefits or otherwise of screening. At the same time we are interested in improving GP diagnosis and management of dementia and investigating the best ways to do this.

Truth-telling and the right to know one's diagnosis

The question of whether to disclose the diagnosis to a person with dementia can be a vexing ethical issue. We have argued that patients have a right to know and a right not to know their diagnosis. Until recently the attitudes of patients, their families and doctors have diverged. Now, there is growing consensus on the advisability of telling the truth (P4).

Related articles, presentations, public lectures and continuing education (see pages 24-40)
R1, R9, R10, R40, R43a&b, R57, R58, NR1. P4, P13, P14, P33, P76, P77, P86



Louisa Gibson

BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA (BPSD) & NURSING HOMES

What are BPSD?

Behavioural and psychological symptoms of dementia (BPSD) occur in over 90% of patients with dementia at sometime during the course of their disorder. Behaviours include aggression, agitation, delusions, hallucinations, depression, wandering and vocal disruption (calling out). The topic of BPSD has been an important focus of our departmental research. We reviewed the management of BPSD (P30) and have developed a model for organising services for people with BPSD (P30 P79).

Understanding BPSD

Behavioural and psychological symptoms in dementia (BPSD) can be diverse, difficult to understand and a challenge to treat. Researchers from several countries collaborated and used a statistical approach to examine the variety of BPSD occurring in nursing home residents and found that behaviours clustered into four groups: aggressive behaviours such as biting, kicking, scratching; physically non aggressive behaviours, such as pacing, restlessness, inappropriate dressing or disrobing; verbally agitated behaviours such as complaining, constant requests for attention, repetitive questions; and, hiding and hoarding. This classification may be useful in devising treatment strategies. (R46)

Aggression in dementia

Aggression is one of the most difficult behavioural aberrations to deal with in a person with dementia. We demonstrated that risperidone is effective for the treatment of agitation, aggression and psychosis in people with dementia (R5, R20, R28).

Treatment for BPSD

An international group of researchers, combining data from several studies, found that use of risperidone for the treatment of BPSD (R47) was effective in improving agitation, aggression and psychosis.

We reviewed the evidence of the treatment of vocally disruptive behaviours (calling out, screaming) in persons with dementia (R37). This behaviour is very disturbing to others and particularly difficult to treat. We concluded that an individualised approach to management is necessary as there is little evidence for any single management strategy.

Self-destructive behaviours

Self destructive behaviours can be direct such as cutting one self or taking an overdose or indirect such as refusing medication or food. We found that indirect self destructive behaviours are common in older people living in institutions, occurring at least weekly in almost two thirds of nursing home residents whereas direct self destructive behaviours occurred in about one in seven residents. The relationship between the nursing home environment and self destructive behaviours is complex and residents need individualised approaches to treatment. (R37)

Related articles, presentations, public lectures and continuing education (see pages 24-40)
R5, R19, R20, R33, R34, R36, R37, R45, R46, R47 P17, P31, P41, NP-P45, NP-I56

CARERS



Daniella Kanarek and carer

Carers of people with dementia

There is a maxim in geriatric medicine that when a person is diagnosed with dementia, there is always a second patient. This is the family member who provides the day to day support and care for the person with memory loss. Carers, or caregivers as they are known in the USA, are critical in ensuring a good quality of life with any illness but particularly those with a mental illness and especially those with dementia.

Carers and depression

Carers are the subject of research themselves as they have high rates of depression and suffer serious consequences from taking on their role. We have reviewed the effects on carers of people who have dementia or have had a stroke as well as interventions to help carers (BC2, BC3).

Helping carers

We evaluated a program designed for people with memory loss and their supporters conducted by Alzheimer's Australia. This pilot evaluation demonstrated that such a program had the capacity to decrease psychological distress in people with dementia and have a short term beneficial effect on carers' reactions to behavioural disturbances (R11).

Why carers don't use services

Carers of people with dementia incur significant strain and have substantial need for a variety of services. Nevertheless many caregivers do not use support services. Our examination of a large database from Victoria revealed that despite reporting low levels of life satisfaction and high levels of overload and resentment, many carers did not avail themselves of available services, mainly because they did not consider they needed services. This lack of awareness could be overcome by better public promotion of services de-stigmatising dementia and encouraging referrals from health professionals (R17)

Effects of patients' loss of speech on carers

Loss of speech is one of the most distressing consequences of a stroke. Our randomised control trial of interventions for carers of aphasic stroke patients demonstrated that carer support, education and training programs have short term effects on carer stress levels but are likely to require ongoing involvement to maintain their effect. (R21)

Future work

Does the period of time before a person develops dementia impose a strain on family supporters? We will be examining this question in large population based survey of mild cognitive impairment. Related articles, presentations, public lectures and continuing education (see pages 24-40) BC2, BC3. R11,R17, R21, R30, R39

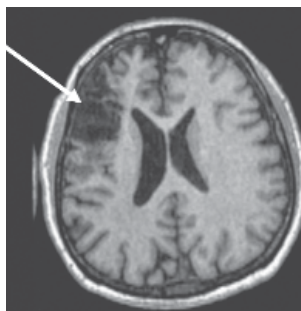
RESEARCH PROJECTS



Adrienne Withall



Annette Altendorf



MRI scan of the brain demonstrating a stroke in the right fronto-temporal region

THE SYDNEY STROKE STUDY

Approximately 48,000 Australians have a stroke each year. Some recover completely but many develop psychiatric complications and over the following 12 months about one third develop dementia. We conducted extensive clinical, neuropsychological and neuro-imaging assessments studies of stroke patients and controls. In conjunction with Prof. Perminder Sachdev at the Neuropsychiatric Institute at Prince of Wales Hospital and with funding from the National Health and Medical Research Council, we followed up a group of 200 patients who had had a stroke and 100 volunteer controls for 5 years.

White matter hyperintensities

Deep white matter hyperintensities are a common finding on brain magnetic imaging (MRI) scans of older individuals but their functional significance remains controversial. We demonstrated that white matter hyperintensities (WMHs) were associated with decreased blood flow in the cerebral cortex, particularly where the WMHs were extensive (R63, R54).

Brain chemicals and Magnetic Resonance Spectroscopy

Magnetic resonance spectroscopy (MRS) allows for the analysis of certain chemicals or neurometabolites in the brain. We investigated the relationship between these chemicals and how well a person performs on cognitive testing. There was a significant correlation between frontal white matter N-acetyl aspartate (NAA), a marker of neuronal viability and neuropsychological performance (R51). When we compared stroke patients with and without cognitive impairment there was no significant differences in NAA concentrations, nor was there any significant difference in between the stroke cohort and healthy elderly controls. This suggests that cognitive impairment in stroke patients may be related to cortical neuronal dysfunction rather than purely subcortical change (R50).

Psychological after-effects of stroke

Psychological sequelae of stroke are important in determining outcome. Rates of depression of up to 50% have been reported but our findings suggest that rates are much lower. We questioned whether this might result from apathy being misdiagnosed as depression. We found that apathy was present in more than 26% of stroke patients, compared to 5% of controls (healthy community dwelling volunteers of similar age and sex), and was related to older age and damage in the right fronto subcortical pathway rather than to stroke severity. Apathy is under-recognised and is associated with functional impairment and cognitive deficits. It is common after stroke and effective treatment strategies for apathy are needed for this group of people.

Cognitive decline after stroke

We examined cognitive function a year after the stroke. Stroke patients declined a very small amount, 0.83 points on the Mini Mental State Examination (MMSE) compared to controls who improved 0.76 points. (The MMSE is a 30 point scale measuring memory, concentration and other cognitive functions). If stroke patients had another stroke in the subsequent year there was more cognitive decline. Education had a protective function and the amount of deep white matter hyperintensities on MRI scans at index assessment predicted decline. We concluded that people who had a stroke have only slow decline in cognitive function in the absence of further strokes (R55).

Related articles, presentations, public lectures and continuing education (see pages 24-40)
R14, R50, R51, R52, R53,, R54, R56, R63, P30

DEPRESSION



Claire Thompson



Dr Carmelle Peisah

Depressive symptoms vs clinical syndromes of depression

While symptoms of depression occur in up to 25 to 50 percent of older people, the rates of clinical depressive syndromes are no higher or maybe even lower than those in the younger adult population. Several groups of older people are prone to depression: those with neurological disorders including the dementias such as Alzheimer's disease; those in nursing homes or other residential care setting; those with physical illness or pain; and those who are isolated. When clinical syndromes of depression occur in older people they are more likely to be severe. Also, treatment strategies can be quite different from those in younger people.

Are Symptoms of depression different in late life?

In our previous analyses of symptom profiles of patients attending the Mood Disorders Unit (now The Black Dog Institute) at Prince of Wales Hospital we demonstrated several differences. Older people were more likely to have melancholic depression, i.e. biologically driven, and more likely to have psychotic depression, i.e. associated with delusions or hallucinations, than younger people referred for depression. For example an older person with a psychotic melancholic depression may be slowed down in his movements and thinking, mimic the picture of dementia or have delusions of poverty or persecution. We extended our research by analysing data from over 1,000 patients of all ages with unipolar major depression attending the Mood Disorders Unit. We found that older people were more likely to feel guilt, to demonstrate agitation (restless, anxious movements) or psychomotor retardation (the slowing of movements and thinking) and to be psychotic. These differences were more pronounced in women. We did not find a difference between older people who had had their first episode when younger and were now having a recurrence (early onset depression) and those whose depression was coming on for the first time in late life (late onset depression).

Older people under-report their depressive symptoms

An important finding was the discrepancy between self reported symptoms and objective clinician rated symptoms. This difference between patients' ratings of their own severity and the clinicians' ratings increased linearly with age, i.e. the very old were more likely to underestimate markedly the severity of their depression. This may help explain why epidemiological studies appear to under-estimate the prevalence of depression in the elderly (R15).

Adult children of persons with depression 25 years on

As part of our previously published 25 year follow up of patients with depression, we compared the effects on children, now adult, of having grown up with a person with depression compared to a control group of children of patients who had been admitted for minor surgical procedures 25 years earlier. Compared with the controls, children of depressed patients tended to have higher rates of non phobic anxiety and substance disorders, but not of psychological ill-health in general or of depressive (or affective) disorders specifically. Possibly because they consciously tried to make their own intimate relationships different from those of their parents, the children of depressed patients and their partners rated their relationships as more caring. We concluded that adult children of depressed patients demonstrated significant resilience but maybe at risk for specific disorders such as anxiety and substance disorder.

RESEARCH PROJECTS



Dr Karen Berman

DEPRESSION continued.
Senile maculopathy and depression

Senile maculopathy, now called Age Related Macular Degeneration, affects over 30% of the older population. Our review of the literature on psycho-social effects of losing one's sight late in life confirmed a high rate of depression and examined treatment options.

Nursing homes and depression

Depression is particularly common in residents of nursing homes. We previously demonstrated this in a study of nursing homes in Sydney and now recently extended our work to examine the rate in older Chinese in Hong Kong (R19).

Predictors of post-traumatic stress disorder and depression in Holocaust survivors

Previously we reported on the high rate of post traumatic stress disorder (PTSD), psychological ill-health and depressive symptoms in older Holocaust survivors in Sydney. Australia has the second highest rate per capita of Holocaust survivors in the world after Israel. We extended this analysis to examine vulnerability factors. We found that older age, experience of more severe trauma, use of immature defence mechanisms and higher neuroticism were significantly associated with PTSD and psychological ill-health. We concluded that a profile of survivors at risk can be identified that may have applications to survivors of more recent holocausts and genocides. Late life may be a period of vulnerability in the aftermath of severe trauma (R7).

Consumers' Guide to Depression in Late Life

We also published a consumers' guide to depression in adults aged over 65 years (IP1) and an opinion piece on the adequacy of treatment of depression in later life (IP2).

Related articles, presentations, public lectures and continuing education (see pages 24-40)
R2, R7, R15, R19, R41, R42, BC2. INTERNET PUBLICATIONS IP1. IP2 P10,P15,P7,NP-P46I39,NP-I57,NP-I58 P91,P97,P99,P101

SUICIDE

Better understanding of why older people kill themselves could help in prevention of suicide. Suicide is a complex behaviour, with biological and psychosocial components which may coalesce and lead to self-harm. Preventative approaches largely depend on recognition of relevant factors and interventions to diminish their contribution to suicidal thinking. It has long been known that older suicide victims have frequently been in contact with health professionals, particularly general practitioners (GPs), in the months before death.

Psychological autopsies and suicide

Our research has focused upon examining the potential role of GPs and other health professionals in suicide prevention. We are conducting psychological autopsies, a technique of in-depth analysis of everyone connected to the person who has suicided, and pathological autopsy to try to determine more accurately the causes of depression in late life. We undertook a pilot psychological autopsy study of the last contacts that middle-aged and older suicide victims had had with health professionals. This showed that older suicide victims were significantly less likely to be assessed for suicide risk than their younger counterparts. We have now been funded by ARC to undertake a full controlled study in collaboration with Professor Diego De Leo in Brisbane, the NSW and Queensland Health Departments and Area Health Services, the Coroner's Offices in both states, the Black Dog Institute and the Primary Health Institute.

Helping GPs prevent suicide

Additionally, we are collaborating with Professor Osvaldo Almeida from Perth in DEPS-GP, an NHMRC funded randomised trial involving 500 general practitioners and 80,000 of their older patients in five states - NSW, Vic, QLD, SA and WA. The study's main aim is to decrease self-harm behaviour amongst older adults by improving screening and management of depression and suicidal ideation in older people who are in contact with their GP. Currently we are about half way through the study. It is hoped that the findings from these studies will better inform suicide prevention strategies in late life.

Related articles, presentations, public lectures and continuing education (see pages 24-40)
P23, P60, P95, P98, P104, P106

RESEARCH PROJECTS

DELIRIUM IN PALLIATIVE CARE

Delirium is prevalent in palliative care patients, and is associated with distressing symptoms and poor prognosis. There is limited information about delirium in this setting as compared with other settings. Our initial study was a survey of the current practice of over 300 palliative care, psychogeriatric, geriatric and medical oncology specialists, with regard to non-pharmacological and pharmacological management of reversible and terminal delirium. Significant differences between the specialist groups were found in the location of care, investigations and prescription of psychotropic medications. These findings have implications for the care of patients and in the training of medical specialists.

Cause of delirium in palliative care

Many drugs used in treatment of palliative care patients may be implicated in the cause of delirium, especially those with anti-cholinergic side effects. Meera Agar, Brian Draper, Richard Chye and David Currow are now examining whether endogenous serum anticholinergic levels (SAL) can be a reliable predictor of delirium. Recent evidence suggests endogenous anticholinergic substances may occur in acute illness. Delirium resolution has been associated with decrease in SAL, independent of anticholinergic medication. We intend to determine if an association exists between serum anticholinergic level (SAL) on admission and subsequent occurrence of delirium in palliative care patients with advanced cancer, after consideration of other aetiological factors of the delirium. Better identification of at risk advanced cancer patients will assist in the targeting of delirium prevention strategies.

Related articles, presentations, public lectures and continuing education (see pages 24-40) P61



Professors Pam Melding and Henry Brodaty at the launch of the book, *Psychogeriatric Service Delivery* – Rotorua, N.Z., 7 April 2005

POLICY/EPIDEMIOLOGY/SERVICE DELIVERY

Delivery of Mental Health Services for Older People

Crucial to improving the mental health of older people is the delivery of services in the most effective and efficient way. We published the first book in the world on Psychogeriatric Service Delivery (B2). An array of international authors reported on the evidence base of psychogeriatric service delivery (BC10), practices around the world, current trends in Australia and New Zealand (BC9) and the future of service delivery (BC8). We have focused on identifying the effectiveness of old age mental services in collaboration with WHO (R25) with particular attention to acute hospital treatment of older people with mental disorders (R26) and current issues pertinent to Australia (R23).

Management of mental disorders in late life

We summarised accepted practice for the management of mental disorders in late life in a guide for health practitioners who are treating people with mental disorders (BC1).

A model for organising services

We have extended the model previously developed for organising services for behavioural and psychological symptoms of dementia into a 7-tiered model of Psychogeriatric Service Delivery, using an evidence based approach (R22). We anticipate that this will have an effect on the organisation of services in Australia.

Related articles, presentations, public lectures and continuing education (see pages 24-40)
B2, BC1, BC8, BC10, BC11

GRANTS AND SUPPORT RECEIVED

GRANTS RECEIVED IN 2004-2006

National Health & Medical Research Council

Program grant The prevention, early detection and effective management of neurocognitive disorders in the elderly - 2005-2009

Project grants An extended follow-up of stroke patients for cognitive impairment and neuropsychiatric disorders: Sydney Stroke Study (SSS) - 2002-2005. The detection and management of dementia in general practice - 2006-2008. Falls in cognitively impaired older people – 2006 -2009

National Dementia Health Priority Collaborative Research Centre

Assessment and Better Care Outcomes for dementia -2006-2009

Rebecca Cooper Foundation

PhD Scholarship (Rebecca Cooper Foundation Doctoral Scholarship) 2003-2006

Australian Health Ministers' Advisory Council (AHMAC) Priority Driven Research Program

Measuring the efficacy of Dementia Care Mapping in residential aged care: a randomized-controlled study 2004-2006

Department of Veterans Affairs Applied Research Grant

Antipsychotic medication dispensing and mortality rates in older veterans and war widows 2003-2004

Australian Research Council Linkage Project

Preventing suicide – a psychological autopsy study of the last contact with a health professional 2005-2007

N.S.W. Department of Health

Dementia Screening Test Evaluation Project 2003-2004

NSW Centre for Mental Health

Preventing suicide – a psychological autopsy study of the last contact with a health professional pilot study. 2004 –2005

PHARMACEUTICAL COMPANY SPONSORED DRUG TRIALS

Pfizer Pty Ltd

LEADe – An 80-week, randomized, multi-centre, parallel-group, double-blind study of the efficacy and safety of atorvastatin 80mg plus an acetylcholinesterase inhibitor versus an acetylcholinesterase inhibitor alone in the treatment of mild to moderate Alzheimer's disease, 2003-

2006. **Pfizer Normals** - a study of normal controls (matched for age, gender, and geographic location) to AD patients in the Pfizer data base, commenced December 2006.

Sanofi-Synthelabo Research

Xaliproden Study – A randomized, multicentre, double-blind, placebo-controlled, 18-month study of the efficacy of Xaliproden in patients with mild-to-moderate Alzheimer's disease, 2004-2007.

Voyager Pharmaceuticals

Leuprolide Study – A double-blind placebo-controlled study of leuprolide implants for the treatment of mild to moderate Alzheimer's disease, 2005-2006.

Wyeth Research

Lecozotan – A 6-month, randomized, double-blind, placebo-controlled, multicentre, safety, tolerability, and efficacy study of 3 doses of Lecozotan (SRA-333) SR in outpatients with mild to moderate Alzheimer's disease treated with a cholinesterase inhibitor. Commenced March 2006

Glaxosmithkline

Rosiglitazone (AVA study) A 54-week, double-blind, randomized, placebo-controlled, parallel-group study to investigate the effects of rosiglitazone (extended release tablets) as adjunctive therapy to acetylcholinesterase inhibitors on cognition and overall clinical response in APOE E4-stratified subjects with mild to moderate Alzheimer's disease, commenced October 2006.

SUPPORT

Australian National Dance Association Limited in memory of the late James Costello

Gene Black & Ruth Turnbull

The Estate of the late Peter Borrell

Botany and District Historical Society

Mr & Mrs A. Crane in memory of the late James Costello

Coast Centre for Seniors Inc.

Eastern Suburbs Leagues Club

Mr & Mrs A. Glynn in memory of the late James Costello

Ben Greinert

N.S.W. Department of Ageing, Disability and Home Care

Paddington/Woollahra RSL Club

Randwick City Council

Randwick Labor Club

Rebecca Cooper Foundation

Reginald Ryan

SESIAHS Mental Health Programme

E & J Surnicky

Waverley Council

Friends and family of Pat Williams

ACP SERVICES



Staff and Volunteers enjoying Christmas lunch



MEMORY DISORDERS CLINIC STAFF

Standing L-R Jane Southwell (Prime Psychologist), Daniella Kanarek (Social Worker), Jacki Wesson (Occupational Therapist), Ernest Somerville (Neurologist), Michele DePermentier (Admin), Lisa Lorentz (Clinical Psychologist), Kirsty Edbrook (Clinical Nurse Specialist-Prime), Illana Hepner (Clinical Neuropsychologist). Seated L-R Sachin Patil (Registrar NPI), Prof Henry Brodaty (Director), Margaret Fitzgerald (Admin), Dr Julian Trollor (NPI)

ELEMENTS OF OUR SERVICE ARE:

1. Community outreach

We see patients from the Eastern Suburbs area in their own home if this is considered clinically indicated and feasible.

2. Nursing home and hostel (residential aged care facility) in-reach

We assess and help nursing home and hostel residents where they live, provide advice and education to staff about mental disorders in the elderly and liaise with the residents' general practitioners.

3. Professional education

A key role for ACPS is provision of education to health professionals about issues salient to older age mental health. We hold monthly in-service presentations for the wider community of health professionals as well as a series of special seminars.

4. Mental health promotion and community awareness

We conduct forums and workshops attended by up to 400 people, to inform the local older population about dementia recognition, treatment and prevention of mental illnesses in late life;

2004 Facing Fears & Phobias in Late Life

2005 Relationships and Older People

2006 Train the Brain

5. Inpatient care

When mental illness is so severe that management in the person's own private or residential home is no longer safe or where more intensive care is required, local patients are admitted to the 6-bed Aged Care Psychiatric Ward in the Euroa Centre. This offers a safe environment, multidisciplinary care, access to the full range of teaching hospital investigatory and consultative facilities and specialised treatment techniques.

6. Consultation-Liaison Service

Older patients make up the majority of public general patients in the Prince of Wales Hospital. As well as the physical conditions for which they are admitted they frequently have mental disorders that require specialist assessment and treatment. The ACPS provides a consultation-liaison service to the geriatric wards at POW and for older patients referred by other psychiatrists.

7. Out patient clinics

Outpatient appointments are available in clinics conducted by the consultants, the registrar and allied health staff service.

8. Memory Disorders Clinic

Established in 1985, the Memory Disorders Clinic is the longest running such service in Australia. It provides a comprehensive assessment of people, mainly from the local area, who have memory problems, are living independently in the community and have been referred by their local doctor. The Clinic also sees patients from anywhere in NSW referred for another opinion by other specialists. Patients receive medical, psychiatric and neuropsychological assessments and investigations including blood tests and a brain scan. Their spouse or relative is interviewed by a social worker. Each case is reviewed by a panel of specialists. Patients and families are given a summary of findings and recommendations and a full report is sent to the referring doctor.

PSYCHIATRY (FOR THE) ELDERLY NURSING: COMMUNITY OUTREACH (COPE)

The Community Outreach Psychiatry (for the) Elderly (COPE) service is provided by a Clinical Nurse Specialist. The service enables earlier discharge of patients from hospital and helps to prevent admissions and re-admissions. We aim to assist older people stay in their homes for as long as possible. The COPE nurse:

- assists in the transition of older patients with mental illness discharged from hospital into the community and provides community assessments for older people in their own home;
- supports patients in the community by monitoring medications, assessing behaviour and mental state; and
- provides support, counselling and education to patients, families and carers.

CLINICAL PSYCHOLOGISTS

The Clinical Psychologists (one shared position) provide appropriate psychological assessment, formulation and intervention for inpatients and outpatients. Clinical Psychologists receive referrals from other members of the Aged Care Psychiatry team, from other health professionals within Aged Care and from nursing homes. Specific techniques include:

- Cognitive Behavioural Therapy principally for anxiety and depressive disorders
- Neuropsychological Assessment in order to provide a thorough assessment of the client's cognitive functioning and recommendations to improve daily functioning
- Retraining in memory skills
- Support for carers
- Behavioural interventions for difficult behaviours associated with dementia
- Inservice education to other health professionals within the inpatient setting and nursing homes.

OCCUPATIONAL THERAPY

The Occupational Therapist (OT) provides a range of individualised services depending on the patient's diagnosis and needs. Patient skills are assessed across a range of functional tasks including basic self care, home management and community living skills, such as shopping, mobility, etc.

Strategies and/or equipment to help the patient to live in the community may be recommended. Families and caregivers are provided with information, recommendations and support with practical aspects of implementing advice.

In-patients may be followed up after discharge to assist with the transition from hospital to home and to help ensure that goals set in hospital can be met.

The Occupational Therapist provides selected services to community patients

- advice for patients referred by other members of the Aged Care; Psychiatry Service and from the Memory Disorders Clinic; and
- functional assessments, driving advice and referral to the appropriate Driver Assessment Centre, community facilities and services.

ACP SERVICES



Under the guidance of Julia Dilli (Standing second from left) the Community 'Well-Being' Group meets every Thursday.

DIVERSIONAL THERAPIST

The Diversional Therapist provides therapy to Aged Care Psychiatry inpatients and outpatients, encouraging participation in recreational activities that build on life long interests but also provide new challenges and intellectual/physical stimulation. Individual assessments and activity plans are carried out with inpatients and out-patients.

SOCIAL WORKER

The Aged Care Psychiatry Social Workers provide the following services to patients on the ward and those seen in the community:

- Psychosocial assessments, case monitoring and counselling, including bereavement counselling;
- Discharge planning, including assistance with moving into residential care;
- Support for families and carers, including education about mental illness treatments and community services;
- Liaison with community aged care services;
- Formulating case management plans;
- Crisis intervention;
- Writing reports for the Guardianship Tribunal and as required in accordance with the Mental Health Act;
- Obtaining a corroborative history for patients attending Memory Disorders Clinic; and
- Assessment of the level of stress experienced by caregivers.

WELFARE OFFICER

The Welfare Worker:

- offers both support and practical assistance to patients and their carers;
- forms a vital link between the hospital and the broader community in order to facilitate patients' highest possible level of independence and where possible, to enable patients to remain in their own homes;
- assists patients and carers linking them with services and facilities within the community and advising them of appropriate resources and entitlements;
- where appropriate, arranges respite care or admissions to hostels and nursing homes; and
- assists in the service's intake procedure.

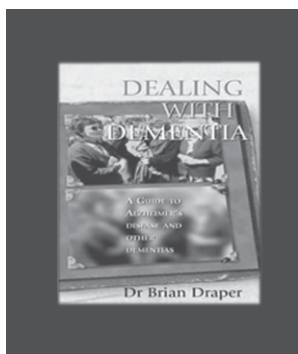
CONSULTANT PSYCHOGERIATRICIAN

A psychogeriatrician is a medical doctor who has specialised in psychiatry then further sub-specialised in old age psychiatry. The two psychogeriatricians in the ACPS provide administrative and professional leadership of the service, and integrate the medical, psychiatric, psychological and social aspects of the patient's assessment and management. Their roles are important in all aspects of the service – in-patient, community, outpatient and consultation-liaison. They also head the research department and undertake a wide range of teaching, academic and administrative activities

PSYCHOGERIATRIC REGISTRAR

Medical doctors training to be specialist psychiatrists undertake a six month rotation in the Aged Care Psychiatry Service. Some subsequently elect to pursue sub-speciality training in psychogeriatrics with supervision from consultant psychogeriatricians. Registrars are responsible for the day-to-day care of in-patients, outpatient clinics and community visits.

PUBLICATIONS



DEALING WITH DEMENTIA

Psychogeriatric Service Delivery:
an international perspective

PUBLICATIONS

Books

*Members of the department (both current and former) are noted in bold

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B2. Draper B, Melding P, Brodaty H (Eds) *Psychogeriatric Service Delivery: an international perspective*, Oxford University Press: Oxford, 2005 ISBN 0-19-852825-6

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BC2. Brodaty H, Berman K. Caregiver support: support of families, in Gauthier S (Editor) *Clinical Diagnosis and management of Alzheimer's Disease* (3rd Edition), Informa Healthcare: Oxon 2006 (Ch 23, 279-297).

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BC11. Brodaty H. Foreword in *Everyday Dementia Care A Practical Photographic Guide Including Environmental Management*, authors Grealy J, McMullen H, Grealy J. Big Kidz: Melbourne, 2004.

BC12. Draper B, Brodaty H, Melding P. The Future of Psychogeriatric Services in **Draper B, Melding P, Brodaty H.** (Eds) *Psychogeriatric Service Delivery an international perspective*, Oxford University Press: Oxford. 2005 (Ch 22, 345-358).

BC13. Draper B, Chan D. Depression in D. Chan (Editor) *Chan's Practical Geriatrics*, BA Printing & Publishing: Brookvale (Ch6, 41-49)

BC14. Draper B, Melding P, Brodaty H. Psychogeriatric Services: Current Trends in Australia and New Zealand in **Draper B, Melding P, Brodaty H.** (Eds) *Psychogeriatric Service Delivery: an international perspective*. Oxford University Press: Oxford 2005 (Ch 10, 153-160).

BC15. Draper B. & Low LF *Evidence-based Psychogeriatric Service Delivery* In **Draper B, Melding P & Brodaty H** (Eds) *Psychogeriatric Service Delivery: an international perspective*, Oxford University Press: Oxford 2005 (Ch 5, 75-123).

BC16. Draper, B. Suicide in the elderly - Prevention from an Australian context, in D. De Leo, H. Herrman, S. Ueda, T. Takeshima (Eds.), *An Australian-Japanese Perspective on Suicide Prevention: Culture, Community, and Care*, Commonwealth of Australia: Canberra 2006 (p 79-86).

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- R9. Brodaty H, Kemp NM, Low L-F.** Characteristics of the GPCOG, a screening tool for cognitive impairment. *Int. J. Ger. Psych.* 2004;19:870-874.
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- R12. Brodaty H, O'Connell M.** An agenda for change for dementia care across Europe, *Int. Clinical Practice*, 2005(Suppl.146):41-42.
- R13. Brodaty H, Sachdev P, Anderson T.** Dementia: New projections and time for an updated response, (Editorial) *ANZJ Psychiatry*, 2005;39:955-958.
- R14. Brodaty H, Sachdev P, Withall A, Koschera A, Valenzuela M, Lorentz L.** Frequency and clinical, neuropsychological and neuroimaging correlates of apathy following stroke – The Sydney Stroke Study, *Psychological Medicine*, 2005;35:1707-1716.
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- R30.** Jeon YH, **Brody H**, Chesterson J. Respite re-visited: Critical review of respite care for people with a mental illness and their caregivers, *J. Advanced Nursing*, 2005;49:297-306.
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- R33.** Katz I, Brodaty H. et al. Risperidone treats psychosis of Alzheimer's disease: a meta-analysis of 4 placebo-controlled clinical trials, *Int. J. Ger. Psych.*, (in press).
- R34.** Kleinman L, Frank L, Ciesla G, Rupnow M, Brodaty H. Psychometric performance of an assessment scale for strain in nursing care: the M-NCAS, *Health and Quality of Life Outcomes*, 2004;2:62.
- R35.** Low L-F, Brodaty H, Edwards R, Kochan N, Draper B, Trollor J, Sachdev P. The prevalence of 'cognitive impairment no dementia' in community-dwelling elderly: a pilot study, *ANZJ Psychiatry*, 2004;38:725-731.
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- R38.** Peisah C, Brodaty H, Luscombe G, Anstey K. Children of a cohort of depressed patients 25 years on: psychopathology & relationships, *J. Affective Disorders*, 2004;82:385-394
- R39.** Peisah C, Brodaty H, Quadrio C. Family conflict in dementia: Prodigal sons and black sheep, *Int. J. Ger. Psych.*, 2006;21:485-492.
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- R41.** Peisah C, Brodaty H, Luscombe G, Anstey KJ. Children of a cohort of depressed patients 25 years on: Identifying those at risk, *ANZJ Psychiatry*, 2005;39:907-914.
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- R50.** Ross AJ, Sachdev PS, Wen W, Valenzuela MJ, **Brody H**. 1H-MRS in stroke patients with and without cognitive impairment, *Neurobiology of Aging*, 2005;26:873-882.
- R51.** Ross AJ, Sachdev PS, Wen W, Valenzuela MJ, **Brody H**. Cognitive correlates of 1H-MRS measures in the healthy elderly brain, *Brain Research Bulletin*, 2005;66:9-16.
- R52.** Sachdev P, **Brody H**, Valenzuela M, Lorentz L, Looi J, **Berman K**, Ross A, Wen W, Zagami A. Clinical determinants of dementia and mild cognitive impairment following ischaemic stroke: The Sydney Stroke Study, *Dementia & Geriatric Cognitive Disorders*, 2006;21:275-283.
- R53.** Sachdev P, Wen W, Chen X, Brody H. Progression of white matter hyperintensities in elderly individuals over 3 years, *Neurology*, (in press).
- R54.** Sachdev P, Wen W, Shnier R, **Brody H**. Cerebral blood volume in T2-weighted white matter hyperintensities using exogenous contrast based perfusion MRI. *Journal of Neuropsychiatry Clinical Neuroscience* 2004;16:83-92.
- R55.** Sachdev PS, **Brody H**, Valenzuela MJ, Lorentz L, **Koschera A**. Progression of cognitive impairment in stroke patients, *Neurology*, 2004;63:1618-1623.
- R56.** Sachdev PS, **Brody H**, Valenzuela MJ, Lorentz L, Looi JCL, Wen W, Zagami A. The neuropsychological profile of vascular cognitive impairment in stroke and TIA patients. *Neurology* 2004;62:-12-919.
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- R58.** Thomas P, Hazif Thomas C, Billon R, Faugeron P, Peix R, **Brody H**. Un nouvel instrument de dépistage de la démence chez la personne âgée : le GP cog, *De Geriatrie et De Gerontologie* 2004;10:283-88.
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Internet publications

IP1. Draper B. (2004) *Depression in over 65* Black Dog Institute
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Non-Refereed Articles/Book Reviews Letters/Report

NR1. Brodaty H. 'Six reasons why early diagnosis of dementia does not occur and ten reasons why it should', in Supporting and Caring for People with Early Stage Dementia, *Les Cahiers De La Fondation Médécic Alzheimer*, 2005;1:12-17.

NR2. Draper B *The dementias: diagnosis, treatment and research*. 3rd edn, Myron F Weiner, Anne M Lipton (eds). ANZJ Psych. 2005;39(3):206.

NR3. Draper B, Henschke P *Consultation – The challenge of treating depression in the post-stroke patient*. *Sensorium*, 2004;5:13-15.

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NR5. Draper B. (editor) 'On the Web' IPA Bulletin, 2004;21(2):11-12.

NR6. Draper B. (editor) 'On the Web' IPA Bulletin, 2004;21(3):16-17

NR7. Draper B. (editor) 'On the Web' IPA Bulletin, 2005;22(2):19-20

NR8. Draper B. (editor) 'On the Web' IPA Bulletin, 2005;22(1):20-21

NR9. Draper B. (editor) 'On the Web' IPA Bulletin, 2005;22(3):16-17

NR10. Draper B. (editor) 'On the Web' IPA Bulletin, 2004;21(1):19-20.

NR11. Draper B (editor) 'On the Web' IPA Bulletin, 2006;23(1):20-21

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NR13. Draper B. *Advanced Training Report* FPOA News, 2004;10:3

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NR15. Draper B. *Advanced Training Report* FPOA News, 2005;3:3

NR16. Woodward M, Brodaty H, Budge M, Byrne G, Flicker L, Hencker J, Velandai S. *Dementia: Can it be prevented? Alzheimer's Australia Position Paper 6, August 2005*

NR17. Woodward M, Brodaty H. 'Reviewing the clinical efficacy of Risperdal for behavioural and psychological symptoms of dementia (BPSD)', *Constellation (Elixir Healthcare Education Pty. Limited)2004.*

PRESENTATIONS

Information regarding Conference Proceedings and abstracts was only collected for those members of the Department based at the Prince of Wales Hospital.

*indicates invited presentation

#indicates published abstract

The speaker is the first or only named person unless another name is underlined.

International Presentations - Plenary

1. Brodaty H. *Carer Interventions*, Faculty of the Psychiatry of Old Age Annual Meeting, Royal College of Psychiatrists, Liverpool, UK. 4-5 March 2004.*

2. Brodaty H. 'A model for management of behavioural and psychological symptoms of dementia', 14th Annual Conference, The Mental Health Services Conference Inc. of Australia and New Zealand, Gold Coast, Queensland, Australia 31 August-3 September 2004*.

3. Brodaty H. 'Early Diagnosis-The right to know and right not to know'. Alzheimer's New Zealand National Conference, Wellington, New Zealand, 23-24 July 2005*.

4. Brodaty H. 'Is mild cognitive impairment a useful definition for an earlier diagnosis of dementia?', 14th Alzheimer Europe Conference, Prague, Czech Republic, 20-23 May 2004.*

5. Brodaty H. Panel member - 'Drug treatments - issues for carers and people with dementia'; Alzheimer's New Zealand National Conference, Wellington, New Zealand, 23-24 July 2005*.

6. Draper B *A Global understanding of best practices in geriatric mental health services* Dawson Lecture, Best Practices in Geriatric Mental Health Services: An Ontario Workshop, Kingston, Ontario, Canada, 23 September 2004*

7. Draper B. *Depression in old age*, 5th Annual Gold Coast International Mental Health Conference, Surfer's Paradise, Queensland, 10 July 2004*

8. Draper B. *The Future of Consultation Liaison Services for Older People*, Keynote Address, Liaison Psychiatry for Older People – Directions and Developments 2006, Leeds, UK, 19 May 2006*

International Presentations – Invited

9. Brodaty H, Joffe C, Luscombe G. *Post-Traumatic Stress Disorder (PTSD) in aged Holocaust survivors*, 12th Congress of the International Psychogeriatric Association, Stockholm, 20-24 Sept. 2005*#.

10. Brodaty H, Low L-F, Gibson L, Burns K. *Screening for Cognitive Impairment in Primary Care*, 12th Congress of the International Psychogeriatric Association, Stockholm, Sweden, 20-24 Sept. 2005*#.

PRESENTATIONS

11. Brodaty H, Low L-F, Gibson L, Burns K. *What is the best dementia screening instrument for General Practitioners to use?* Alzheimer's Association International Conference on Prevention of Dementia: Early Diagnosis and Intervention, Washington, DC, USA, 18-21 June 2005.*
12. Brodaty H, O'Connell M. *An agenda for change for dementia care across Europe*, Facing Dementia Forum, Rome, Italy, 29-30 June 2004*#.
13. Brodaty H. Cultural and societal perspectives in mild cognitive impairment IPA Special Expert Conference, MCI in the Elderly and Populations at Risk, Washington DC, U.S.A., 21-23 Jan. 2005.*
14. Brodaty H. *Depression in Old Age*The Mental Health Services Conference Inc. of Australia and New Zealand, Gold Coast, Queensland, Australia 31 August-3 September 2004*.
15. Brodaty H. *Management of the behavioural and psychological symptoms in dementia* XVIIIth World Congress of Neurology, Sydney, 5-11 Nov. 2005
16. Brodaty H. *The concept of mild cognitive impairment: myth or reality*, 21st International conference of Alzheimer's Disease International, Istanbul, 28 Sept.-1 Oct. 2005*.
17. Brodaty H. *The future of psychogeriatric services*, 12th Congress of the International Psychogeriatric Association, Stockholm, 20-24 Sept. 2005*#.
18. Brodaty H. *Are carer interventions effective?* 10th International Conference on Alzheimer's Disease and Related Disorders, Madrid, Spain, 15-20 July 2006*#.
19. Draper B. *The internet and educational efforts – web-based learning, affinity news groups, library resources*, International Psychogeriatric Association European Regional Meeting, Lisbon, Portugal, 3-6 May 2006*.
20. Draper B. Workshop - *What makes C L services effective? Liaison Psychiatry for Older People – Directions and Developments 2006*, Leeds, UK, 19 May 2006*
21. Draper B. *Intensive community services and rehabilitation and stabilisation services*. Best Practices in Geriatric Mental Health Services: An Ontario Workshop Kingston, Ontario, 23 Sept. 2004.
22. Draper B. Masterclass: Suicide Assessment
Liaison Psychiatry for Older People – Directions and Developments 2006, Leeds, UK, 18 May 2006*
23. Draper B. *Physical morbidity and mental health* FPOA 6th Annual Scientific Meeting Perth, 29 Oct. 2004.
24. Draper B. *Psychogeriatric services in Australia* Regional Forum IPA Asia Pacific Regional Meeting Seoul, 9 Sept. 2004.
25. Draper B, Snowden J, Wyder M. *A pilot psychological autopsy study of the last contact with a health professional before suicide*, International Psychogeriatric Association European Regional Meeting, Lisbon, Portugal, 3-6 May 2006*

26. Draper B. *Suicide in the elderly – Prevention from an Australian context*
Suicide Prevention: Culture, Community and Care, An Australian-Japanese Perspective, Melbourne, 25 Nov. 2004.

27. Draper B. *What makes a difference: Geriatric mental health services in the community and long term care* Rodenburg Lecture Kingston, Ontario, 22 Sept. 2004.

28. Sachdev P, Ross A, Wen W, Valenzuela M, Brodaty H. *MRS in the study of vascular cognitive impairment*, International Congress of Biological Psychiatry, Sydney, 9-13 Feb. 2004.#

International Presentations – Free Papers

29. Brodaty H, Sachdev P, Withall A, Koschera A, Valenzuela M, Lorentz L. *The independence of apathy and depression after stroke: Results of the Sydney Stroke Study*, International Congress of Biological Psychiatry, Sydney, 9-13 Feb. 2004.#

30. Brodaty H. *A 7 tiered model for organising services for people with dementia and behavioural and psychological symptoms*, 20th International Conference of Alzheimer's Disease International, Kyoto, 15-17 Oct. 2004.

31. Brodaty H. *Is mild cognitive impairment a myth?* 20th International Conference of Alzheimer's Disease International, Kyoto, 15-17 Oct. 2004.

32. Brodaty H. *Management of the behavioural and psychological symptoms in dementia* XVIIIth World Congress of Neurology, Sydney, 5-11 Nov. 2005

33. Brodaty H. *What is the best dementia screening instrument for general practitioners to use?* The Faculty of Psychiatry of Old Age (RANZCP) & International Psychogeriatric Association, Joint Australasian Regional Meeting, Rotorua, New Zealand, 5-8 Apr. 2005.

34. Draper B, Low LF. *The effectiveness of old age psychiatry services*, 12th Congress of International Psychogeriatric Association, Stockholm, Sweden, 22 September 2005

35. Draper B, Low LF. *What types of psychogeriatric services are effective?* RANZCP 40th Annual Congress, Sydney NSW, 23 May 2005.

36. Draper B. *What types of psychogeriatric services are effective? An evidence-based review*, IPA Asia Pacific Regional Meeting, Seoul, 9 Sept. 2004.

37. Looi J, Shattuck DW, Toga AW, Wen W, Brodaty H, Sachdev P. *Piloting a method for longitudinal quantitation of white matter hyperintensities in the Sydney Stroke Study*, 12th Congress of the International Psychogeriatric Association, Stockholm, 20-24 Sept. 2005*#.

38. Peisah C, Brodaty H, Quadrio C. *Family conflict in dementia: prodigal sons and black sheep*, 12th Congress of the International Psychogeriatric Association, Stockholm, 20-24 Sept. 2005*#.

39. Sachdev P, Ross A, Wen W, Valenzuela M, Brodaty H. *MRS in the study of vascular cognitive impairment*, International Congress of Biological Psychiatry, Sydney, 9-13 Feb. 2004.#

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40. Withall A, Brodaty H, Sachdev P, Koschera A, Valenzuela M, Lorentz L. *Apathy after stroke: Who knows? Who cares? Results of the Sydney Stroke Study*, International Congress of Biological Psychiatry, Sydney, 9-13 Feb. 2004.#

41. Woodward M, Ames D, Aldridge G, Brodaty H, Byrne G, Snowden J, Hertel J. *Reduced extrapyramidal symptoms and tardive dyskinesia in patients with dementia receiving low-dose risperidone compared to low-dose haloperidol: a systematic review*, 12th Congress of the International Psychogeriatric Association, Stockholm, 20-24 Sept. 2005*#.

National Presentations – Plenary

42. Brodaty H. *Dementia in Australia Now Enriching the Lives of People with Dementia*, The Hammond Care Group, Sydney, 29-30 June 2006.*

43. Brodaty H. *Managing health and disease in today's society: a focus on ageing and dementia*, Health Outcomes 2006: Managing Health and Disease in Today's Society, Canberra, ACT, 9-10 August 2006.*

44. Brodaty H. *The challenge of cognitive impairment for an older Australia* Innovations in the management of cognitive impairment in older Australians, Sydney, 6-7 April 2006.*

45. Brodaty H. *Latest Trends in Dementia and Research Aged & Community Services Association of NSW & ACT*, Residential Care Conference, Sydney, 5-6 Aug. 2004*.

46. Brodaty H. *Management of Behavioural & Psychological Symptoms of Dementia*, Aged Care Towards Better Outcomes and Safety, Bankstown Health Service, Sydney, 18 March 2005*

47. Brodaty H. *Mild Cognitive Impairment: Challenge or myth?* 10th Annual Conference, College of Clinical Neuropsychologists, Sydney, 25-27 Nov. 2004.*

48. Brodaty H. *Recent advances in the understanding and management of dementia* Australian Music Therapy Association seminar and workshop, Music Therapy in Aged Care; Recent advances and practical applications, Sydney, 31 July 2004*.

49. Draper B *Update on Clinical Aspects of Alzheimer's Disease*, St George Hospital Symposium 2006, Kogarah, NSW, 9 November 2006*

Draper B. *The Evidence Base for Suicide Prevention*, World Suicide Prevention Day Public Forum, Community Action for the Prevention of Suicide, Brisbane, 9 September 2006*

50. Draper B. *Depression in physically ill older people*, 4th Annual Grampians Mental Health Conference, Ballarat, Victoria, 23 March 2004*

National Presentations – Invited

51. Brodaty H, Berman K, Sachdev P, Withall A, Altendorf A. *Depression, Stroke and age-related Macular Degeneration* RANZCP 40th Congress Sydney, 22-26 May 2005*.

52. Brodaty H, Thompson C, Cullen B, Parker G, Mitchell P, Wilhelm K, Malhi G, Austin M-P. *Depression in late life*, RANZCP 40th Congress Sydney, 22-26 May 2005*.
53. Brodaty H. *Atypical antipsychotics – the controversy*, Faculty of Psychiatry of Old Age Annual General Meeting Program, Sydney, Australia, 15-16 September 2006*.
54. Brodaty H. *Is mild cognitive impairment a myth?* The 2004 Pfizer Neuroscience Forum, Melbourne, 22-22 Feb. 2004.*
55. Brodaty H. *Mild cognitive Impairment – Fact or Fiction?*. Living with Dementia – Positive Solutions, Alzheimer's Australia National Conference, Sydney, 11-13 May 2005.*
56. Brodaty H. *The Australian Government National Dementia Initiative: Collaborative Research Centres*, Faculty of Psychiatry of Old Age Annual General Meeting Program, Sydney, Australia, 15-16 September 2006*.
57. Draper B, Brodaty H, Snowdon J, Melding P. *Psychogeriatric Service Deliver – Current Issues*, RANZCP 40th Congress Sydney, 22-26 May 2005*#.
58. Draper B. *Depression in older people in retirement villages*, ACS Retirement Village Conference, Brighton, NSW, 29 July 2005
59. Draper B. *Older People and Suicidal Behaviour: Interventions for Prevention*, Community Action for the Prevention of Suicide World Suicide Prevention Day Public Forum, Brisbane, Qld, 9 September 2006*
60. Draper B. *Improving Mental Health Services for Older People in Australia*, 9th Australian Rotary Health Research Fund Symposium, Australian National University, Canberra, ACT, 23 March 2006*
61. Draper B. *Chair – Older people's mental health policy directions and long-term care models across Australia: an overview and discussion*, Faculty of Psychiatry of Old Age Annual General Meeting Program, Sydney, Australia, 15-16 September 2006*.
62. Peisah C, Koder D, Brodaty H. *Behavioural and psychological symptoms of dementia and how to manage them*, RANZCP 40th Congress Sydney, 22-26 May 2005*.
63. Snowdon J, Thompson C, Peisah C, Koder D, Brodaty H, Starkestein S. *Depression in Old Age*, RANZCP 40th Congress Sydney, 22-26 May 2005*.
- National Presentations – Free Papers**
64. Agar M, Currow D, Draper B, Chye R. *Survey of current practice: management of delirium by palliative care, psychogeriatric, geriatric and oncology specialists in Australia*. 8th Australian Palliative Care Conference, Sydney, 30 Aug.-2 Sept. 2005
65. Draper B *The effectiveness of psychogeriatric services in long term institutional care*, NSW FPOA seminar, Royal Hospital for Women, Randwick, NSW, 6 February, 2004.
66. Draper B. *The management of the suicidal older patient*, RANZCP 40th Annual Congress Pre Congress Workshop, Darling Harbour, Sydney, NSW, 22 May 2005.

PRESENTATIONS

67. Draper B. *A pilot psychological autopsy study of the last contact with a health professional before suicide*, Faculty of Psychiatry of Old Age Annual General Meeting Program, Sydney, Australia, 15-16 September 2006.

68. McIntosh H. Facilitator and presenter
 - *Mental Status Examination*
 - *Establishing and Sustaining Therapeutic relationships*
 - *Aggression – Prevention is Better than Intervention*
 - *Classification of Mental Disorders*
 - *The Life Long Learning Program*
 Aged Care & Mental Illness Symposium, Sydney, 6-7 February 2006.

69. Snowdon J, Draper B, Wyder M. *How commonly is old age suicide attributable to depression?* RANZCP 40th Congress Sydney, 22-26 May 2005#

70. Withall A. *Happy Trails to You - A Review of Happiness in Successful Ageing*, Faculty of Psychiatry of Old Age Annual General Meeting Program, Sydney, Australia, 15-16 September 2006.

Poster Presentations

58. Brodaty H, Woodward M, Boundy K.L. *Treatment of Alzheimer's disease with galantamine in a naturalistic setting: Preliminary results from the NATURE study*, International Congress of Biological Psychiatry, Sydney, Australia, 9-13 Feb 2004.

59. Brodaty H, Yan B, Damaraju C. *Safety and tolerability of once-daily galantamine extended-release in patients with mild to moderate Alzheimer's disease*, 8th International Meeting Symposium on Advances in Alzheimer's Therapy, Southern Illinois University School of Medicine's (SIUMED), Montreal, Canada, 14-17 April 2004.

60. Brodaty H. *Efficacy of once-daily galantamine extended-release in patients with mild to moderate Alzheimer's disease*, 56th American Academy of Neurology Annual Meeting, San Francisco, 24 Apr-1 May 2004.

61. Brodaty H, Woodward M, Boundy KL. *Naturalistic treatment of Alzheimer's Disease with galantamine: Preliminary results from the NATURE Study*, XXIVth Congress of Collegium Internationale Neuro-Psychopharmacologicum, Paris, 20-24 June 2004.

62. Brodaty H, Katz I, deDeyn PP, Davidson M, Greenspan A, Rabinowitz J. *Symptoms profile of dementia-patients displaying aggressive, agitated and psychological behaviors*, XXIVth Congress of Collegium Internationale Neuro-psychopharmacol., Paris, 20-24 June 2004.

63. Brodaty H, deDeyn PP, Katz I, Lyons B, Greenspan A, Risperidone is effective in patients with psychosis of Alzheimer's disease, XXIVth Congress of Collegium Internationale Neuro-psychopharmacol., Paris, 20-24 June 2004.

- 64. Brodaty H, Sachdev P, Valenzuela M, Lorentz L, Koschera A.** *The Sydney Stroke Study: A controlled study of the progression of cognitive and functional impairment over one year*, 9th International Conference on Alzheimer's Disease and Related Disorders, Philadelphia, U.S.A., 17-22 July 2004.
- 65. Brodaty H, Katz I, deDeyn PP, Davidson M, Greenspan A, Rabinowitz J.** *Symptoms profile of dementia-patients displaying aggressive, agitated and psychological behaviors* 9th International Conference on Alzheimer's Disease and Related Disorders, Philadelphia, 17-22 July 2004.
- 66. Brodaty H, Katz I, DeDeyn PP, Davidson M, Greenspan A, Rabinowitz.** *Symptoms profile of dementia-patients displaying aggressive, agitated and psychological behaviors*, 18th Annual Conference of the American Psychiatric Nursing Association, Phoenix, U.S.A., 13-16 Oct 2004.
- 67. Brodaty H, Woodward M, Boundy KL.** *Naturalistic treatment of Alzheimer's disease with galantamine: Final results from the NATURE Study*, 20th International Conference of Alzheimer's Disease International, Kyoto, 15-17 Oct 2004.
- 68. Ames D, Aldridge G, Brodaty H, Byrne G, Snowden J, Woodward M, Hertel J.** *Extrapyramidal symptoms and tardive dyskinesia in patients with dementia receiving low-dose risperidone versus low-dose haloperidol: a systematic review*, The Faculty of Psychiatry of Old Age (RANZCP) & International Psychogeriatric Association, Joint Australasian Regional Meeting 2005, Rotorua, New Zealand, 5-8 Apr 2005.
- 69. Brodaty H, Aldridge G, Ames D, Byrne G, Snowden J, Woodward M, Hertel J.** *A systematic review of extrapyramidal symptoms and tardive dyskinesia in patients with dementia receiving low-dose risperidone vs low-dose haloperidol*, RANZCP 40th Congress Sydney, Australia, 22-26 May 2005*.
- 70. Snowden J, Brodaty H, Day S, Hertel J.** *Average duration of treatment with risperidone for behavioural disturbances of dementia (BDD): A Retrospective Chart Review*. RANZCP 40th Congress Sydney, 22-26 May 2005*.
- 71. Brodaty H, Pond D.** *The GPCOG: A new tool for primary care physicians to detect dementia*, Alzheimer's Association International Conference on prevention of dementia: early diagnosis and intervention, Washington, DC, 18-21 June 2005.*
- 72. Shulman K, Herrmann N, Brodaty H, Chiu H, Lawlor B, Ritchie K, Scanlan J.** *IPA survey of brief cognitive screening instruments*, 12th Congress of International Psychogeriatric Association, Stockholm, Sweden, 20-24 September 2005*#.
- 73. DeDeyn PP, Katz I, Mintzer J, Brodaty H, Greenspan A.** *Risperidone in the treatment of psychosis of Alzheimer's disease (AD): a meta-analysis of 4 controlled trials*, 12th Congress of International Psychogeriatric Association, Stockholm, 20-24 Sept 2005#.
- 74. DeDeyn PP, Katz I, Brodaty H, Greenspan A.** *Behavioural and psychological symptoms in patients with psychosis of dementia as target for pharmacotherapy with risperidone*, 12th Congress of International Psychogeriatric Association, Stockholm, 20-24 Sept 2005*#.

PRESENTATIONS

75. Draper B, Brodaty H, Low L-F. *A tiered model of psychogeriatric service delivery*, 12th Congress of the International Psychogeriatric Association, Stockholm, 20-24 Sept 2005#*.

76. Boundy K, Woodward M, Ames D, Aldridge G, Brodaty H, Byrne G, Snowden J, Hertel J. *Reduced extrapyramidal symptoms and tardive dyskinesia in patients with dementia receiving low-dose risperidone compared to low-dose haloperidol: a systematic review*, XVIIIth World Congress of Neurology, Sydney, 5-11 Nov 2005.#*

77. McIntosh H, Chenoweth L, Fairbrother G. *Nursing the cognitively impaired older patient in the acute care setting: Attitudes and knowledge of nurses*, 12th Congress of International Psychogeriatric Association, Stockholm, 20-24 Sept 2005

78. Woodward M, Boundy K, Brodaty H. *Predictors of response to galantamine in subjects with Alzheimer's disease*, 10th International Conference on Alzheimer's Disease and Related Disorders, Madrid, Spain, 15-20 July 2006

Continuing Education/ Public Lectures

79. Draper B. *Nursing home psychiatry*, FPOA Advanced Trainees, Madison House, Rozelle, NSW, 8 March 2004 (CE)

80. Draper B. *Management of the suicidal resident*, Southern Cross Hostel, Daceyville, NSW, 16 March 2004 (CE)

81. Draper B. *Dementia*, General Practitioner Conference and Exhibition, The Dome, Homebush Bay, NSW., 14 May 2004 (CE)

82. Draper B. *Medication management in dementia*, Dementia Care Commitment Seminar, Little Sisters of the Poor Nursing Home Randwick, Sydney, NSW, 19 May 2004 (CE)

83. Draper B. *Health Services in Australia* Mental Health and Aging in Australia: Culture, Mental Health and Psychogeriatric Services, HEALTH ED Australian Study Tour, Prince of Wales Hospital, Randwick, 11 January 2005. (CE)

84. Draper B. *Geriatric psychiatry services in Australia*, Mental Health and Aging in Australia: Culture, Mental Health and Psychogeriatric Services, HEALTH ED Australian Study Tour, Prince of Wales Hospital, Randwick, 11 January 2005 (CE)

85. Draper B. *What is Dementia?* Dementia Care Commitment Seminar, Little Sisters of the Poor Nursing Home, Randwick, Sydney, 14 Mar 2005 (CE)

86. Draper B. *Diagnosis and management of dementia – restoring function*, UNSW Clinical Symposium, Scientia, UNSW, Kensington, 19 March 2005 (CE)

87. Draper B. *Depression in the elderly – an update*, Wyeth Clinical Meeting, Orange, NSW, 28 April 2005 (CE)

88. Draper B, Brodaty H, Low LF. *A tiered model of psychogeriatric service delivery*, Bloomfield Hospital, Orange, NSW, 29 April 2005 (CE)

89. Draper B. *Current pharmacology of dementia management*, Orange, NSW, 29 April 2005 (CE)

90. Draper B. *Consultation Liaison Old Age Psychiatry*, POA Advanced Trainees, Maddison House, Rozelle, NSW, 27 June 2005 (CE)

91. Draper B. *Suicide Prevention in Late Life*, South East Sydney Area Training Zone, Prince of Wales Hospital, Randwick, 22 July 2005 (CE)

- 92. Draper B.** *Training and workforce issues: NSW experience from MTEC*, AMC/RANZCP/ANZAPT Meeting, RANZCP NSW Branch office, Rozelle, Aug 2005. (CE)
- 93. Draper B.** *Depression in old age*, Randwick/Botany ACAT, Randwick, NSW, 4 Aug 2005 (CE)
- 94. Draper B.** *Suicide in Old Age*, World Suicide Prevention Day Public Forum, Community Action for the Prevention of Suicide, Brisbane City Hall, Brisbane, 10 Sept 2005 (PL)
- 95. Draper B.** *Understanding Mental Health and Suicide in Old Age*, Train the Trainer Session SESIAHS Mental Health, St George Hospital, Kogarah, NSW 28 Nov 2005 (CE)
- 96. Brodaty H.** *Antipsychotic use in the Elderly Patients with Dementia*, Central Sydney Division of General Practitioners, Sydney, 9 June 2004 (CE)
- 97. Draper B.** *Depression in physically ill older people*, Aged Care Medical Team Meeting, Bankstown-Lidcombe Hospital, 9 July 2004 (CE)
- 98. Draper B.** *Dementia*, Carers Meeting, Sir Joseph Banks Nursing Home, Botany, NSW, 21 July 2004 (CE)
- 99. Brodaty H.** *Why do research in Old Age Psychiatry?* Faculty of Psychiatry for Old Age, quarterly meeting, St George Hospital, Sydney, 6 Aug 2004. (CE)
- 100. Draper B.** *Management of the suicidal resident*, Kildare Court, Maroubra, NSW, 10 Aug 2004 (CE)
- 101. Brodaty H.** *Managing severe behavioural disturbances*, Carers Forum; *Dementia: Dilemmas & Decisions*, Australian Association of Gerontology, Prince of Wales Hospital, Randwick, 22 Nov 2004 (PL)
- 102. Draper B.** *Suicide Prevention in Late Life: Distal or Proximal?* Academic Forum, School of Psychiatry, UNSW, Prince of Wales Hospital, Randwick, 14 December 2004 (CE)
- 103. Draper B.** *Health Services in Australia, Mental Health and Aging in Australia: Culture, Mental Health and Psychogeriatric Services*, HEALTH ED Australian Study Tour, Prince of Wales Hospital, Randwick, 11 Jan 2005 (CE)
- 104. Draper B.** *Geriatric psychiatry services in Australia*, Mental Health and Aging in Australia: Culture, Mental Health and Psychogeriatric Services, HEALTH ED Australian Study Tour, Prince of Wales Hospital, Randwick, 11 Jan 2005 (CE)
- 105. Brodaty H.** *Carers Of People With Dementia: A Review* Academic Department For Old Age Psychiatry Inservice, Prince of Wales Hospital, Randwick, 9 Feb 2005. (CE)
- 106. Draper B.** *What is Dementia?* Dementia Care Commitment Seminar, Little Sisters of the Poor Nursing Home, Randwick, NSW, 14 March 2005 (CE)
- 107. Draper B*** *Diagnosis and management of dementia – restoring function*, UNSW Clinical Symposium, Scientia, UNSW, Kensington, NSW, 19 March 2005 (CE)
- 108. Brodaty H.** *Treatment of Psychosis in the Elderly Patients* A Development Day for Advanced Trainees in Psychiatry, Geriatrics & Psychogeriatrics, Darling Harbour, Sydney, 9 April 2005(CE)
- 109. Brodaty H.** *Age and Health*, Jewish Centre on Ageing, Sydney, Australia, 13 June 2004 (CE)
- 110. Brodaty H.** *Pick my brains* Forum, National Science Week, University of New South Wales, Randwick, NSW, 18 Aug 2004 (PL)

PUBLICATIONS

- 111. Brodaty H.** *Ageing: it's all in your mind*, The George Briscoe Kerferd Oration, LaTrobe University, Beechworth, Vic. Australia, 31 July 2005.* (PL)
- 112. Brodaty H.** *Improvement following stroke*, The Sydney Stroke Study Information Afternoon, Randwick, NSW, 28 Oct 2005(PL)
- 113. Draper B.** Depression in Older People City of Botany Bay Aged Care Services and Prince of Wales Hospital Community Health Seminar, East Lakes, Sydney, 29 March 2006 (PL)
- 114. Draper B.** *What is Dementia?* Dementia Care Commitment Seminar, Little Sisters of the Poor Nursing Home, Randwick, Sydney, NSW. 24 April 2006(CE)
- 115. Draper B,** Snowdon J, Wyder M. *A pilot psychological autopsy study of the last contact with a health professional before suicide*, Academic Forum, School of Psychiatry, UNSW, Prince of Wales Hospital, Randwick, 21 June 2006(CE)
- 116. Draper B.** *Depression in Late Life – an update*, South East Sydney and Illawarra Area Training Zone, Prince of Wales Hospital, Randwick 7 July 2006 (CE)
- 117. Draper B.** *Depression and Older People*, Healthy Living Seminar, Maroubra, N.S.W. 18 September 2006 (PL)
- 118. Draper B.** *Squalor and Mental Health*, Randwick/Botany ACART, Randwick, 2 November 2006 (CE)

RESEARCH FUND FOR THE ELDERLY

The Research Fund for the Elderly is a special trust account established within the Academic Department for Old Age Psychiatry, Prince of Wales Hospital, South Eastern Sydney Area Health Service. It qualifies as a charity under New South Wales legislation and donations to it are tax deductible.

The Fund mainly supports research into mental disorders occurring in late life, such as Alzheimer's disease and other dementias, depression and psychosis. Research has been conducted into understanding the causes of these disorders, how to treat them and how best to help the families looking after persons with these disorders. The spectrum of research is wide and covers diagnosis, epidemiology, service provision, clinical care and prognosis.

The Academic Department for Old Age Psychiatry also takes an active role in promoting good mental health in older people through teaching, planning and consultation. Teaching and education are provided at undergraduate and postgraduate levels to medical students, medical practitioners, medical specialists, nurses, health workers from other disciplines and older people. Where appropriate the Research Fund for the Elderly is used to support these activities.

Donations to the Research Fund for the Elderly are welcome. All monies are administered by the South Eastern Sydney Area Health Service. It may be possible for donations to be targeted to your specific area of interest.

Donations can be made to Research Fund for the Elderly and forwarded to Professor H. Brodaty, Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Euroa Centre, Avoca Street, Randwick, 2031.

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