

1. Brodaty H. Thomson C. Thompson C. Fine M. Why caregivers of people with dementia and memory loss don't use services. [Review] [70 refs] [Journal Article. Review] *International Journal of Geriatric Psychiatry*. 20(6):537-46, 2005 Jun. UI: 15920707

OBJECTIVES: To develop a typography of the characteristics of caregivers of community dwelling people with dementia or memory loss who do not use services and empirically investigate the reasons for service non-use. **METHOD:** The findings of a literature review were used to develop a typography of caregivers' non-use of services. This typography was applied to a sample of community-based caregivers. **RESULTS:** One in three caregivers were using no services and one in four only one service. Despite considerable proportions reporting low levels of life satisfaction and high levels of overload and resentment the main reasons caregivers gave for not using services were that they did not consider they needed the services. Other reasons for service non-use included care recipient reluctance to use services, lack of knowledge of services or being in the process of applying for services. Service availability or affordability were not identified as major impediments to service use. Presence of a physical disability and contact with a social worker were associated with service use. **CONCLUSIONS:** Caregivers of people with dementia incur significant strain and have substantial need for a variety of services. Nevertheless many caregivers were not using support services, mainly because of perceived lack of need or lack of awareness. Better public promotion of services, destigmatising dementia and encouraging referrals from health professionals could help overcome the barriers to service use. Copyright (c) 2005 John Wiley & Sons, Ltd [References: 70] Institution School of Psychiatry, University of New South Wales, Australia. h.brodaty@unsw.edu.au

2. Brodaty H. Corey-Bloom J. Potocnik FC. Truyen L. Gold M. Damaraju CR. Galantamine prolonged-release formulation in the treatment of mild to moderate Alzheimer's disease. [Clinical Trial. Journal Article. Randomized Controlled Trial] *Dementia & Geriatric Cognitive Disorders*. 20(2-3):120-32, 2005. UI: 15990426

The primary objective of this study was to evaluate the efficacy and tolerability of a flexible dosing regimen (16 or 24 mg/day) of galantamine prolonged-release capsule (PRC) compared with placebo in subjects with mild to moderate Alzheimer's disease (AD). This phase III, double-blind, placebo- and active-controlled, parallel-group trial randomized 971 patients to treatment for 6 months. Efficacy endpoints included change in the 11-item cognitive subscale of the Alzheimer's Disease Assessment Scale (ADAS-cog/11), Clinician's Interview-Based Impression of Change plus caregiver input (CIBIC-plus), Alzheimer's Disease Cooperative Study-Activities of Daily Living (ADCS-ADL), and Neuropsychiatric Inventory (NPI) scores. Galantamine was associated with significant improvements in the ADAS-cog/11 score but not in the CIBIC-plus or NPI scores. Galantamine PRC was associated with significant improvement in ADCS-ADL scores. Galantamine PRC had similar tolerability and safety profiles compared with

twice-daily galantamine, and when administered as a once-daily flexible dosing regimen of 16 or 24 mg/day, was demonstrated to be as safe and effective for the treatment of mild to moderate AD. Copyright (c) 2005 S. Karger AG, Basel. Institution University of New South Wales, Sydney, Australia. h.brody@unsw.edu.au

3. Walker AJ. Meares S. Sachdev PS. Brodaty H. The differentiation of mild frontotemporal dementia from Alzheimer's disease and healthy aging by neuropsychological tests. [Journal Article] *International Psychogeriatrics*. 17(1):57-68, 2005 Mar.
UI: 15945591

BACKGROUND: Frontotemporal dementia (FTD) is difficult to diagnose in the early stages and may be misdiagnosed as Alzheimer's disease (AD) or as a psychiatric disorder. This study aimed to investigate neuropsychological function in FTD of mild severity and compare it to that of mild AD and healthy control participants. **METHODS:** The study comprised 11 individuals with FTD, 29 with AD and 27 healthy controls. Participants completed a comprehensive neuropsychological assessment in which each area of cognitive function was examined with several widely used clinical tests. Test scores were converted to age-corrected scaled scores and combined to form indices for six areas of cognitive function. These indices were attention, psychomotor speed, memory acquisition, memory recall, executive function and constructional ability. **RESULTS:** The FTD group performed below the level of the controls in all areas except constructional ability. FTD and AD groups showed distinct patterns of neuropsychological performance. The FTD group showed predominantly executive dysfunction with less impaired memory function, while the AD group showed the opposite pattern. The capacity of the tests to discriminate between groups was good overall, with 90% of the total sample correctly classified. Predictive success for the FTD group was 64%, given a base rate of 16%. **CONCLUSION:** Administration of a comprehensive neuropsychological protocol including several tests of executive function allows increased certainty about accurate clinical diagnosis of mild FTD. Institution Neuropsychiatric Institute, Prince of Wales Hospital, Sydney, Australia. awalker@biru.wsahs.nsw.gov.au

4. Sachdev PS. Brodaty H. Valenzuela MJ. Lorentz LM. Koschera A. Progression of cognitive impairment in stroke patients. [Journal Article] *Neurology*. 63(9):1618-23, 2004 Nov 9.
UI: 15534245

OBJECTIVE: To examine the progression of neuropsychological deficits in stroke patients with and without cognitive impairment. **METHODS:** The authors assessed the Sydney Stroke Study cohort 1 year after index assessment with detailed neuropsychological and medical-psychiatric assessments. The neuropsychological tests were classified into cognitive domains, and composite z-scores adjusted for age and education. Changes in cognitive test scores were compared between groups and

predictors of cognitive change examined. RESULTS: Patients (n = 128) had a mean decline of 0.83 (SD 2.2) points on the Mini-Mental State Examination (MMSE) compared to an increase of 0.76 (1.3) in controls (n = 78) (p < 0.05). CONCLUSIONS: Subjects with cerebrovascular disease have a slow decline in cognitive functioning in the absence of further cerebrovascular events, although the occurrence of such an event accentuates the dysfunction. Education plays a protective role. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia.
p.sachdev@unsw.edu.au

5. Ross AJ. Sachdev PS. Wen W. Valenzuela MJ. Brodaty H. Cognitive correlates of 1H MRS measures in the healthy elderly brain. [Journal Article] Brain Research Bulletin. 66(1):9-16, 2005 Jul 15.
UI: 15925139

Ageing is associated with cognitive decline, with some studies indicating that this decline can be mostly accounted for by slowing of information processing speed. Whilst it is likely that this is associated with age-related changes in fronto-subcortical neuronal circuits, such changes are not visible on routine neuroimaging. We examined the integrity of this brain region using proton magnetic resonance spectroscopy (1H MRS) and hypothesised that functional changes measured by 1H MRS would be associated with cognitive performance. Fifty-nine healthy elderly subjects (age 58-85 years) underwent single-voxel 1H MRS in frontal white matter and occipito-parietal gray matter, and a comprehensive neuropsychological battery. The results showed a significant correlation between frontal white matter NAA/H₂O and a composite measure of neuropsychological performance representing speed of information processing, attentional function and visual memory, controlling for age and sex. This research highlights the importance of the relationship between regional brain changes and cognitive function in the ageing brain, and suggests that MRS may be a sensitive marker of subclinical change in cognition. Institution
School of Psychiatry, University of New South Wales, Sydney, NSW, Australia.
amy.ross@student.unsw.edu.au

6. Trollor JN. Sachdev PS. Haindl W. Brodaty H. Wen W. Walker BM. Regional cerebral blood flow deficits in mild Alzheimer's disease using high resolution single photon emission computerized tomography. [Journal Article] Psychiatry & Clinical Neurosciences. 59(3):280-90, 2005 Jun.
UI: 15896221

In spite of its wide availability, single photon emission computerized tomography (SPECT) scanning is uncommonly used in the assessment of Alzheimer's disease (AD) and related dementias. In light of recent advances in scanning protocols and image analysis, SPECT needs to be re-examined as a tool in the diagnosis of dementia. A total of 18 subjects with early AD and 10 healthy elderly control subjects were examined with high resolution SPECT during the performance of a simple word discrimination task.

SPECT images were coregistered with individual magnetic resonance imaging scans, allowing delineation of predetermined neuroanatomical Regions of Interest (ROI). There was a gradation of regional cerebral blood flow (rCBF) values in both groups, with the lowest values being in the hippocampus and the highest in the striatum, thalamus and cerebellum. Compared to healthy controls, AD subjects demonstrated lower relative rCBF in parietal and prefrontal cortices. Analysis of individual ROI demonstrated bilateral reduction of rCBF in prefrontal poles, posterior temporal and anterior parietal cortex, and unilateral reduction of rCBF in left dorsolateral prefrontal cortex, right posterior parietal cortex and the left cingulate body. There were no significant differences for hippocampal, occipital or basal ganglia rCBF. Discriminant function analysis indicated that rCBF in the prefrontal polar regions achieved the best classification of cases. SPECT has utility in the diagnostic assessment of AD if standardized and semiquantitative techniques are used. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia.
J.Trollor@unsw.edu.au

7. Brodaty H. O'Connell M. An agenda for change for dementia care across Europe. [Journal Article] International Journal of Clinical Practice. Supplement. (146):41-2, 2005 Mar.

UI: 15801193 Institution

Alzheimer's Disease International, Sydney, Australia. h.brodaty@unsw.edu.au

8. Kleinman L. Frank L. Ciesla G. Rupnow M. Brodaty H. Psychometric performance of an assessment scale for strain in nursing care: the M-NCAS. [Clinical Trial. Journal Article. Multicenter Study. Randomized Controlled Trial] Health & Quality of Life Outcomes. 2(1):62, 2004 Nov 9.

UI: 15535887

BACKGROUND: Multiple instruments exist to measure dementia behaviors, but the nursing staff perspective on those behaviors and their level of burden has not been well measured. The goal of this study was to examine the psychometric performance of the Modified Nursing Care Assessment Scale (M-NCAS), a 28-item nurse rating of burden associated with care for institutionalized individuals with dementia. Nurses rate items in terms of extent to which the behavior or characteristic is present ("attitude" domain), and extent to which it is a burden ("strain" domain). **METHODS:** Data from 282 patients enrolled in a 12-week, double-blind, randomized clinical trial comparing risperidone treatment to placebo was used to evaluate M-NCAS item performance, internal consistency reliability, and construct validity. Empirical subscales were identified via exploratory factor analysis (EFA). **RESULTS:** Four poorly-performing items were deleted from further analyses. EFA identified 3 "attitude" subscales and 5 "strain" subscales. Cronbach's alphas were 0.65 and above. Correlation with the Cohen-Mansfield Agitation Inventory and the BEHAVE-AD, clinical ratings of dementia behaviors, were low to moderate. **CONCLUSION:** The M-NCAS provides a valid and reliable means of obtaining care burden ratings from formal caregivers in long-term care, and provides a

method for evaluating dementia interventions from the perspective of nursing staff. Institution
MEDTAP International, Inc., 2601 4th Ave, Seattle, WA 98121, USA.
kleinman@medtap.com

9. Jeon YH. Brodaty H. Chesterson J. Respite care for caregivers and people with severe mental illness: literature review. [Review] [64 refs] [Journal Article. Review] *Journal of Advanced Nursing*. 49(3):297-306, 2005 Feb.
UI: 15660554

AIM: The aim of this study was to review research literature over the past 10 years on respite care for people affected by severe mental illness; and identify key implications for nursing practice in provision of respite care for family caregivers of people with severe mental illness. BACKGROUND: Family caregivers play an important role in health care, but need regular breaks to maintain their own health and well-being. Respite care is one of the few services available with a primary focus on supporting family caregivers. In most developed countries the notion of respite care as an extension of the health care service has been embraced, evidenced by a growing body of literature in health and health-related disciplines. METHODS: An initial literature search was undertaken using the key words "respite", "short-term care", "shared care" and "day care" in major electronic databases for nursing, psychiatry, psychology and sociology literature between 1967 and 2002, identifying 704 articles. Closer examination of the literature from 1993 to 2002 on gaps and trends in respite care for people affected by severe mental illness was conducted. This is discussed in the context of the broader literature, particularly on dementia, where the mainstream research on respite care is found. RESULTS: The majority of family caregiving studies identified a need for greater quality, quantity, variety and flexibility in respite provision, and the literature has remained largely silent in relation to those affected by severe mental illness. There are contradictory findings on outcomes of respite care services and a lack of controlled empirical studies and evaluative research on effectiveness. CONCLUSIONS: Respite care is beneficial for caregivers, there is significant unmet need in provision of services for the mentally ill, and greater flexibility and the needs of caregivers should be recognised and addressed. [References: 64] Institution

Nursing Research Officer, Health and Ageing Research Unit, South Eastern Sydney Area Health Service, Sydney, New South Wales, Australia. jeony@sesahs.nsw.gov.au

10. McMinn B. Draper B. Vocally disruptive behaviour in dementia: development of an evidence based practice guideline. [Review] [83 refs] [Journal Article. Review] *Aging & Mental Health*. 9(1):16-24, 2005 Jan.
UI: 15841828

Vocally Disruptive Behaviour (VDB) is a term that includes screaming, abusive language, moaning, perseveration, and repetitive and inappropriate requests. It is one of the most challenging behaviours for nursing home staff, caregivers for people with

dementia, and other nursing home residents. As with other behavioural disturbances, multiple causal factors have been identified in the literature and individual cases may have a number of interacting factors. There is a lack of consensus about how to treat VDB. Systematic treatment studies are few and there is a lack of empirical data supporting the effectiveness of specific interventions commonly used in clinical practice. This hinders clinicians and may result in the use of inappropriate treatments. Our aim was to systematically review the literature in order to develop a practice guideline for the assessment and management of VDB. The review will examine the typology, risk factors and management of VDB. [References: 83]Institution
Centre for Mental Health Studies, Newcastle, NSW, Australia.
Bryan.McMinn@hunter.health.nsw.gov.au

11. Ross AJ. Sachdev PS. Wen W. Valenzuela MJ. Brodaty H. 1H MRS in stroke patients with and without cognitive impairment. [Clinical Trial. Controlled Clinical Trial. Journal Article] *Neurobiology of Aging*. 26(6):873-82, 2005 Jun.
UI: 15718046

The pathophysiological basis of cognitive impairment in patients with cerebrovascular disease (CVD) is not well understood, particularly in relation to the role of non-infarction ischemic change and associated Alzheimer-type pathology. We used single voxel 1H MRS to determine the differences in brain neurometabolites in non-infarcted frontal white matter and occipito-parietal gray matter of 48 stroke patients with or without cognitive impairment and 60 elderly controls. The results showed that there were no significant neurometabolite differences between the stroke cohort and healthy elderly controls, but there was a difference in NAA/H₂O between the stroke patients that had cognitive impairment (vascular dementia (VaD) and vascular cognitive impairment (VCI)) compared with those patients with no impairment. This was significant in the occipito-parietal gray matter, but not in the frontal white matter, although the results were in the same direction for the latter. This suggests that cognitive impairment in stroke patients may be related to cortical neuronal dysfunction rather than purely subcortical change. Moreover, cortical regions not obviously infarcted may have dysfunctional neurons, the pathophysiological basis for which needs further study.Institution

School of Psychiatry, University of New South Wales, Sydney, Australia.

12. Peisah C. Brodaty H. Luscombe G. Anstey KJ. Children of a cohort of depressed patients 25 years later: psychopathology and relationships. [Journal Article] *Journal of Affective Disorders*. 82(3):385-94, 2004 Nov 1.
UI: 15555689

BACKGROUND: While many studies have examined cross-sectional or short-term effects of parental depression on children, few have studied such children many years later when they reach adulthood. It was hypothesised that children of patients hospitalised for depression 25 years ago would have more psychological morbidity and relationship

difficulties than children of a surgical comparison group. METHOD: Children (n=94) of depressed patients and a surgical control group (n=31) admitted to a teaching hospital 25 years ago were compared on measures of psychiatric morbidity, personality, marital and family relationships. RESULTS: Compared with control children, children of depressed patients demonstrated trends for higher rates of non-phobic anxiety and substance disorders, but neither psychological morbidity overall nor affective disorder specifically. Compared with control children, children of depressed patients rated their relationships with fathers who were spouses of female patients more negatively. Having consciously tried to make their own intimate relationships different from that of their parents, children of depressed patients and their partners reported significantly more caring in their relationships compared with control children and their partners. CONCLUSION: In this study of the effects of parental depression on children 25 years on, adult children of depressed patients demonstrated significant resilience as evidenced by similar rates of overall psychiatric morbidity and quality of intimate relationships to controls. They may be at risk for specific disorders such as anxiety and substance disorder and have problematic relationships with the "well" spouses of depressed patients particularly if the "well" spouse is their father. Institution
Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Sydney, Australia.

13. Brodaty H. Joffe C. Luscombe G. Thompson C. Vulnerability to post-traumatic stress disorder and psychological morbidity in aged holocaust survivors. [Journal Article] International Journal of Geriatric Psychiatry. 19(10):968-79, 2004 Oct.
UI: 15449365

OBJECTIVE: Although high rates of post-traumatic stress disorder (PTSD) and psychological morbidity have been consistently reported in Holocaust survivors (HS), reports are inconsistent about which factors are associated with psychological morbidity. In a study of the oldest HS cohort yet reported, we aim to clarify why this variability exists by examining factors associated with PTSD and psychological morbidity, including for the first time measures of personality and defense mechanisms. METHODS: One hundred HS randomly selected from a convenience sample of 309 respondents to a survey of Jewish persons aged 60 years and older living in the community in Sydney were assessed using the following instruments: demographics, severity of trauma experienced, General Health Questionnaire (GHQ-28), PTSD diagnosis (DSM-IV), Brief Psychiatric Rating Scale, Impact of Events Scale, Defense Style Questionnaire, modified Eysenck Personality Inventory. RESULTS: Older age, experience of more severe trauma, use of immature defense mechanisms and higher neuroticism were associated with significant PTSD and psychological morbidity; severity of trauma was associated with PTSD and with more severe psychological morbidity. CONCLUSIONS: A profile of survivors at-risk can be identified that may have application to survivors of more recent holocausts. Late life may be a period of vulnerability in the aftermath of severe trauma. Institution
Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Sydney, NSW 2031, Australia. h.brodaty@unsw.edu.au

14. Low LF. 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. [Journal Article] *Australian & New Zealand Journal of Psychiatry*. 38(9):725-31, 2004 Sep.

UI: 15324337

OBJECTIVE: To determine the prevalence of "cognitive impairment no dementia" (CIND) and "amnesic mild cognitive impairment" (aMCI) in a population sample of 70-79-year-olds and the risk factors for CIND. **METHOD:** Cross sectional population survey. **SETTING:** Sutherland Shire, Sydney, Australia. **SUBJECTS:** 150 community-dwelling 70-79-year-olds were screened by telephone, 42 of whom were assessed at home. **MEASURES:** Demographics, subjective ratings of physical and emotional health and memory, cardiovascular risk factors, medications, the Mini-Mental State Examination, Boston Naming Test, Trail Making Tests A and B, Block Design, Rey Auditory Verbal Learning Test (RAVLT), Visual Reproduction, Logical Memory, letter and category fluency, the National Adult Reading Test (NART), the Geriatric Depression Scale (GDS) and the "state" section of the State-Trait Anxiety Inventory (STAI-S). **RESULTS:** From the 400 subjects contacted initially, 150 consented to be interviewed and 131 eligible subjects were recruited. Of a 1-in-3 random sample of 42 subjects assessed at home, 14 (33.3%) subjects met criteria for CIND, 1 (2.4%) had possible dementia and the 27 remaining (64.3%) were cognitively normal. Four (9.5%) met criteria for aMCI. Subjects with CIND were older, had lower ranking occupations and were less likely to be currently working than those classified as cognitively normal. Ten subjects with CIND did not meet criteria for aMCI because they lacked subjective memory impairment (n = 3) or had cognitive deficits other than memory (n = 7). All subjects with aMCI met criteria for CIND. **CONCLUSIONS:** One-third of individuals in this population sample met criteria for CIND. CIND is a broader definition than aMCI. Further research is needed to determine the longitudinal course and clinical utility of these definitions of cognitive impairment. **Institution** Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Sydney, New South Wales, Australia.

15. Sachdev P. Brodaty H. Cheang D. Cathcart S. Hippocampus and amygdala volumes in elderly schizophrenic patients as assessed by magnetic resonance imaging. [Journal Article] *Psychiatry & Clinical Neurosciences*. 54(1):105-12, 2000 Feb.

UI: 15558887

Reduced size of the hippocampus and amygdala has been one of the more consistent morphological findings in schizophrenia, but the question of medial temporal abnormalities in elderly schizophrenia patients has been inadequately addressed. We examined 20 elderly subjects with a DSM-III-R diagnosis of schizophrenia, five of whom had a late-onset schizophrenia (LOS), and compared them with 20 healthy volunteers on magnetic resonance imaging (MRI) and neuropsychological parameters. Hippocampus

and amygdala volumes were obtained by manual tracing on T1-weighted 1.5 mm thick contiguous coronal slices perpendicular to the long axis of the hippocampus. Patients had smaller left hippocampal and right amygdala volumes than comparison subjects, the mean differences being 9.7 and 11.1%, respectively, but the right amygdala volumes were not significantly different after Bonferroni correction. The hippocampus-amygdala volumes together were smaller in the schizophrenia group bilaterally. In a pilot analysis, the LOS subjects had non-significantly smaller hippocampus-amygdala volumes than did the early-onset schizophrenia (EOS) subjects. For the schizophrenia group, there were significant correlations between amygdala and hippocampus volumes and some neuropsychological performance indices. The findings are consistent with those reported in younger schizophrenics, and are of the same order of magnitude, suggesting that they are not likely to be progressive. This pilot analysis in LOS subjects argues against the condition being secondary to Alzheimer's disease. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia.
P.Sachdev@unsw.edu.au

16. Pond D. Brodaty H. Diagnosis and management of dementia in general practice. [Case Reports. Journal Article] Australian Family Physician. 33(10):789-93, 2004 Oct. UI: 15532152

BACKGROUND: The assessment and management of dementia has changed in the past 5 years with the introduction of new drugs to combat dementia. In addition, services available for patients with dementia and the means of accessing these services is constantly changing. **OBJECTIVE:** This article discusses the assessment and management of dementia using two case studies. The case studies raise issues about screening and accessing the new drugs for a patient with early dementia, care planning, and the involvement of the carer for a patient with more advanced disease. **DISCUSSION:** As the population ages, dementia is an increasingly important part of general practice. It is important general practitioners are aware of early detection issues, and understand basic screening as well as the possibility of accessing new treatments and community management for patients with dementia. Institution
Discipline of General Practice, School of Medicine, Practice and Population Health, University of Newcastle, New South Wales. dimitry.pond@newcastle.edu.au

17. Rabinowitz J. Katz IR. De Deyn PP. Brodaty H. Greenspan A. Davidson M. Behavioral and psychological symptoms in patients with dementia as a target for pharmacotherapy with risperidone. [Clinical Trial. Journal Article. Randomized Controlled Trial] Journal of Clinical Psychiatry. 65(10):1329-34, 2004 Oct. UI: 15491235

OBJECTIVE: To examine the effect of risperidone on specific behavioral and psychological symptoms of dementia (BPSD). **METHOD:** We conducted a post hoc exploratory analysis of an integrated database from 3 randomized, controlled trials of risperidone versus placebo in treating 1150 nursing home residents with BPSD. Changes

in scores were measured for items on the Cohen-Mansfield Agitation Inventory (CMAI) and Behavioral Pathology in Alzheimer's Disease Rating Scale (BEHAVE-AD).

RESULTS: On the CMAI, risperidone was significantly more effective in treating hitting ($p = .000$), hurt self or other ($p = .005$), cursing or verbal aggression ($p = .000$), repetitive sentences or questions ($p = .001$), scratching ($p = .041$), general restlessness ($p = .001$), grabbing onto people ($p = .028$), constant request for attention ($p = .041$), pacing and aimless wandering ($p = .013$), and performing repetitious mannerisms ($p = .045$). On the BEHAVE-AD, risperidone was significantly more effective in treating physical threats and/or violence ($p = .000$), verbal outbursts ($p = .000$), other anxieties ($p = .01$), agitation ($p = .000$), tearfulness ($p = .03$), and nonparanoid delusions ($p = .02$). CONCLUSIONS: The items from the BEHAVE-AD and CMAI that were improved with risperidone included psychotic, agitated, and aggressive symptoms. These data suggest that risperidone is more effective than placebo in treating a variety of symptoms associated with dementia.

Institution
Bar Ilan University, Ramat Gan, Israel. jrabin@netvision.net.il

18. Berman K. Brodaty H. Tocopherol (vitamin E) in Alzheimer's disease and other neurodegenerative disorders. [Review] [129 refs] [Journal Article. Review] CNS Drugs. 18(12):807-25, 2004.
UI: 15377170

In this article, we review the evidence that tocopherol (vitamin E) may have a role to play in the prevention and treatment of Alzheimer's disease and other neurological diseases. The theoretical rationale for the effectiveness of tocopherol as treatment and/or prevention of Alzheimer's disease is based on its antioxidant properties. Results from animal and in vitro studies provide evidence to support use of tocopherol for prevention and treatment of degenerative neurological diseases. Furthermore, several, but not all, epidemiological, cross-sectional, prospective studies indicate that tocopherol may have protective effects in Alzheimer's disease, although dietary and supplemental forms of the vitamin may differ in their efficacy. Mixed results have been obtained from clinical trials. Evidence of the use of tocopherol as a protective measure or as therapy in neurological diseases other than Alzheimer's disease is less compelling. To date, there are no clear-cut answers as to whether tocopherol is worth prescribing, but current clinical practice favours its use in the treatment of Alzheimer's disease. [References: 129] Institution Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Randwick, New South Wales 2031, Australia.

19. Brodaty H. Ames D. Boundy KL. Hecker J. Snowdon J. Storey E. Yates MW. Pharmacological treatment of cognitive deficits in Alzheimer's disease.[see comment]. [Review] [50 refs] [Journal Article. Review. Review, Tutorial] Medical Journal of Australia. 175(6):324-9, 2001 Sep 17.
UI: 11665948

Clinical trials and independent reviews support the use of cholinesterase inhibitors for treating the symptoms of patients with mild to moderate Alzheimer's disease (AD). Before initiating cholinesterase inhibitor therapy, patients should be thoroughly assessed, and the diagnosis confirmed, preferably by a specialist. Compliance with cholinesterase inhibitor therapy should be monitored and the response (in global, cognitive, functional and behavioural domains) reassessed after 2-3 months of treatment. Vitamin E may be protective against AD, and therapy with 1000 IU twice daily may be considered. There is insufficient evidence to support the use of other antioxidant agents, anti-inflammatory agents, monoamine oxidase B inhibitors, folate/homocysteine or antihypertensive drugs in patients with AD, or hormone replacement therapy in affected women. [References: 50]Institution

School of Psychiatry, University of New South Wales, and Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Sydney.

Comments
Comment in: Med J Aust. 2002 Mar 18;176(6):297; author reply 297-8; PMID: 11999269

20. Brodaty H. Kemp NM. Low LF. Characteristics of the GPCOG, a screening tool for cognitive impairment. [Evaluation Studies. Journal Article] International Journal of Geriatric Psychiatry. 19(9):870-4, 2004 Sep.
UI: 15352145

BACKGROUND: Early dementia diagnosis is aided by the use of brief screening tests; scores can be biased by patient and informant characteristics such as age, gender and education. **OBJECTIVE:** To assess whether the General Practitioner's Assessment of Cognition (GPCOG), a brief screening tool for detecting cognitive impairment comprising a patient cognitive test and questions to an informant, is biased by patient and informant characteristics. **DESIGN:** Sixty-seven general practitioners recruited consecutive patients (with informants). Patients were subsequently assessed by a research psychologist, and DSM-IV diagnoses assigned following a case-conference. **SETTING:** Primary Care. **SUBJECTS:** Two hundred and eighty three home-dwelling individuals, 11.3% of whom were aged 50-74 years with suspected memory problems and the rest aged 75 or more. **METHODS:** The GPCOG, Cambridge Mental Disorder of the Elderly Examination cognitive scale (CAMCOG), Geriatric Depression Scale (GDS), and the SF-12 Health Survey (SF-12) were administered and demographic data were collected and consensus DSM-IV diagnoses of dementia made. Relationships between patient and informant characteristics and the GPCOG measure were examined using Pearson correlations and linear regression analyses. **RESULTS:** There were correlations in GPCOG-patient scores with age, education and depression scores but on regression analysis only age was associated with the GPCOG-patient section. The GPCOG-informant section was free of bias. **CONCLUSIONS:** The GPCOG has advantages for use in primary care and is free of many biases common in other scales. Institution
School of Psychiatry, University of New South Wales, Australia. h.brodaty@unsw.edu.au

21. Frank L. Kleinman L. Ciesla G. Rupnow MF. Brodaty H. The effect of risperidone on nursing burden associated with caring for patients with dementia. [Clinical Trial. Journal Article. Multicenter Study. Randomized Controlled Trial] Journal of the American Geriatrics Society. 52(9):1449-55, 2004 Sep.
UI: 15341545

OBJECTIVES: To compare risperidone treatment with placebo for the burden to nursing staff of older nursing-home residents with dementia. **DESIGN:** Randomized, double-blind, placebo-controlled trial. **SETTING:** Long-term care institutions in Australia and New Zealand. **PARTICIPANTS:** Two hundred seventy-nine residents had evaluable data for comparison of oral risperidone with placebo treatment at 4 weeks, 8 weeks, and endpoint across the 12-week trial. **MEASUREMENTS:** The Modified Nursing Care Assessment Scale (M-NCAS) is a 28-item instrument that measures behavior occurrence in patients (patient outcome) and difficulty of those behaviors for nursing staff as rated by nurse carers (nurse outcome). Treatment groups were compared via analysis of covariance (ANCOVA). To aid score interpretation, M-NCAS effect sizes were examined by response category, with response defined as subjects with mean Cohen-Mansfield Agitation Inventory total aggression subscale score change of 4 points or greater, a clinical outcome for patients. **RESULTS:** Between-group ANCOVAs showed statistically significant reductions in nurse-rated M-NCAS scores from baseline to endpoint for the patients randomized to risperidone relative to placebo (P < .05). **CONCLUSION:** Risperidone treatment was associated with an early and sustained reduction in nursing staff burden as measured using the M-NCAS compared with placebo treatment for older nursing home residents with dementia. Copyright 2004 American Geriatrics Society
Institution
MEDTAP International, Bethesda, Maryland 20814, USA. frank@medtap.com

22. Chow ES. Kong BM. Wong MT. Draper B. Lin KL. Ho SK. Wong CP. The prevalence of depressive symptoms among elderly Chinese private nursing home residents in Hong Kong. [Journal Article] International Journal of Geriatric Psychiatry. 19(8):734-40, 2004 Aug.
UI: 15290696

BACKGROUND: Privately-owned Nursing homes (PNH) in Hong Kong present a unique setting of institutional care where elderly with the whole spectrum of health status live together. **OBJECTIVES:** This cross-sectional descriptive study aimed to determine the prevalence of significant depressive symptoms in a group of Cantonese-speaking Chinese private nursing home elderly living in Hong Kong, and to identify associated psychosocial and health factors. **METHODOLOGICAL RESULTS:** Two hundred and forty five residents fulfilled the inclusion criteria. Using the Chinese version of the Geriatric Depression Scale--Short Form (GDS-SF), we detected significant depressive symptoms in 29% of subjects. Univariate analysis revealed some associated socio-economic risk factors including current non-Comprehensive Social Security Assistance (CSSA) recipients, education levels and low abilities for social activities. Low vision, swallowing difficulties and low levels of basic activities of daily living (BADL) as

reflected by the total Modified Barthel Index of less than 61 were important health predictors. Depression was also associated with features of self-perception of financial inadequacy, life dissatisfaction, poor self-perceived health, poor attitudes towards living arrangement and suicidal thoughts. Stepwise logistic regression identified swallowing problems, current non-CSSA recipient and low BADL ability as independent risk factors. CONCLUSION: The high prevalence of depressive symptoms in the nursing home elderly requires the attention of Government authorities, health care and social service providers. Institution
Integrated Medical Services, Ruttonjee and Tang Shiu Kin Hospitals, Hong Kong.
eddie.chow@graduate.hku.hk

23. Wlodarczyk JH. Brodaty H. Hawthorne G. The relationship between quality of life, Mini-Mental State Examination, and the Instrumental Activities of Daily Living in patients with Alzheimer's disease. [Journal Article] Archives of Gerontology & Geriatrics. 39(1):25-33, 2004 Jul-Aug.
UI: 15158578

Alzheimer's disease (AD) affects the cognitive function and capacity for independent living of the elderly, however little is known about the measurement of patient's overall health-related quality of life (HRQoL) and its relationship to these effects. We examined the relationship between patient/caregiver-rated HRQoL and cognition (using the Mini-Mental State Examination (MMSE)) or Instrumental Activities of Daily Living (IADL). One hundred AD patients participating in an open-label trial of donepezil were followed for 6 months. Cognition and function were assessed using the MMSE (clinician-rated) and IADL scale (caregiver-rated). Patient QoL, as assessed by the Assessment of Quality of Life (AQoL) scale, was rated separately by patients and their primary caregivers. Mean patient-rated AQoL was 0.60, whilst caregiver-rated AQoL was 0.50. Patient and caregiver AQoL assessments correlated ($r = 0.37$, $P = 0.0038$) for all levels of disease severity. Patient-rated AQoL scores ranged from 0.52 for patients with severe AD, to 0.71 for patients with mild AD. Caregiver-rated AQoL scores ranged from 0.40 to 0.59. There were approximately linear relationships between the AQoL and MMSE scores (patient-rated $r = 0.30$, P Institution
John Wlodarczyk Consulting Services, 10 Mirral Crescent, New Lambton, NSW 2305, Australia. jwlod@ozemail.com.au

24. Wen W. Sachdev P. Shnier R. Brodaty H. Effect of white matter hyperintensities on cortical cerebral blood volume using perfusion MRI. [Journal Article] Neuroimage. 21(4):1350-6, 2004 Apr.
UI: 15050560

White matter hyperintensities (WMHs) are commonly seen on brain magnetic resonance imaging (MRI) scans of elderly individuals, but their functional significance remains controversial. We used perfusion-weighted MRI to determine the impact of WMHs on cortical regional cerebral blood volume (rCBV). We studied 24 elderly stroke patients

and 27 control subjects with conventional MRI which included T2-weighted FLAIR coronal slices through whole brain and gadolinium-DTPA (0.2 mmol/kg)-based perfusion MRI (pMRI) with echo planar imaging. Volumes of WMHs, including deep WMHs and periventricular hyperintensities (PVHs), were computed by an automated method after excluding regions of infarction. Partial correlations between WMH and corresponding cortical rCBV were determined after correction for age and atrophy. The relative rCBV of gray matter was higher in control subjects and there was no significant hemispheric asymmetry. When both stroke and control groups were included, there were significant correlations among frontal cortical rCBV and frontal WMHs, temporal cortical rCBV with temporal WMHs, and cortical rCBV with both total deep WMHs and PVHs. Although the trends of correlation still existed when the two groups were analyzed separately, they were not significant. The correlations between cortical rCBV and WMHs in the same lobe were significant for subjects with more severe hyperintensities irrespective of the group. In conclusion, T2-weighted WMHs are associated with reduced rCBV in the cerebral cortex, particularly in individuals with extensive hyperintensities.

Institution
Neuropsychiatric Institute, The Prince of Wales Hospital, Randwick, New South Wales 2031, Australia.

25. Sachdev PS. Brodaty H. Valenzuela MJ. Lorentz L. Looi JC. Wen W. Zagami AS. The neuropsychological profile of vascular cognitive impairment in stroke and TIA patients. [Journal Article] *Neurology*. 62(6):912-9, 2004 Mar 23.

UI: 15037692

OBJECTIVE: To characterize the neuropsychological profile of vascular cognitive impairment (VCI) and vascular dementia (VaD). **METHODS:** The authors examined 170 patients with stroke or TIA at 3 to 6 months after the vascular event, and 96 age-matched healthy controls, with detailed neuropsychological and medical-psychiatric assessments, with a majority (66.7%) undergoing MRI brain scans. The subjects were diagnosed as having VaD, VCI, or no cognitive impairment by consensus. The neuropsychological tests were classified into cognitive domains, and composite z-scores adjusted for age and education. **RESULTS:** VaD subjects had disturbance in all cognitive domains, with verbal memory, especially retention, being less affected. VCI subjects had similar but less severe disturbance. The domains that best discriminated cognitively impaired from unimpaired patients were abstraction, mental flexibility, information processing speed, and working memory. Cognitive impairment had a significant correlation with deep white matter hyperintensities, but not with volume and number of infarctions, even though the VaD subjects had larger infarct volumes than VCI subjects. The MRI variables did not provide additional discrimination between subgroups. **CONCLUSIONS:** The cognitive deficits in VaD and VCI are characterized by disturbance of frontal functions, with less verbal memory impairment. VaD and VCI differ in severity but not pattern of disturbance. The brain lesions that best account for these deficits are noninfarct subcortical white matter and gray matter changes due to ischemia. The picture of VaD/VCI presented shows subcortical deficits embellished by cognitive deficits from cortical infarctions.

Institution

Schools of Psychiatry and Medicine, University of New South Wales, Australia.

26. Poljak A. McLean CA. Sachdev P. Brodaty H. Smythe GA. Quantification of hemorphins in Alzheimer's disease brains. [Journal Article] *Journal of Neuroscience Research*. 75(5):704-14, 2004 Mar 1.

UI: 14991846

The hemorphins are a family of opioid receptor-binding peptides originating from the beta-chain of hemoglobin and have been found at high levels within the central and peripheral nervous systems. In addition to opioid receptor binding, hemorphins have been shown to have a number of effects on the renin-angiotensin system, including inhibition of angiotensin-converting enzyme and angiotensin IV receptor binding. However, relatively few studies have examined the role of hemorphins in neurological diseases. Here we report the first study of hemorphins in Alzheimer's disease (AD) brains.

Quantitative MALDI-TOF mass spectrometry was employed to assess levels of LVV and VV hemorphin-6 and -7 in 10 control and 10 AD brain tissue samples. LVV hemorphin-6 and total hemorphin levels were elevated in AD temporal neocortex but not in hippocampus, occipital lobe, or frontal lobe. The elevation of hemorphins is probably indicative of a vascular abnormality resulting from cerebral amyloid angiopathy associated with both neurodegenerative disease and aging. Copyright 2004 Wiley-Liss, Inc. Institution

Bioanalytical Mass Spectrometry Facility, University of New South Wales, Sydney, Australia. a.poljak@unsw.edu.au

27. Sachdev P. Wen W. Shnier R. Brodaty H. Cerebral blood volume in T2-weighted white matter hyperintensities using exogenous contrast based perfusion MRI. [Journal Article] *Journal of Neuropsychiatry & Clinical Neurosciences*. 16(1):83-92, 2004.

UI: 14990763

We used perfusion weighted magnetic resonance imaging (MRI) to determine relative regional cerebral blood volume (rCBV) in regions of white matter hyperintensity (WMH) in 28 elderly stroke patients and 27 healthy comparison subjects, using T2-weighted fluid-attenuated inversion recovery (FLAIR) sequence MRI for anatomical localization and bolus gadolinium-DTPA tracking for perfusion weighted imaging. We found that WMHs had significantly lower rCBV than contralateral normal WMH, irrespective of size or group membership, and rCBV was significantly related to the size of the WMH. For the larger WMHs, there was a significant increase in rCBV from inner core to outer ring. The findings suggest hemodynamic perturbation in the microvasculature of hyperintense regions, which becomes greater as the size of the WMH increases. This is equally applicable to stroke patients and healthy older individuals. Institution

Department of Neuropsychiatry, University of New South Wales, Sydney, Australia. p.sachdev@unsw.edu.au

28. Prince M. Graham N. Brodaty H. Rimmer E. Varghese M. Chiu H. Acosta D. Scazufca M. Alzheimer Disease International's 10/66 Dementia Research Group - one model for action research in developing countries. [Journal Article] *International Journal of Geriatric Psychiatry*. 19(2):178-81, 2004 Feb.
UI: 14758583

BACKGROUND: The 10/66 Dementia Research Group (10/66) founded in 1998, is a network of over 100 researchers from mainly developing countries. 10/66 is committed to encourage more good quality research in those regions, where an estimated two-thirds of all those with dementia live. It represents a collaboration of academics, clinicians, and an international non-governmental organization, Alzheimer's Disease International (ADI). **METHOD:** 10/66 pilot studies in 26 centres in Latin America, India, Africa and China and SE Asia suggest that education and culture-fair diagnosis is an attainable aim. Despite extended family care networks, these studies also identified high levels of practical, psychological and economic strain upon caregivers. Population-based studies in six centres will now estimate prevalence, describe impact and seek to identify genetic and environmental risk factors in novel settings. At a practical level, 10/66 has studied ways to circumvent the lack of help-seeking in developing countries, and has developed a low-level intervention to educate and train caregivers. **CONCLUSION:** The links with ADI and its international networks, and the volunteerism of ADI's members have fostered the rapid growth of 10/66. The partnership facilitates both the raising of awareness and influence upon policy, as 10/66 research evidence can be used by ADI and national Alzheimer's Associations to direct and support advocacy. Copyright 2004 John Wiley & Sons, Ltd. Institution
Institute of Psychiatry, De Crespigny Park, London, UK. m.prince@iop.kcl.ac.uk

29. Boada-Rovira M. Brodaty H. Cras P. Baloyannis S. Emre M. Zhang R. Bahra R. 322 Study Group. Efficacy and safety of donepezil in patients with Alzheimer's disease: results of a global, multinational, clinical experience study. [Journal Article. Multicenter Study] *Drugs & Aging*. 21(1):43-53, 2004.
UI: 14715043

BACKGROUND: Donepezil has consistently been shown to be effective and well tolerated in the symptomatic treatment of Alzheimer's disease in placebo-controlled clinical trials. It has been shown to provide significant benefits in cognition, global function and activities of daily living in patients with mild-to-moderate Alzheimer's disease. However, in order to control for confounding factors, some clinical trials of donepezil have excluded patients with comorbid illness and concomitant medication use. **OBJECTIVE:** The objective of this study was to evaluate the efficacy, tolerability and safety of donepezil in a wider and more diverse sample of patients and centres than previous trials, reflecting routine clinical practice. **METHODS:** In this 12-week, open-label, multicentre trial, patients with probable mild-to-moderate Alzheimer's disease received donepezil 5 mg/day for 28 days, after which the dosage was increased to 10 mg/day according to the investigating clinician's judgement. Patients were enrolled at 246 study centres in 18 countries worldwide. Cognition was assessed by a trained clinician

using the Mini-Mental State Examination (MMSE) at baseline, week 4 and week 12 (or last visit). Changes in patient activity and social interaction were evaluated using a caregiver diary. Each week, caregivers recorded their impression of change compared with baseline on three aspects of patient behaviour using a 5-point scale. Efficacy analyses were performed on the intent-to-treat population. Significance was determined using the paired t-test (0.05 significance level). Tolerability and safety were assessed by monitoring adverse events, physical examinations, vital signs, clinical laboratory test abnormalities and ECG findings throughout the study. RESULTS: A total of 1113 patients received donepezil (mean baseline MMSE score [\pm SD] 18.74 \pm 5.21). 989 (88.9%) patients completed the study; 59 (5%) patients discontinued because of adverse events. Most patients were taking at least one concomitant medication (n = 802; 72%) and had at least one comorbid medical condition (n = 745; 67%) on study entry. Donepezil significantly improved cognition compared with baseline at weeks 4 and 12, and at week 12 using a last observation carried forward (LOCF) analysis (all p < 0.05). CONCLUSION: Donepezil treatment resulted in statistically significant improvements in cognition and patient activity and social behaviour, and was generally well tolerated despite high levels of comorbid illness and concomitant medication use. The results of this open-label study in a large patient population are consistent with those from controlled trials and support that donepezil is effective in the treatment of mild-to-moderate Alzheimer's disease in everyday practice. Institution Fundacio ACE, Barcelona, Spain.

30. Low LF. Draper B. Brodaty H. The relationship between self-destructive behaviour and nursing home environment. [Journal Article. Multicenter Study] *Aging & Mental Health*. 8(1):29-33, 2004 Jan.
UI: 14690865

The aim of this study was to explore the relationship between self-destructive behaviour and nursing home environment. We performed a cross-sectional study comprising 647 residents in 11 nursing homes in Sydney, Australia using the Harmful Behaviours Scale (HBS), Abbreviated Mental Test Scale and the Resident Classification Index. The Directors of Nursing completed a questionnaire that rated physical design, staff and resident characteristics and demographics were obtained from nursing home records. On regression analysis a greater number of design features for frail and residents with dementia in general, and increased security measures were associated with greater HBS total score and risk-taking and passive self-harm subscales. A residential environment in which the residents were more functionally dependent and more likely to be in a shared room, managerial policies less geared towards managing difficult behaviour and less staff availability and training were associated with the 'uncooperativeness' factor. There were no significant predictors of the other two factors. The relationship between nursing home environment and self-destructive behaviours and the environment is complex and there needs to be an individualized approach to placement. Institution Department of Old Age Psychiatry, Prince of Wales Hospital, Sydney, NSW, Australia.

31. Brodaty H. Draper B. Low LF. Nursing home staff attitudes towards residents with dementia: strain and satisfaction with work. [Journal Article] Journal of Advanced Nursing. 44(6):583-90, 2003 Dec.

UI: 14651681

BACKGROUND: Occupational and resident characteristics affect levels of staff stress and satisfaction in nursing homes, and levels of staff turnover are high. Working with more cognitively impaired residents, especially on day shift, is associated with high levels of stress in nursing home staff. Workload is highly predictive of the experience of burden and job pressure, while these outcomes vary according to whether staff work full- or part-time. **AIMS:** To investigate the attitudes of nursing home staff towards residents, strain related to dementia care and satisfaction with work and their associations with demographic, occupational and behavioural disturbance in the home. **METHODS:** A cross-sectional design was adopted, using a self-completion questionnaire survey of 253 nursing home staff from 12 nursing homes in Sydney's eastern suburbs, and behavioural assessment of all 647 residents from 11 of the 12 homes. Staff attitudes and strain were measured using the Swedish Strain in Nursing Care Assessment Scale and satisfaction using the Swedish Satisfaction with Nursing Care and Work Assessment Scale.

RESULTS: Staff members' five most prevalent perceptions of residents with dementia were that they are anxious, have little control over their difficult behaviour, are unpredictable, lonely and frightened/vulnerable. The five attributes staff found most difficult to cope with were being aggressive/hostile, having little control over their difficult behaviour, being stubborn/resistive, deliberately difficult, and unpredictable. Although 91% of staff reported that they were happy in their job, a quarter reported that residents provided no job satisfaction. The five satisfaction statements most agreed with were "The patients/residents at work nearly always receive good care", "It is important to try and enter into the way patients experience what happens to them", "Relatives are given enough information about care and treatment", "I enjoy my current work situation" and "Our work organisation is good". There were significant differences between homes in levels of strain related to dementia care that were not accounted for by the level of behavioural disturbance. **CONCLUSIONS:** Nursing home staff tended to perceive residents in more negative than positive ways. Staff were generally satisfied with their work. Factors other than resident behavioural disturbance are important influences in nursing staff strain.

Institution
School of Psychiatry, University of New South Wales, Randwick, New South Wales
2031, Australia. h.brodaty@unsw.edu.au

32. Draper B. Jochelson T. Kitching D. Snowdon J. Brodaty H. Russell B. Mental health service delivery to older people in New South Wales: perceptions of aged care, adult mental health and mental health services for older people. [Journal Article] Australian & New Zealand Journal of Psychiatry. 37(6):735-40, 2003 Dec.

UI: 14636390

OBJECTIVE: To compare the perceptions of aged care services, adult mental health services and mental health services for older people regarding aspects of mental health

service delivery for older people in New South Wales, Australia. **METHOD:** The NSW Branch of the Faculty of Psychiatry of Old Age in association with the NSW Centre for Mental Health, sent a postal survey to all aged care services, adult mental health services and mental health services for older people in NSW. The survey canvassed issues ranging across service profiles, regional variations, availability of resources, processes of care, views on working relationships between services, difficulties and gaps experienced, and ways to improve co-ordination and service delivery. Clinical issues such as the management and practice of psychiatric disorders of old age, educational/training requirements and skill and experience in working with older people were explored. **RESULTS:** An overall response rate of 86% was achieved, including 95% from aged care services (n = 58), 74% from adult mental health services (n = 62) and 90% from mental health services for older people (n = 20). Only 59% of aged care services and adult mental health services considered that their local mental health services for older people provided an adequate service; resource and budget limitations were portrayed as the main constraint. Mental health services for older people varied widely in structure, settings and activities undertaken. Access to mental health beds for older people was also variable, and alongside staffing levels was considered problematic. Lack of staff training and/or inexperience in psychogeriatrics posed a challenge for aged care services and adult mental health services. **CONCLUSION:** Relationships between aged care services, adult mental health services and mental health services for older people are affected by lack of access to psychogeriatric staff, resource limitations of mental health services for older people, and inadequate liaison and support between the service types. Joint case conferences, education, increased funding of mental health services for older people, and cross referrals were considered ways to address these issues. Institution School of Psychiatry, University of New South Wales, Sydney, Australia. b.draper@unsw.edu.au

33. Draper B. Brodaty H. Low LF. Richards V. Prediction of mortality in nursing home residents: impact of passive self-harm behaviors. [Journal Article] *International Psychogeriatrics*. 15(2):187-96, 2003 Jun.
UI: 14620077

OBJECTIVE: The aim of this study was to determine whether indirect self-destructive behaviors predict mortality in nursing home residents. **METHOD:** This cross-sectional study with follow-up after 2 years and 3 months surveyed 593 residents in 10 nursing homes in the eastern suburbs of Sydney, Australia. The following instruments were used: Harmful Behaviors Scale (HBS), Behavioral Pathology in Alzheimer's Disease Rating Scale (BEHAVE-AD), Functional Assessment Staging Scale, Resident Classification Index, Cumulative Illness Rating Scale, Even Briefer Assessment Scales for Depression, and the suicide item from the Structured Hamilton Depression Rating Scale. Diagnoses of depression, dementia, and psychosis were obtained from nursing home records. Mortality data were obtained in August 1999. **RESULTS:** At follow-up, 297 (50.1%) residents were still alive with a mean survival time of 565.4 days. Survival analyses found that mortality was predicted by older age, male gender, lower level of functioning, lower levels of behavioral disturbance on the BEHAVE-AD, and higher scores on the HBS

"passive self-harm" factor-based subscale, which includes refusal to eat, drink, or take medication. DISCUSSION: These results suggest that passive self-harm behaviors predict mortality in nursing home residents. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia.
b.draper@unsw.edu.au

34. Brodaty H. Luscombe G. Anstey KJ. Cramsie J. Andrews G. Peisah C. Neuropsychological performance and dementia in depressed patients after 25-year follow-up: a controlled study. [Journal Article] Psychological Medicine. 33(7):1263-75, 2003 Oct.

UI: 14580080

BACKGROUND: Previous research has yielded conflicting evidence regarding the long-term cognitive outcome of depression. Some studies have found evidence for a higher incidence of subsequent cognitive impairment or dementia, while others have refuted this. METHOD: Depression, neuropsychological performance, functional ability and clinical variables were assessed in a sample of patients who had been hospitalized for depression 25 years previously. RESULTS: Data were available on 71 depressed patients (10 of whom were deceased) and 50 surgical controls. No significant differences were found between depressed subjects and controls on any neuropsychological measure. Ten depressed patients but no controls were found to have dementia at follow-up (continuity corrected $\chi^2 = 5.93$, P CONCLUSIONS: We conclude that this study did not find evidence that early onset depression is a risk factor for Alzheimer's disease, but that for a small subgroup there appears to be a link with vascular dementia. Several plausible explanations for this link, such as lifestyle factors, require further investigation. Institution
Academic Department for Old Age Psychiatry, Prince of Wales Hospital, School of Psychiatry, University of New South Wales, Randwick, Australia.

35. Wijeratne C. Brodaty H. Hickie I. The neglect of somatoform disorders by old age psychiatry: some explanations and suggestions for future research.[see comment]. [Review] [85 refs] [Journal Article. Review. Review, Tutorial] International Journal of Geriatric Psychiatry. 18(9):812-9, 2003 Sep.
UI: 12949849

AIM: The somatoform disorders have long been ignored by old age psychiatry. The main aim of this paper is to identify and examine possible reasons for this neglect. METHOD: A selective review of the general literature on somatoform disorders. RESULTS: Significant conceptual, diagnostic and classificatory problems have impeded the consideration of somatoform disorders in older people. There is a perception that somatoform disorders are infrequent and have not been validated as independent clinical disorders. However, we present evidence that the more broadly defined somatoform disorders are common in all age groups in primary care and meet criteria for the determination of clinical validity. General difficulties in the assessment of psychiatric

disorders in primary care, the setting in which somatoform disorders are most common, are compounded by a lack of support from old age psychiatry services. Effective psychological therapies may not be readily available to sufferers. CONCLUSION: There is a need for change in the conceptualisation and nosology of the somatoform disorders. The formulation of age appropriate diagnostic criteria and presentations is a prerequisite for determining the clinical validity of these disorders in older people. This can be followed by study of their frequency, associated risk factors and treatment. A system of education that enhances the management of these disorders within primary care and old age psychiatry services is needed. Copyright 2003 John Wiley & Sons, Ltd. [References: 85]Institution

St George Hospital, NSW, Australia. wijeratnec@sesahs.nsw.gov.au
Comments
Comment in: Int J Geriatr Psychiatry. 2004 May;19(5):497; PMID: 15156554

36. Brodaty H. Sachdev P. Koschera A. Monk D. Cullen B. Long-term outcome of late-onset schizophrenia: 5-year follow-up study. [Journal Article] British Journal of Psychiatry. 183:213-9, 2003 Sep.
UI: 12948993

BACKGROUND: There is controversy about whether late-onset schizophrenia is a precursor of cognitive decline. AIMS: To examine the long-term outcome of a group of patients with late-onset schizophrenia. METHOD: Patients with onset of DSM-III-R schizophrenia at age 50 years or over, but without dementia, and a healthy control group were assessed at baseline (n=27 and n=34, respectively), after 1 year and after 5 years (n=19 and n=24, respectively) on measures of psychopathology, cognition and general functioning, and compared on rates of decline and incidence of dementia. RESULTS: Nine patients with late-onset schizophrenia and none of the control group were found to have dementia (5 Alzheimer type, 1 vascular, 3 dementia of unknown type) at 5-year follow-up. There appeared to be a subgroup of late-onset schizophrenia patients without signs of dementia at baseline or at 1 year follow-up who subsequently declined. CONCLUSIONS: Late-onset schizophrenia may be a prodrome of Alzheimer-type dementia. More longitudinal studies are required to determine its nosological status.Institution

School of Psychiatry, University of New South Wales, Sydney, Australia.
hbrodaty@unsw.edu.au

37. Draper B. Training in old age psychiatry.[comment]. [Comment. Editorial] International Journal of Geriatric Psychiatry. 18(8):683-5, 2003 Aug.
UI: 12891634 Comments
Comment on: Int J Geriatr Psychiatry. 2003 Aug;18(8):686-93; PMID: 12891635,
Comment on: Int J Geriatr Psychiatry. 2003 Aug;18(8):694-9; PMID: 12891636

38. Brodaty H. Green A. Koschera A. Meta-analysis of psychosocial interventions for caregivers of people with dementia. [Journal Article. Meta-Analysis] Journal of the American Geriatrics Society. 51(5):657-64, 2003 May.

UI: 12752841

OBJECTIVES: To review published reports of interventions for caregivers (CGs) of persons with dementia, excluding respite care, and provide recommendations to clinicians. **DESIGN:** Meta-analytical review. Electronic databases and key articles were searched for controlled trials, preferably randomized, published in English from 1985 to 2001 inclusive. Thirty studies were located and scored according to set criteria, and the interventions' research quality and clinical significance were judged. **SETTING:** Home or noninstitutional environment. **PARTICIPANTS:** Informal CGs-persons providing unpaid care at home or in a noninstitutional setting. **MEASUREMENTS:** The primary measures were psychological morbidity and burden. Other varied outcome measures such as CG coping skills and social support were combined with measures of psychological distress and burden to form a main outcome measure. **RESULTS:** The quality of research increased over the 17 years. Results from 30 studies (34 interventions) indicated, at most-current follow-up, significant benefits in caregiver psychological distress (random effect size (ES) = 0.31; 95% confidence interval (CI) = 0.13-0.50), caregiver knowledge (ES = 0.51; CI = 0.05-0.98), any main caregiver outcome measure (ES = 0.32; CI = 0.15-0.48), and patient mood (ES = 0.68; CI = 0.30-1.06), but not caregiver burden (ES = 0.09; CI = -0.09-0.26). There was considerable variability in outcome, partly because of differences in methodology and intervention technique. Elements of successful interventions could be identified. Success was more likely if, in addition to CGs, patients were involved. Four of seven studies indicated delayed nursing home admission. **CONCLUSION:** Some CG interventions can reduce CG psychological morbidity and help people with dementia stay at home longer. Programs that involve the patients and their families and are more intensive and modified to CGs' needs may be more successful. Future research should try to improve clinicians' abilities to prescribe interventions. Institution School of Psychiatry, University of New South Wales, Sydney, Australia. h.brodaty@unsw.edu.au

39. Brodaty H. Low LF. Aggression in the elderly. [Review] [116 refs] [Journal Article. Review] Journal of Clinical Psychiatry. 64 Suppl 4:36-43, 2003.

UI: 12672263

Aggression is a common behavioral symptom of dementia. Aggression is associated with frontotemporal dementia, greater dementia severity, cognitive decline, and other behavioral and psychological disturbances. It is influenced by the environment and has been correlated with neuropathologic changes and certain polymorphisms. Aggression in dementia patients results in higher psychotropic use and distress to family caregivers and nursing home staff; it is predictive of institutionalization. There is empirical evidence for the efficacy of pharmacotherapy and more limited evidence for psychosocial interventions in the successful management of aggression in persons with dementia.

Management of aggression should include comprehensive assessment of medical, psychological, and environmental variables. [References: 116]Institution School of Psychiatry, University of New South Wales, Prince of Wales Hospital Sydney, Australia.

40. Brodaty H. Berle D. Hickie I. Mason C. Perceptions of outcome from electroconvulsive therapy by depressed patients and psychiatrists. [Journal Article] Australian & New Zealand Journal of Psychiatry. 37(2):196-9, 2003 Apr. UI: 12656959

OBJECTIVE: To determine (i) patients' expectations before and attitudes after a course of electroconvulsive therapy (ECT); (ii) the concordance between the perceptions of patients and their psychiatrists; and (iii) whether patients and psychiatrists are accurate in predicting a positive outcome with ECT. **METHOD:** Eighty-one inpatients (mean 67.2 years, median 70 years) with major depression were assessed before and after receiving a course of ECT. On both occasions, patients were administered the Hamilton Rating Scale for Depression (HRSD) and the Global Assessment of Functioning Scale (GAF). Patients and two research psychiatrists rated their expectancy of treatment outcome before ECT and their impression of outcome after ECT was completed. **RESULTS:** Both HRSD and GAF scores improved with treatment. Before treatment, 39.7% of patients believed ECT would improve their condition. Following treatment, 68.8% of patients thought their condition had improved as a result of ECT. There was only slight agreement between patients' and psychiatrists' expectations before and ratings of efficacy after treatment. The psychiatrists', but not the patients', pretreatment expectations of ECT efficacy were significantly associated with improvement in depression as measured by the effect size change in HRSD score from pre- to post-ECT. **CONCLUSIONS:** Patients were poor judges of ECT outcome and, in this sample, less positive than previous reports had suggested. Psychiatrists' expectations however, were generally accurate indicating good clinical selection. Institution School of Psychiatry, University of New South Wales, and Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Randwick, New South Wales 2031, Australia. h.brodaty@unsw.edu.au

41. Brodaty H. Ames D. Snowdon J. Woodward M. Kirwan J. Clarnette R. Lee E. Lyons B. Grossman F. A randomized placebo-controlled trial of risperidone for the treatment of aggression, agitation, and psychosis of dementia. [Clinical Trial. Journal Article. Multicenter Study. Randomized Controlled Trial] Journal of Clinical Psychiatry. 64(2):134-43, 2003 Feb. UI: 12633121

BACKGROUND: This randomized, double-blind, placebo-controlled trial examined the efficacy and safety of risperidone in the treatment of aggression, agitation, and psychosis in elderly nursing-home patients with dementia. **METHOD:** Elderly patients with a DSM-IV diagnosis of dementia of the Alzheimer's type, vascular dementia, or a combination of

the 2 (i.e., mixed dementia) and significant aggressive behaviors were randomized to receive, for a period of 12 weeks, a flexible dose of either placebo or risperidone solution up to a maximum of 2 mg/day. Outcome measures were the Cohen-Mansfield Agitation Inventory (CMAI), the Behavioral Pathology in Alzheimer's Disease (BEHAVE-AD) rating scale, and the Clinical Global Impression of Severity (CGI-S) and of Change (CGI-C) scales. RESULTS: A total of 345 patients were randomized to treatment with risperidone or placebo, and 337 patients received at least one dose of study drug. The trial was completed by 67% of patients in the placebo group and 73% of patients in the risperidone group. The mean +/- SE dose of risperidone was 0.95 +/- 0.03 mg/day. The primary endpoint of the study, the difference from baseline to endpoint in CMAI total aggression score, showed a significant reduction in aggressive behavior for risperidone versus placebo (p < 0.05). CONCLUSION: Treatment with low-dose (mean = 0.95 mg/day) risperidone resulted in significant improvement in aggression, agitation, and psychosis associated with dementia.

Institution
Academic Department for Old Age Psychiatry, School of Psychiatry, University of New South Wales, Sydney, Australia. h.brodaty@unsw.edu.au

42. Stanford PM. Shepherd CE. Halliday GM. Brooks WS. Schofield PW. Brodaty H. Martins RN. Kwok JB. Schofield PR. Mutations in the tau gene that cause an increase in three repeat tau and frontotemporal dementia. [Journal Article] *Brain*. 126(Pt 4):814-26, 2003 Apr.

UI: 12615641

The majority of cases with frontotemporal dementia (FTD) have no tau deposition in the brain, yet mutations in the tau gene lead to a similar clinical phenotype with insoluble tau depositing in neuropathological lesions. We report two tau gene mutations at positions +19 and +29, in the intronic sequences immediately following the stem loop structure in exon 10, which segregate with FTD. Exon-trapping experiments showed that these gene mutations alter the splicing out of exon 10 and produce an increase in tau isoforms with three microtubule binding domains (three repeat tau). Mutagenesis experiments demonstrated that the +19 mutation was responsible for the increase in three repeat tau, possibly by altering an intron silencer modulator sequence element found at this region of the gene. Microtubule binding experiments revealed a significant decrease in microtubule assembly with increasing amounts of three and decreasing amounts of four repeat tau. Brain autopsy was available in one case. Analysis of the type of soluble tau isoforms revealed an increase in three repeat tau and an absence of tau isoforms with exon 3 inserts. No insoluble tau was isolated in the tissue fractions, consistent with the absence of tau-positive histopathology. There was also an increase in tau degradation products suggestive of increased proteolysis. This increase in tau breakdown products was associated with TUNEL- and activated caspase-3-positive neurons identified histologically. These studies show that increases in soluble three repeat tau can be responsible for FTD in cases with tau gene mutations in the intronic region immediately adjacent to the stem loop in exon 10. These cases of FTD have tau isoforms (without exon 3 inserts) that do not form abnormal aggregates and appear more prone to proteolysis. The increase in tau proteolysis was associated with increased evidence of

apoptosis. This mechanism of neurodegeneration may be more applicable to the majority of FTD cases, which do not accumulate insoluble tau deposits. Institution
Garvan Institute of Medical Research, Sydney, NSW, Australia.

43. Brodaty H. Draper BM. Low LF. Behavioural and psychological symptoms of dementia: a seven-tiered model of service delivery. [Journal Article] Medical Journal of Australia. 178(5):231-4, 2003 Mar 3.
UI: 12603188

People with dementia usually experience behavioural and psychological symptoms of dementia (BPSD) during the course of their illness. Currently, in Australia, there is a lack of comprehensive planning for managing and preventing BPSD, and the resources required for optimal care are inadequate and unevenly distributed. We propose a seven-tiered model of service delivery based on severity and prevalence of BPSD, ranging from no dementia through tiers of increasingly severe behavioural disturbance to the propensity for extreme violence in a small number of individuals. Each tier is associated with a different model of intervention. People with dementia may move up or down between tiers depending on their condition, their care and the intervention provided. Lower-level interventions may prevent the need for the more intensive interventions needed when disturbance becomes more severe. Institution
Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Avoca Street, Randwick, NSW 2031, Australia. h.brodaty@unsw.edu.au

44. Joffe C. Brodaty H. Luscombe G. Ehrlich F. The Sydney Holocaust study: posttraumatic stress disorder and other psychosocial morbidity in an aged community sample. [Journal Article] Journal of Traumatic Stress. 16(1):39-47, 2003 Feb.
UI: 12602651

We investigated the psychological status and social functioning of Holocaust survivors. From 814 responses to a community survey of Jewish elders (aged 60 years or older), survivors (n = 100), refugees who had not experienced the Holocaust (n = 50), and Australian/English-born persons (n = 50), were randomly selected for semistructured interview, which included Posttraumatic Stress Disorder (PTSD) assessment, ratings on the General Health Questionnaire, Brief Psychiatric Rating Scale, Impact of Event Scale, Mini-Mental Status Examination, and Instrumental Activities of Daily Living and Social Functioning. On all psychological measures, survivors were functioning worse than refugees and Australian/English-born persons. The 3 groups were similar in social and instrumental functioning. The more severe the trauma the greater the level of psychological morbidity. Despite normal social and daily functioning, psychological morbidity following massive trauma endures. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia.

45. Brodaty H. Draper BM. Millar J. Low LF. Lie D. Sharah S. Paton H. Randomized controlled trial of different models of care for nursing home residents with dementia complicated by depression or psychosis. [Clinical Trial. Journal Article. Randomized Controlled Trial] *Journal of Clinical Psychiatry*. 64(1):63-72, 2003 Jan. UI: 12590626

OBJECTIVE: To compare the outcomes of 3 interventions for the management of dementia complicated by depression or psychosis: psychogeriatric case management, general practitioners with specialist psychogeriatric consultation, and standard care for nursing home residents. **METHOD:** The sample for this 12-week randomized controlled trial consisted of 86 subjects with dementia from 11 Sydney, Australia, nursing homes, of whom 34 had depression, 33 had depression and psychosis, and 19 had psychosis. All participants received full psychiatric assessments and physical examinations. Information was obtained from the residents' families and nursing home staff. Depression measures included the Even Briefer Assessment Scale for Depression, Hamilton Rating Scale for Depression, Cornell Scale for Depression in Dementia, and Geriatric Depression Scale. Psychosis measures included the Behavioral Pathology in Alzheimer's Disease Rating Scale, Neuropsychiatric Inventory, and Scale for the Assessment of Positive Symptoms. Data were obtained from nursing home records on prescription of psychotropic medication and demographic information. Management plans were formulated by a multidisciplinary team before random assignment to interventions. **RESULTS:** All 3 groups improved from pretreatment to posttreatment on depression scales for depression groups and psychosis scales for psychosis groups. Mode of management appeared to make no difference in rate or amount of improvement; neither of the treatment group-by-time interactions were significant. Neither use of antidepressants nor use of antipsychotics predicted depression or psychosis outcomes. **CONCLUSION:** Participation in the study was associated with improvement in depression and psychosis, perhaps because of the presence of a psychogeriatric team, the increased attention focused on residents, or the generalization of active intervention techniques to control subjects. A formula-driven psychogeriatric team case management approach was not significantly more effective than a consultative approach or standard care. This study demonstrates the difficulties and feasibility of conducting service-oriented research in nursing homes.

Institution
School of Psychiatry, University of New South Wales and the Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Sydney, Australia.

46. Sachdev PS. Valenzuela MJ. Brodaty H. Wang XL. Looi J. Lorentz L. Howard L. Jones M. Zagami AS. Gillies D. Wilcken DE. Homocysteine as a risk factor for cognitive impairment in stroke patients. [Journal Article] *Dementia & Geriatric Cognitive Disorders*. 15(3):155-62, 2003. UI: 12584431

BACKGROUND: Elevated total homocysteine (tHcy) levels are associated with an increased risk of cerebrovascular disease. It is uncertain whether tHcy is also an independent risk factor for cognitive impairment. **METHODS:** We examined 95 stroke

subjects 3 months after their strokes, and 55 healthy comparison subjects, with a detailed neuropsychological assessment, and MRI brain scans in a proportion (n = 97). Baseline measurements of tHcy, serum folate and B(12), creatinine and plasma fibrinogen levels were obtained. RESULTS: tHcy levels were higher in the stroke subjects by a mean 34%. These levels were significantly correlated with the first factor of a principal component analysis of the neuropsychological data, after controlling for age, folate, B(12) and creatinine levels. The correlation of Hcy levels was particularly significant with frontal-executive functioning and attention. tHcy levels were significantly correlated with number of infarcts and total stroke volume in the stroke group, but not with T(2)-weighted deep white matter hyperintensity scores, after correction for age. In the control group, tHcy levels were significantly correlated with ventricle-to-brain ratios as measures of brain atrophy. CONCLUSION: This study provides evidence that high tHcy levels are associated with cognitive impairment, in particular that of frontal-executive function. The major component of this association is accounted for by small and large strokes, but non-vascular neurotoxic effects of tHcy also appear to play a role. tHcy must receive greater attention as a risk factor for cognitive impairment. Copyright 2003 S. Karger AG, Basel Institution
School of Psychiatry, University of New South Wales, Prince of Wales Hospital, Sydney, Australia. p.sachdev@unsw.edu.au

47. Brodaty H. Green A. Defining the role of the caregiver in Alzheimer's disease treatment. [Journal Article] *Drugs & Aging*. 19(12):891-8, 2002.
UI: 12495365

The day-to-day responsibility of caring for a person with dementia often exacts a toll upon the caregiver, which may be manifested psychologically, physically, socially and financially. The last decade has witnessed the advent of drug availability for the treatment of Alzheimer's disease, specifically the cholinesterase inhibitors. Caregivers are integral to the initiation, administration and monitoring of treatment. In particular, they provide substitute informed consent when patients are no longer competent to do so. While there is evidence that cholinesterase inhibitors may reduce caregiver burden and time spent assisting patients, there are also burdens associated with being the person responsible for administering medication. Caregivers are key to research into the use of medications for Alzheimer's disease. They have roles in recruitment and consent and monitoring response and adverse effects. Increasingly, caregivers themselves are recognised as legitimate targets for evaluating the efficacy of new pharmacological agents for Alzheimer's disease (as benefits have been demonstrated for them). Caregivers have responsibilities regarding the drug treatment of patients with Alzheimer's disease, and require information about the medications so that they can have realistic expectations. Doctors need to work in partnership with caregivers and patients when prescribing drugs for Alzheimer's disease. Institution
Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Randwick, New South Wales, Australia.

48. Brodaty H. Green A. Who cares for the carer? The often forgotten patient. [Review] [35 refs] [Journal Article. Review. Review, Tutorial] Australian Family Physician. 31(9):833-6, 2002 Sep.
UI: 12402702

BACKGROUND: Dementia not only affects the patient but also those nearest the patient most notably the carer. It is known that caring for a patient with dementia can adversely affect one's psychological, physical, social and financial health. **OBJECTIVE:** To highlight the needs of the carer of a patient with dementia and suggest means by which general practitioners may provide the necessary support for these carers. **DISCUSSION:** The GP has a key role in providing support to the carer of the patient with dementia. General practitioners and carers can work as partners in the long term management of dementia thereby reducing the adverse health effects on the carer. [References: 35]Institution

Academic Department for Old Age Psychiatry, Prince of Wales Hospital, School of Psychiatry, University of New South Wales. h.brodaty@unsw.edu.au

49. Yan YL. Miller CT. Nissen RM. Singer A. Liu D. Kirn A. Draper B. Willoughby J. Morcos PA. Amsterdam A. Chung BC. Westerfield M. Haffter P. Hopkins N. Kimmel C. Postlethwait JH. A zebrafish *sox9* gene required for cartilage morphogenesis.[erratum appears in Development 2002 Dec;129(23):5551 Note: Nissen Robert [corrected to Nissen Robert M]]. [Journal Article] Development. 129(21):5065-79, 2002 Nov.
UI: 12397114

The molecular genetic mechanisms of cartilage construction are incompletely understood. Zebrafish embryos homozygous for jellyfish (*jef*) mutations show craniofacial defects and lack cartilage elements of the neurocranium, pharyngeal arches, and pectoral girdle similar to humans with campomelic dysplasia. We show that two alleles of *jef* contain mutations in *sox9a*, one of two zebrafish orthologs of the human transcription factor SOX9. A mutation induced by ethyl nitrosourea changed a conserved nucleotide at a splice junction and severely reduced splicing of *sox9a* transcript. A retrovirus insertion into *sox9a* disrupted its DNA-binding domain. Inhibiting splicing of the *sox9a* transcript in wild-type embryos with splice site-directed morpholino antisense oligonucleotides produced a phenotype like *jef* mutant larvae, and caused *sox9a* transcript to accumulate in the nucleus; this accumulation can serve as an assay for the efficacy of a morpholino independent of phenotype. RNase-protection assays showed that in morpholino-injected animals, the percent of splicing inhibition decreased from 80% at 28 hours post fertilization to 45% by 4 days. Homozygous mutant embryos had greatly reduced quantities of *col2a1* message, the major collagen of cartilage. Analysis of *dlx2* expression showed that neural crest specification and migration was normal in *jef* (*sox9a*) embryos. Confocal images of living embryos stained with BODIPY-ceramide revealed at single-cell resolution the formation of precartilage condensations in mutant embryos. Besides the lack of overt cartilage differentiation, pharyngeal arch condensations in *jef* (*sox9a*) mutants lacked three specific morphogenetic behaviors: the stacking of chondrocytes into

orderly arrays, the individuation of pharyngeal cartilage organs and the proper shaping of individual cartilages. Despite the severe reduction of cartilages, analysis of titin expression showed normal muscle patterning in *jef* (*sox9a*) mutants. Likewise, calcein labeling revealed that early bone formation was largely unaffected in *jef* (*sox9a*) mutants. These studies show that *jef* (*sox9a*) is essential for both morphogenesis of condensations and overt cartilage differentiation. Institution
Institute of Neuroscience, University of Oregon, Eugene 97403, USA.

50. Kemp NM. Brodaty H. Pond D. Luscombe G. Diagnosing dementia in primary care: the accuracy of informant reports. [Journal Article] *Alzheimer Disease & Associated Disorders*. 16(3):171-6, 2002 Jul-Sep.
UI: 12218648

In the diagnosis of dementia, information obtained from informants or proxies is important; however, little is known about the circumstances under which informants' reports lack accuracy. This study compares informant reports of cognitive status against psychometric tests to identify the degree of, and factors associated with, discrepant reporting. Four areas of patient cognitive ability were examined: memory of recent events, ability to remember a short list of items after a delay, language/naming abilities, and working memory. Primary care practitioners recruited 248 community-dwelling patients aged 75 years or more or aged 50-74 years with suspected memory complaints; 248 friends or relatives acted as informants. More than half of the informants (60%) gave responses consistent with psychometric testing. Informants who underreported patient difficulties tended to report on patients who were diagnosed as having subclinical dementia, were less educated, and had poorer remote memory. Informants who overreported difficulties were more likely to report on those diagnosed with dementia. While informant accounts are critical for the assessment of dementia, we found that in 40% of cases these reports may be inaccurate, particularly when the patient has low education and poor remote memory or when overall cognitive difficulties are mild. Institution
Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Sydney, Australia.

51. Low LF. Brodaty H. Draper B. A study of premorbid personality and behavioural and psychological symptoms of dementia in nursing home residents. [Journal Article] *International Journal of Geriatric Psychiatry*. 17(8):779-83, 2002 Aug.
UI: 12211130

OBJECTIVE: to investigate the relationship between pre-morbid personality and behavioural and psychological symptoms of dementia (BPSD). **METHODS:** we studied 58 subjects with dementia and depression and/or psychosis residing in 11 Sydney nursing homes cross-sectionally. Informal caregivers completed ratings of residents' pre-morbid personality on the NEP Five-Factor Inventory (NEO-FFI). Information on BPSD was obtained using the BEHAVE-AD. **RESULTS:** higher neuroticism was predictive of

delusions; higher agreeableness of hallucinations, aggressiveness, affective disturbance and overall behavioural disturbance; and higher openness of affective disorder.
CONCLUSION: our findings are inconsistent with previous research and clinical experience. Prospective studies are needed to clarify the association between personality and behavioural disturbance in dementia. Copyright 2002 John Wiley & Sons, Ltd.Institution
Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Randwick, NSW, Australia.

52. Draper B. Brodaty H. Low LF. Types of nursing home residents with self-destructive behaviours: analysis of the Harmful Behaviours Scale. [Journal Article. Multicenter Study] International Journal of Geriatric Psychiatry. 17(7):670-5, 2002 Jul. UI: 12112166

OBJECTIVE: To investigate the types of self-destructive behaviours identified by the Harmful Behaviours Scale (HBS) and the variables associated with them. METHOD: A cross sectional survey involving 647 residents in 11 nursing homes in the eastern suburbs of Sydney, Australia. The following instruments were used: Harmful Behaviours Scale (HBS); Behavioural Pathology in Alzheimer's Disease Rating Scale; Functional Assessment Staging Scale; Resident Classification Index; Health of the Nation Outcome Scale; Even Briefer Assessment Scales for Depression; Abbreviated Mental Test Scale; and the suicide item from the Structured Hamilton Depression Rating Scale. Diagnosis of dementia was obtained from nursing home records. RESULTS: Latent class analysis of the HBS identified four groups of residents, described as 'aggressive resistant' (34.9%), 'food refusal' (26.8%), 'behaviourally disturbed' (5.4%) and a 'non-symptomatic' group (33.0%) with little self-destructive behaviour. The behaviourally disturbed group engages in a widespread combination of direct and indirect self-destructive behaviours and displays other behavioural and psychological symptoms of dementia. In contrast, the food refusal group whose only behavioural symptom was refusal to eat and drink had the most cognitive impairment and did not show higher levels depression or suicidal ideation. CONCLUSIONS: We have found three groups of residents with self-destructive behaviours and each group is associated with a different pattern of variables. Copyright 2002 John Wiley & Sons, Ltd.Institution
Schools of Psychiatry and Public Health and Community Medicine, University of New South Wales, Australia. b.draper@unsw.edu.au

53. Sachdev PS. Valenzuela M. Wang XL. Looi JC. Brodaty H. Relationship between plasma homocysteine levels and brain atrophy in healthy elderly individuals.[see comment]. [Journal Article] Neurology. 58(10):1539-41, 2002 May 28. UI: 12034795

The authors examined the association of total plasma homocysteine (Hcy) levels with measures of atrophy and white matter disease on MRI scans in 36 healthy elderly individuals. Hcy had a significant positive relationship with lateral ventricle-brain ratios

in the anterior ($r = 0.49$) and middle ($r = 0.43$) ventricular regions as measures of central atrophy, but not with cortical atrophy or white matter hyperintensities. In a logistic regression analysis, elevated Hcy was a significant determinant of increased anterior ventricle-brain ratio ($> \text{ or } = 0.34$) after controlling for age, folate, B12, creatinine, and white matter disease (OR = 2.3; CI, 1.03-5.09). Institution
School of Psychiatry, University of New South Wales, Australia.
p.sachdev@unsw.edu.au
Comments
Comment in: Neurology. 2002 May 28;58(10):1449-50; PMID: 12034777, Comment in: Neurology. 2003 Apr 8;60(7):1220; author reply 1220; PMID: 12682348

54. Draper B. Brodaty H. Low LF. Richards V. Paton H. Lie D. Self-destructive behaviors in nursing home residents. [Journal Article. Multicenter Study] Journal of the American Geriatrics Society. 50(2):354-8, 2002 Feb.
UI: 12028220

OBJECTIVES: To validate the Harmful Behaviors Scale (HBS) as a measure of direct and indirect self-destructive behaviors in nursing home residents and to determine the prevalence of self-destructive behaviors and their relationship to other variables. DESIGN: A cross-sectional study. SETTING: Eleven nursing homes in the eastern suburbs of Sydney, Australia. PARTICIPANTS: Six hundred ten nursing home residents aged 65 and older. MEASUREMENTS: Instruments used were the HBS, Behavioral Pathology in Alzheimer's Disease Rating Scale (BEHAVE-AD), Functional Assessment Staging Scale (FAST), Even Briefer Assessment Scale for Depression (EBAS-Dep), and the suicide item from the structured Hamilton Depression Rating Scale. Data on diagnoses of dementia, depression, or psychotic disorder; prescription of psychotropic medication; and demographics were obtained from nursing home records. RESULTS: On the HBS, indirect harmful behaviors occurred at least weekly in 61% of subjects, and direct harmful behaviors occurred in 14% of subjects. The HBS total score was significantly positively correlated with the BEHAVE-AD score (Pearson's $r=0.679$, P CONCLUSIONS: Self-destructive behaviors are common in nursing home residents and are mostly related to dementia. There was little evidence of a relationship between depression and self-destructive behaviors. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia.
b.draper@unsw.edu.au

55. Brodaty H. Pond D. Kemp NM. Luscombe G. Harding L. Berman K. Huppert FA. The GPCOG: a new screening test for dementia designed for general practice. [Journal Article. Validation Studies] Journal of the American Geriatrics Society. 50(3):530-4, 2002 Mar.
UI: 11943052

OBJECTIVES: To design and test a brief, efficient dementia-screening instrument for use by general practitioners (GPs). DESIGN: The General Practitioner Assessment of Cognition (GPCOG) consists of cognitive test items and historical questions asked of an

informant. The validity of the measure was assessed by comparison with the criterion standard of diagnoses of dementia derived from the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition). SETTING: Primary care doctors' offices. PARTICIPANTS: Sixty-seven GPs administered the GPCOG to 283 community-dwelling patients aged 50 to 74 with memory complaints or aged 75 and older. MEASUREMENTS: The Cambridge Mental Disorder of the Elderly Examination, the Abbreviated Mental Test (AMT), the Mini-Mental State Examination (MMSE), the 15-item Geriatric Depression Scale, and the 12-item Short-Form Health Survey. RESULTS: The GPCOG was reliable and superior to the AMT (and possibly to the MMSE) in detecting dementia. The two-stage method of administering the GPCOG (cognitive testing followed by informant questions if necessary) had a sensitivity of 0.85, a specificity of 0.86, a misclassification rate of 14%, and positive predictive value of 71.4%. Patient interviews took less than 4 minutes to administer and informant interviews less than 2 minutes. The instrument was reported by GPs to be practical to administer and was acceptable to patients. CONCLUSION: The GPCOG is a valid, efficient, well-accepted instrument for dementia screening in primary care. Institution School of Psychiatry, University of New South Wales, Sydney, Australia. h.brodaty@unsw.edu.au

56. Mitchell PB. Brodaty H. Copolov DL. Psychiatry. [Journal Article] Medical Journal of Australia. 176(1):35, 2002 Jan 7.
UI: 11840937 Institution
School of Psychiatry, University of New South Wales, Sydney.
phil.mitchell@unsw.edu.au

57. Brodaty H. Mitchell P. Luscombe G. Kwok JJ. Badenhop RF. McKenzie R. Schofield PR. Familial idiopathic basal ganglia calcification (Fahr's disease) without neurological, cognitive and psychiatric symptoms is not linked to the IBGC1 locus on chromosome 14q. [Journal Article] Human Genetics. 110(1):8-14, 2002 Jan.
UI: 11810290

Idiopathic basal ganglia calcification (IBGC) is characterised by radiological, neurological, cognitive and psychiatric abnormalities. The associations between these abnormal phenotypes and abnormal genes remain unclear despite the recent mapping to chromosome 14q of a susceptibility locus for IBGC (IBGC1). We identified two siblings, from a large multigenerational pedigree, who had both been diagnosed with radiological IBGC, dementia, bipolar affective disorder and Parkinsonism. We assessed (1) other family members to determine whether these four phenotypes were co-segregating as symptoms of IBGC, and (2) possible IBGC linkage to the IBGC1 locus on chromosome 14q or to any known or potential dementia genes. Nine second-generation and 21 third-generation members received radiological, neurological, neuropsychological and psychiatric assessments. We genotyped all family members for microsatellite markers at the IBGC1 locus and polymorphisms of the ApoE, VLDL, alpha1-ACT, BChE-K, APP, PS1, PS2 and tau genes and tested these for linkage to IBGC, dementia

and bipolar disorder. Of the ten family members with radiological intracranial calcification, all except the two index cases were normal. There was no significant association between IBGC status and severe cognitive impairment or dementia ($P=0.335$) or bipolar affective disorder or Parkinsonism ($P=1.0$). Linkage to the IBGC1 locus was excluded. Of the eight dementia gene markers tested, the only positive LOD score was for the ApoE epsilon4 polymorphism and dementia/severe cognitive impairment. We have identified a form of IBGC in which calcification is inherited independently of neurological, cognitive and psychiatric symptoms. This may represent a second locus for this disorder. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia,
h.brody@unsw.edu.au

58. Tan LL. Ng LL. Tan S. Roy K. Brodaty H. Parker G. Depression in Singapore: failure to demonstrate an age effect on clinical features. [Journal Article] International Journal of Geriatric Psychiatry. 16(11):1054-60, 2001 Nov.
UI: 11746651

OBJECTIVES: Studies comparing older and younger depressed patients have variably identified differing and similar clinical feature patterns, an inconsistency requiring clarification and explanation. If influential, age may have a true phenotypic effect or be a secondary influence reflecting depressive sub-type differences. If age is primarily influential, then, after controlling for depressive sub-type differences its effect should impact on clinical features - even in non-western regions. **METHODS:** We therefore undertook a study in Singapore, comparing 42 elderly and 28 younger patients of a Singapore psychiatric hospital, and with the diagnostic sub-type profile similar across the age-based groups. **RESULTS:** Despite the elderly group being some 35 years older, both at first episode and when surveyed, and having a distinctly higher rate of physical disorders, few clinical differences were identified. While the elderly group reported a less severe depressed mood and more 'somatic' symptoms, analyses indicated that such differences were accounted for by education and language factors, and were compatible with the view that Chinese subjects historically report depression more 'somatically'. **CONCLUSION:** We conclude that, in a non-western, largely Chinese sample of depressed patients, few differences in the phenotypic expression of depression were identified, perhaps reflecting similar distributions of depressive sub-types across the groups, an issue which may have muddied interpretation of western studies. Copyright 2001 John Wiley & Sons, Ltd. Institution
Institute of Mental Health, Singapore.

59. Brodaty H. Luscombe G. Peisah C. Anstey K. Andrews G. A 25-year longitudinal, comparison study of the outcome of depression. [Journal Article] Psychological Medicine. 31(8):1347-59, 2001 Nov.
UI: 11722150

BACKGROUND: There is still a relative paucity of information about the long-term course of depression. **METHODS:** Consecutive patients admitted to a teaching hospital psychiatry unit with symptoms of depression, previously assessed at 6 months and 2, 5 and 15 years after index admission, were reviewed at 25 years (N = 49, including eight informants of deceased probands, of an original 145 with major depression (DEPs)). Prospective psychiatric (N = 22) and retrospective surgical (N = 50) control groups assessed after 25 years were used for comparison. **RESULTS:** A further decade of follow-up confirmed the chronicity of depression. Of depressed patients (DEPs) followed for the full 25-year-period only 12% of the 49 original DEPs recovered and remained continuously well, 84% experienced recurrences, 2% experienced an unremitting course and another 2% died by suicide. Note that in the first 15-year-period 6% (9/145 DEPs) committed suicide, a further 38 died and 32 were lost to follow-up. They experienced an average of three episodes of depression over the 25 years. In the decade since the 15-year follow-up, 27% improved in clinical outcome (including four of five previously chronically depressed patients), 55% remained unchanged and 18% worsened; and the number of episodes per year declined. Patients initially diagnosed with neurotic or endogenous depression had similar long-term outcomes. The criteria for a current DSM-III-R disorder were met by 37% of DEPs, including 11% with depression or dysthymia. On the global assessment of functioning scale 78% of the DEPs had some impairment compared to 62% of psychiatric controls and 40% of surgical controls. **CONCLUSION:** Even after 25 years, severe depressive disorders appear to have poor long-term outcomes. Patients with chronic outcomes over 15 years can improve when followed over longer periods.

Institution
School of Psychiatry, University of New South Wales, Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Sydney, Australia.

60. Brodaty H. Berle D. Hickie I. Mason C. "Side effects" of ECT are mainly depressive phenomena and are independent of age. [Journal Article] *Journal of Affective Disorders*. 66(2-3):237-45, 2001 Oct.

UI: 11578677

BACKGROUND: The aetiology of reported side effects of electroconvulsive therapy (ECT) is unclear. We examined the interaction of depression and age on adverse neuropsychological and putative side effects of ECT. **METHOD:** Inpatients (N=81; median age 70 years) with major depression were assessed prospectively pre-ECT, immediately post-ECT and 1-3 years later. Patients were administered the Hamilton Rating Scale for Depression (HRSD), the Global Assessment of Functioning scale (GAF) and neuropsychological tests from the Wechsler Memory Scale. Side effects and total burden scores were rated pre- and post-treatment. **RESULTS:** HRSD and GAF scores improved with treatment after ECT, but the prevalence and total burden of side effects were unchanged. Side effect burden was related to depression level before and after ECT. Improvement in depression correlated with reduction in side effect burden. There was a significant decline in side effect burden after controlling for change in depression. Patients' scores on neuropsychological measures did not appear to change after ECT or between pre-ECT and follow-up. Re-analysis, allowing for age, chronicity of depression,

medication use and development of dementia, did not alter the findings. LIMITATIONS: lack of a control group, lack of information on ECT technique, incomplete data sets and limited neuropsychological testing. CONCLUSIONS: ECT, an effective treatment for depression, does not cause significant side effects or neuropsychological impairment, which are more likely to be depressive phenomena. ECT appears to be safe for old (> or =65 years) and very old (> or =75 years) patients, who do not appear to be more susceptible to adverse effects. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia.
research.adpg@unsw.edu.au

61. Brodaty H. Luscombe G. Parker G. Wilhelm K. Hickie I. Austin MP. Mitchell P. Early and late onset depression in old age: different aetiologies, same phenomenology. [Journal Article] *Journal of Affective Disorders*. 66(2-3):225-36, 2001 Oct. UI: 11578676

BACKGROUND: Phenomenological differences between older patients with early onset (EO; onset of first major depressive episode before 60 years) and late onset (LO) depression have been inconsistent but, if real, may reflect differences in aetiology. We aimed to compare aetiological factors, phenomenology and cognitive function in older patients with depression by age of onset. METHODS: Subjects were all patients > or =60 years old (n=73) from 407 consecutive attenders to a Mood Disorders Unit, diagnosed with DSM-III-R Major Depressive Episode, at or close to the nadir of their episode. Putative risk factors were assessed by structured interview. Psychological morbidity and depressive symptoms were assessed by the 21-item Hamilton Rating Scale for Depression, CORE rating of psychomotor disturbance, Newcastle Endogeneity Scale, Zung Depression Scale and General Health Questionnaire. Cognition was assessed by tests of memory, attention, executive function and motor speed. RESULTS: Personality abnormalities, a family history of psychiatric illness and dysfunctional past maternal relationships were significantly more common in EO depression. The two age of onset groups were essentially similar in terms of depressive sub-type and severity, phenomenology, history of previous episode, and in neuropsychological performance. LIMITATIONS: Use of self-report data, moderate sample size, sample not age-matched, tertiary referral patients. CONCLUSIONS: EO and LO depression are similar phenotypically, but differ aetiologically. The pursuit of mechanisms which predispose depressive episodes may be heuristically more valuable than further investigation of individual depressive features in distinguishing early from late onset depression. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia.
h.brodaty@unsw.edu.au

62. Winblad B. Brodaty H. Gauthier S. Morris JC. Orgogozo JM. Rockwood K. Schneider L. Takeda M. Tariot P. Wilkinson D. Pharmacotherapy of Alzheimer's disease: is there a need to redefine treatment success?[see comment]. [Review] [79 refs]

[Journal Article. Review. Review, Tutorial] International Journal of Geriatric Psychiatry. 16(7):653-66, 2001 Jul.
UI: 11466744

The traditional aim of Alzheimer's disease treatment in clinical trials has been to improve cognitive abilities. It has become increasingly clear, however, that other aspects are important in assessing treatment responses. A group of 10 physicians recently gathered to review the current criteria for assessing treatment success in Alzheimer's disease. While cognition has been previously viewed as the primary measure of efficacy, areas such as functional abilities, behaviour, caregiver burden, quality of life and resource utilization all need to be comprehensively assessed to fully evaluate treatment effects in patients with Alzheimer's disease, as well as their impacts on caregivers and society. Postponing or slowing decline in any of these areas may represent an important benefit and should be considered as an outcome measure in clinical trials, clinical practice and decision-making about healthcare budgets. Accepted instruments are available for assessing outcomes in each aspect of Alzheimer's disease, but they need to be selected carefully to provide valid, meaningful data. Some of the most frequently used outcome measures in Alzheimer's disease are reviewed. Using expanded criteria for treatment success and clinically relevant outcome measures, data from currently available studies show that cholinesterase inhibitors produce clinically meaningful long-term benefits in multiple domains in patients with Alzheimer's disease. Copyright 2001 John Wiley & Sons, Ltd.

[References: 79]Institution

Karolinska Institutet, Alzheimer Research Center, Huddinge University Hospital, Stockholm, Sweden. bengt.winblad@neurotec.ki.seComments

Comment in: Int J Geriatr Psychiatry. 2002 Apr;17(4):388-90; PMID: 11994895,

Comment in: Int J Geriatr Psychiatry. 2003 Jan;18(1):87-8; PMID: 12497562

63. Kearns AM. Draper B. Wipat W. Turner AJ. Wheeler J. Freeman R. Harwood J. Gould FK. Dark JH. LightCycler-based quantitative PCR for detection of cytomegalovirus in blood, urine, and respiratory samples.[comment]. [Comment. Letter] Journal of Clinical Microbiology. 39(6):2364-5, 2001 Jun.

UI: 11414242 Comments

Comment on: J Clin Microbiol. 2000 Nov;38(11):4006-9; PMID: 11060060

64. Brodaty H. Draper B. Saab D. Low LF. Richards V. Paton H. Lie D. Psychosis, depression and behavioural disturbances in Sydney nursing home residents: prevalence and predictors. [Journal Article] International Journal of Geriatric Psychiatry. 16(5):504-12, 2001 May.

UI: 11376467

BACKGROUND: There is wide variation in the rates of behavioural and psychological symptoms of dementia (BPSD) reported in nursing homes. **AIMS:** This study aimed to investigate: (1) the prevalence of BPSD in nursing home residents using the BEHAVE-AD; (2) the relationships of BPSD with (a) demographic, (b) dementia, (c) diurnal and

(d) nursing home variables; and (3) the inter-relationships between different types of BPSD, as measured by subscales of the BEHAVE-AD. RESULTS: Over 90% of residents exhibited at least one behavioural disturbance. Specifically, there was evidence of psychosis in 60%, depressed mood in 42% and activity disturbances or aggression in 82% of residents. Younger, more functionally impaired residents with a chart diagnosis of psychosis had higher BPSD rates, as did those residing in larger nursing homes. Individual BPSD were significantly intercorrelated. CONCLUSIONS: BPSD are ubiquitous in nursing home residents. Behavioural disturbances are frequently associated with psychosis and/or depression. The findings suggest the need for psychogeriatric services to nursing homes and smaller facilities. Copyright 2001 John Wiley & Sons, Ltd Institution
School of Psychiatry, University of New South Wales, Australia. h.brody@unsw.edu.au

65. Draper B. Brodaty H. Low LF. Saab D. Lie D. Richards V. Paton H. Use of psychotropics in Sydney nursing homes: associations with depression, psychosis, and behavioral disturbances. [Journal Article] *International Psychogeriatrics*. 13(1):107-20, 2001 Mar.
UI: 11352328

The purpose of this study was to determine the prevalence of psychotropic use in nursing home residents, the extent to which psychotropic dosage is consistent with published guidelines, and the relationships between psychotropic class and psychiatric and behavioral disturbances. Six hundred forty-seven subjects, mean age 82.3 years, residing in 11 nursing homes in the eastern suburbs of Sydney, Australia, were assessed using the Behavioral Pathology in Alzheimer's Disease Rating Scale (BEHAVE-AD), the Abbreviated Mental Test Scale, and the Even Briefer Assessment Scale for Depression (EBAS-DEP). Details of psychotropic prescription and diagnoses of depression, dementia, and psychosis were obtained from nursing home charts. Psychotropics were prescribed for 333 (51.5%) residents, 381 (58.9%) if "as required" (PRN) use is included. Prescription of multiple psychotropics was present in 148 (22.7%) residents. Antidepressants were prescribed for 19.8% of residents, with subtherapeutic doses less likely in residents on selective serotonin reuptake inhibitors. On logistic regression, the use of antidepressants was predicted by the affective disturbances subscale on the BEHAVE-AD. Only 30.4% of residents with significant depressive symptoms on the EBAS-DEP were prescribed antidepressants. Antipsychotics were prescribed for 21.3% residents at a mean dosage of 73 mg chlorpromazine equivalence. Residents on antipsychotics had significantly higher scores on the delusions, hallucinations, activity disturbance, and aggressiveness subscales of the BEHAVE-AD. On logistic regression, only the activity disturbance subscale and chart diagnoses of dementia and psychosis were significant predictors. Psychosis (58.8%) and behavioral disturbances (91.9%) were more prevalent in residents prescribed antipsychotics than in residents not prescribed antipsychotics (42.5% and 76.6%, respectively). High rates of behavioral and psychological symptoms of dementia remained in residents prescribed antipsychotics and high rates of depressive symptoms in residents prescribed antidepressants, suggesting a role for nonpharmacological strategies. Institution

Schools of Psychiatry and Community Medicine, University of New South Wales,
Sydney, Australia. b.draper@unsw.edu.au

66. Valenzuela MJ. Sachdev PS. Wen W. Shnier R. Brodaty H. Gillies D. Dual voxel proton magnetic resonance spectroscopy in the healthy elderly: subcortical-frontal axonal N-acetylaspartate levels are correlated with fluid cognitive abilities independent of structural brain changes. [Journal Article] *Neuroimage*. 12(6):747-56, 2000 Dec.
UI: 11112406

The published literature suggests that degeneration of the subcorticofrontal networks may underlie cognitive ageing, but appropriate methods to examine this in vivo have been lacking. Proton Magnetic Resonance Spectroscopy ((1)H-MRS) has now been used in a number of clinical studies to assess cerebral pathophysicochemistry and recently has been utilized to examine the relationship between neurochemical markers and cognitive functioning in normal individuals. Results have been somewhat conflicting and difficult to interpret. To further clarify the role of the cognitive spectroscopy technique, we measured N-acetylaspartate (NAA) levels in the frontal subcortical white matter and the occipitoparietal grey matter and correlated them with performance in different cognitive domains in a group of twenty healthy elderly individuals. Subjects underwent whole brain T(1)- and T(2)-weighted magnetic resonance imaging (MRI), dual voxel short echo-time (1)H-MRS, and a comprehensive neuropsychological assessment. Individual tests of executive and attentional abilities, and a principal components composite score reflecting these skills, but not measures of memory or verbal abilities, were correlated with NAA concentration in the frontal white matter only. These relationships were independent of other neurocognitive predictors of executive impairment such as age, midventricular dilation, frontal white matter disease, and presenescent verbal proficiency. This study suggests the ability of (1)H-MRS to differentiate anatomically distinct neurochemical markers related to specific cognitive abilities. In particular, neurometabolic fitness of the frontal subcortical-cortical axonal fibers may be important in mediating fluid intellectual processing. Longitudinal MRS studies are required to determine if the present results reflect different rates of neurocellular degeneration or preexisting individual differences in neuronal density. Copyright 2000 Academic Press. Institution

School of Psychiatry, University of New South Wales, Kensington, Sydney, NSW, 2033, Australia.

67. Draper B. Snowdon J. Meares S. Turner J. Gonski P. McMinn B. McIntosh H. Latham L. Draper D. Luscombe G. Case-controlled study of nursing home residents referred for treatment of vocally disruptive behavior. [Journal Article] *International Psychogeriatrics*. 12(3):333-44, 2000 Sep.
UI: 11081953

The aim of this study was to identify factors associated with vocally disruptive behavior (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 Behavior 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 behaviors, 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 to specific attributes of the VDB itself. Institution School of Psychiatry, University of New South Wales, Sydney, Australia. b.draper@unsw.edu.au

68. Brodaty H. Hickie I. Mason C. Prenter L. A prospective follow-up study of ECT outcome in older depressed patients. [Journal Article] Journal of Affective Disorders. 60(2):101-11, 2000 Nov. UI: 10967369

BACKGROUND: This study examined the relationship between age and outcome of electroconvulsive therapy (ECT). METHOD: This was a naturalistic, prospective follow-up of 81 consecutive in-patients with primary major depression. ECT outcome was compared for three age groups - under 65, 65-74 and 75 years and over - on the Hamilton Rating Scale for Depression (HRSD), Global Assessment of Functioning scale (GAF) and clinical outcome rating scale. Assessments were performed pre-ECT, immediately post-ECT, 1-3 years later and, for patients suspected of having dementia, 5 years later. RESULTS: At post-ECT and follow-up, improvement on HRSD and clinical outcome ratings were comparable for patients in the three age groups. Improvements on GAF were also comparable post-ECT, but not between post-ECT and follow-up. At follow-up, 35.7% of the oldest group had dementia. Importantly, patients who did and did not develop dementia were clinically indistinguishable prior to ECT. The number and severity of common adverse events were similar pre- and post-ECT and were not associated with age. CONCLUSIONS: Depressive outcome and adverse effects of ECT are largely independent of age. Older patients receiving ECT appear to have a higher risk of developing dementia, possibly underpinned by cerebrovascular disease. Institution School of Psychiatry, University of New South Wales, Sydney, Australia. h.brodaty@unsw.edu.au

69. Draper B. The effectiveness of old age psychiatry services. [Review] [119 refs] [Journal Article. Review. Review, Tutorial] International Journal of Geriatric Psychiatry. 15(8):687-703, 2000 Aug. UI: 10960881

The objective of this study was to review outcomes of acute service delivery in old age psychiatry. Sources of data included Medline, PsycINFO and Cochrane Collaboration

databases of English language papers to 1998 on service delivery evaluation in 'old age psychiatry', 'psychogeriatrics' and 'geriatric psychiatry', supplemented by a manual search of references from relevant literature. All controlled trials, audits, and surveys of the outcomes of service delivery in old age psychiatry located in acute hospitals and community settings were included. 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. All data were extracted by the author. Data quality was assessed by applying an evidence hierarchy. Evaluation strategies were qualitatively reviewed. Controlled trials, audits and surveys were each found to provide important data in the evaluation of service delivery. There is better quality evidence to support the effectiveness of components of old age psychiatry services than other service types. The majority of studies indicate that old age psychiatry services have positive acute treatment outcomes, particularly with depression. There is insufficient evidence to determine which processes of care are associated with better outcomes. Pluralistic evaluations indicate that carers often have unmet needs and are not as positive about outcomes. There have been no controlled comparisons of service delivery provided by other services. In conclusion, controlled trials and audits indicate that old age psychiatry services are effective. Further pluralistic evaluations and comparisons with other services are required. Copyright 2000 John Wiley & Sons, Ltd. [References: 119]Institution
Schools of Psychiatry and Community Medicine, University of New South Wales, Australia. b.draper@unsw.edu.au

70. Monk D. Brodaty H. Use of estrogens for the prevention and treatment of Alzheimer's disease. [Review] [87 refs] [Journal Article. Review. Review, Tutorial] *Dementia & Geriatric Cognitive Disorders*. 11(1):1-10, 2000 Jan-Feb.
UI: 10629355

This review examines the biological rationale for the use of estrogen replacement therapy (ERT) and the evidence for the efficacy of ERT in enhancing cognition, preventing Alzheimer's disease (AD) and treating AD in postmenopausal women. While the biological basis for ERT as a cognition enhancer is strong and multiply mediated, the clinical evidence for its use is not as compelling and must be weighed against possible side effects. Until the results of definitive large trials are available, the use of ERT alone or in combination with other treatments is worthy of consideration. Copyright 2000 S. Karger AG, Basel [References: 87]Institution
Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Sydney, N.S.W., Australia.

71. Whitehouse PJ. Arizaga R. Brodaty H. Gauthier S. Graham N. Green RC. Homma A. Mangone C. Senanarong V. Xu XH. Placebos in clinical trials in Alzheimer disease: an international discussion. [Editorial] *Alzheimer Disease & Associated Disorders*. 13(3):121-3, 1999 Jul-Sep.
UI: 10485568

72. Draper B. The diagnosis and treatment of depression in dementia. [Journal Article] *Psychiatric Services*. 50(9):1151-3, 1999 Sep.

UI: 10478899 Institution

Prince of Wales Hospital in Randwick, New South Wales, Australia.

b.draper@unsw.edu.au

73. Sachdev PS. Brodaty H. Mid-sagittal anatomy in late-onset schizophrenia. [Journal Article] *Psychological Medicine*. 29(4):963-70, 1999 Jul.

UI: 10473323

BACKGROUND: Of the midline brain structures, abnormalities have been demonstrated in the corpus callosum and cerebellum in young schizophrenic patients. Whether similar abnormalities are also present in late-onset schizophrenia (LOS) is not known.

METHODS: The mid-sagittal cross-sectional areas of brain regions, in particular the corpus callosum and cerebellum, on magnetic resonance imaging were examined in a group of patients with late-onset schizophrenia (N = 25) and contrasted with two comparison groups - early-onset schizophrenia (EOS) (N = 24) and healthy volunteers (NC) (N = 30) matched for age and gender. **RESULTS:** While the mean corpus callosum area in the LOS group was smaller than in the EOS (by 10.2%) and NC (by 6.2%) groups, the three groups did not differ statistically in the corpus callosum area or the corpus callosum to cerebrum ratios. The cross-sectional cerebellar areas or the cerebellum: cerebrum ratios also did not differ across the groups. The brainstem was smaller in the schizophrenic groups because of smaller cross-sectional areas of the pons, a statistically significant difference which could not be accounted for by any gross lesions on visual inspection. **CONCLUSION:** We found no abnormality in the mid-sagittal area of the corpus callosum and cerebellum in our early- or late-onset schizophrenia subjects. The significance of the finding of a smaller pontine cross-sectional area is unclear and speculation on it awaits independent replication using a volumetric measure. Institution School of Psychiatry, University of New South Wales, Neuropsychiatric Institute and the Academic Department of Psychogeriatrics, The Prince Henry Hospital, Sydney, Australia.

74. Andrews G. Anstey K. Brodaty H. Issakidis C. Luscombe G. Recall of depressive episode 25 years previously. [Journal Article] *Psychological Medicine*. 29(4):787-91, 1999 Jul.

UI: 10473305

BACKGROUND: Lifetime rates of depression reported in epidemiological surveys are generally only twice the 12 month rates. Either people forget the symptoms of depression or many people who have a depressive episode remain depressed for many years. Both may be true. There is a need to examine the long-term clinical validity of interviews that are used to make lifetime diagnoses. **METHODS:** Forty-five patients who were part of a

long-term follow-up study of depression were interviewed 25 years after the index episode. The diagnoses from the original, fully structured interviews were compared with the responses people made for that period when interviewed using the CIDI 25 years later. RESULTS: Twenty-seven patients met CIDI DSM-III-R criteria for depression at index episode. At the 25 year follow-up, 19 of the 27 reported the essential symptoms of 'depression or loss of interest' being present at the index time, and in 14 of the 27 the depressive symptoms recalled met criteria for DSM-III-R major depressive episode at that time. CONCLUSIONS: Seventy per cent of people who were hospitalized for a major depressive episode can recall being depressed but only half can recall sufficient detail to satisfy the diagnostic criteria when interviewed 25 years later. As depressive episodes, especially those severe enough to warrant admission, are recalled better than many other diagnoses, one must be cautious about the lifetime rates for mental disorders reported in retrospective epidemiological surveys. Institution St. Vincent's Hospital, School of Psychiatry, University of New South Wales, Australia.

75. Brodaty H. Dresser R. Eisner M. Erkunjuntti T. Gauthier S. Graham N. Jonker C. Sachs G. Whitehouse P. Alzheimer's Disease International and International Working Group for Harmonization of Dementia Drug Guidelines for research involving human subjects with dementia.[see comment]. [Guideline. Journal Article. Practice Guideline] Alzheimer Disease & Associated Disorders. 13(2):71-9, 1999 Apr-Jun.

UI: 10372949 Comments

Comment in: Alzheimer Dis Assoc Disord. 1999 Apr-Jun;13(2):63-5; PMID: 10372947

76. Meares S. Draper B. Treatment of vocally disruptive behaviour of multifactorial aetiology. [Case Reports. Journal Article] International Journal of Geriatric Psychiatry. 14(4):285-90, 1999 Apr.

UI: 10340190

OBJECTIVE: To describe the treatment of vocally disruptive behaviour (VDB) of multifactorial aetiology. METHOD: Three case reports were used to illustrate the treatment of multifactorial VDB. 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. CONCLUSION: Successful interventions require the combination of biopsychosocial strategies tailored to the individual case with realistic goals that include the acceptance of a residual level of VDB as a reasonable outcome. Institution Academic Department of Psychogeriatrics, Prince Henry Hospital, Little Bay, Sydney, Australia.

77. Brodaty H. Realistic expectations for the management of Alzheimer's disease. [Review] [76 refs] [Journal Article. Review. Review, Tutorial] European Neuropsychopharmacology. 9 Suppl 2:S43-52, 1999 Apr.

UI: 10332934

Alzheimer's disease (AD) is a chronic and progressive neurodegenerative disorder characterized clinically by cognitive and functional deficits and behavioural disturbances. Over the past two decades, the devastating nature of AD has captured the attention of the general and medical communities alike. This is due partly to the increased prevalence of AD and the expansion of the aged population. Furthermore, and perhaps inappropriately, the media have encouraged speculation concerning a 'cure' for AD. Such treatment strategies are in the early stages of pre-clinical investigation and well-designed clinical trials are awaited. Nevertheless, other strategies, aimed at reducing the progression or effects through pharmacological symptomatic therapies and psychosocial interventions have demonstrated some clinical benefit and are now available and practicable. This paper critically evaluates the merits of both currently available and potential future therapeutic strategies according to primary, secondary and tertiary levels of preventative treatment. [References: 76]Institution
Academic Department of Psychogeriatrics, Prince of Wales Hospital, Randwick, New South Wales, Australia.

78. Payda C. Draper B. Luscombe G. Ehrlich F. Maharaj J. Stress in carers of the elderly. A controlled study of patients attending a Sydney family medical practice. [Journal Article] Australian Family Physician. 28(3):233-7, 1999 Mar.
UI: 10098302

AIM: To examine stress in carers of the elderly who attended a solo family medical practice. METHOD: Eighty-seven carers were compared with 102 non-caregiving controls. Subjects were asked to complete survey questionnaires either in the surgery or at home. The General Health Questionnaire (GHQ) was used to assess psychological morbidity, the Relative Stress Scale as a measure of subjective burden and information was collected on activities of daily living and instrumental activities of daily living. RESULTS: No significant difference was found in GHQ scores, reflecting the high level of stress in this family practice sample (mean GHQ = 4.7, standard deviation = 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. CONCLUSIONS: We suggest that because carers often encounter specific challenges which may be amenable to intervention, general practitioners should familiarise themselves with these issues, determine the caregiving status of their patients and provide information about community services to carers. Institution
Academic Department of Psychogeriatrics, Prince Henry Hospital, Little Bay, Sydney.

79. Austin MP. Mitchell P. Wilhelm K. Parker G. Hickie I. Brodaty H. Chan J. Eysers K. Milic M. Hadzi-Pavlovic D. Cognitive function in depression: a distinct pattern of frontal impairment in melancholia?. [Journal Article] Psychological Medicine. 29(1):73-85, 1999 Jan.
UI: 10077295

BACKGROUND: Although depressed patients demonstrate impaired performance on a range of neuropsychological tests, there is little research that examines either frontal cognitive deficits or possible differences in test performance between melancholic and non-melancholic subtypes. **METHODS:** Depressed subjects were administered a broad neuropsychological battery. In an overall analysis, 77 depressed subjects were compared with 28 controls. In a second set of analyses, the depressed sample was divided into melancholic and non-melancholic subsets according to DSM-III-R, the CORE system and the Newcastle scale. These depressed subsets were contrasted to controls and with each other using ANCOVA controlling for age, IQ, simple reaction time and Hamilton Depression scores where appropriate. **RESULTS:** The total depressed sample was impaired on most mnemonic tasks, simple reaction time and Trails B. Similar findings applied to DSM-III-R melancholic and non-melancholic subjects. When defined by the CORE and Newcastle (narrower definitions of melancholia), melancholic patients were additionally impaired on WCST (perseverative response) and (for Newcastle) digit symbol substitution. In contrast, the cognitive performance of the CORE and Newcastle-defined non-melancholic patients was largely unimpaired. **CONCLUSIONS:** Using narrower definitions of melancholia, i.e. CORE and (in particular) Newcastle, melancholic patients were impaired on mnemonic tasks and tasks of selective attention, and set-shifting while non-melancholic subjects were largely unimpaired in their cognitive performance. These differences may be due to impairment of specific neuroanatomical regions in narrowly defined melancholic patients, in particular the anterior cingulate. Institution
Mood Disorders Unit, Prince Henry Hospital, Sydney, NSW, Australia.

80. Sachdev PS. Brodaty H. Looi JC. Vascular dementia: diagnosis, management and possible prevention. [Review] [25 refs] [Journal Article. Review. Review, Tutorial] Medical Journal of Australia. 170(2):81-5, 1999 Jan 18.
UI: 10026690

There has been a recent upsurge of interest in the clinical features of and risk factors for vascular dementia, and consensus is emerging on its diagnostic characteristics. We discuss these features and risk factors and the main intervention strategies, both for treatment and prevention. [References: 25] Institution
School of Psychiatry, University of New South Wales. P.Sachdev@unsw.edu.au

81. Sachdev P. Brodaty H. Rose N. Cathcart S. Schizophrenia with onset after age 50 years. 2: Neurological, neuropsychological and MRI investigation. [Journal Article] British Journal of Psychiatry. 175:416-21, 1999 Nov.
UI: 10789271

BACKGROUND: Late-onset schizophrenia (LOS) may have a basis in age-related coarse brain disease, but empirical support for this is conflicting. **AIMS:** Is LOS characterised by more neurological disease than early-onset schizophrenia (EOS)? **METHODS:** DSM-III-R-defined LOS subjects (n = 27) were compared with 30 EOS and 34 volunteer

control subjects on neurological status, neuropsychological test performance and brain magnetic resonance imaging (MRI). RESULTS: LOS and EOS groups had more 'soft' neurological signs and drug-induced movement abnormalities, and performed more poorly on tests assessing speed of information processing, memory and frontal executive functioning. On MRI, the LOS and EOS groups had greater lateral ventricular size than the control group. The LOS subjects also had more signal hyperintensities in periventricular white matter and subcortical nuclei than controls. CONCLUSIONS: LOS and EOS subjects were very similar on neuropsychological, neurological and structural neuroimaging parameters, except that there were more MRI periventricular hyperintensities in LOS subjects. Institution
School of Psychiatry, University of New South Wales, Neuropsychiatric Institute, Prince of Wales Hospital, Sydney. p.sachdev@unsw.edu.au

82. Brodaty H. Sachdev P. Rose N. Rylands K. Prenter L. Schizophrenia with onset after age 50 years. I: Phenomenology and risk factors. [Journal Article] British Journal of Psychiatry. 175:410-5, 1999 Nov.
UI: 10789270

BACKGROUND: Schizophrenia occurring for the first time in late life may be a distinct entity or part of a continuum. AIMS: Can late-onset schizophrenia (LOS) and early-onset schizophrenia (EOS) be differentiated by their phenomenology and risk factors to their development? METHOD: Convenience samples of 27 DSM-III-R defined LOS subjects, 30 EOS subjects and 34 control subjects were systematically assessed. RESULTS: Premorbidly, both groups of subjects with schizophrenia had personality traits that were different from controls but not from each other. The EOS subjects had more family members with a history of psychiatric illness or schizophrenia and less hearing impairment than the other two groups, which did not differ from each other. Clinically, LOS and EOS subjects were similar, except that EOS subjects had more negative symptom scores, tended to have more delusions of guilt/sin and of being controlled and more formal thought disorder, and had significantly poorer instrumental activities of daily living. CONCLUSIONS: Phenomenology and risk factors do not distinguish discrete LOS. Institution
School of Psychiatry, University of New South Wales, Sydney. h.brodaty@unsw.edu.au

83. Sachdev P. Cathcart S. Shnier R. Wen W. Brodaty H. Reliability and validity of ratings of signal hyperintensities on MRI by visual inspection and computerised measurement. [Journal Article] Psychiatry Research. 92(2-3):103-15, 1999 Dec 20.
UI: 10674364

Brain magnetic resonance imaging (MRI) scans on 98 elderly subjects, 62 with a diagnosis of schizophrenia and 36 healthy controls, were independently and blindly rated by two investigators using the visual rating methods of Fazekas et al. (Fazekas, F., Chawluk, J.B., Alavi, A., Hurtig, H.I., Zimmerman, R.A., 1987. MR signal abnormalities at 1.5 T in Alzheimer's dementia and normal aging. American Journal of Neuroradiology

8, 421-426) and Victoroff et al. (Victoroff, J., Mack, W.J., Grafton, S.T., Schreiber, S.S., Chui, H.C., 1994. A method to improve interrater reliability of visual inspection of brain MRI scans in dementia. *Neurology* 44, 2267-2276) for periventricular, deep white matter and subcortical gray matter signal hyperintensities (SHs) on T2-weighted images. The hyperintense signal volumes were measured by manual delineation of the signals on a workstation using Analyze software (computerised method). The subjects also underwent a detailed neuropsychological assessment. There was a high correlation between two experienced raters for both visual ratings, and the correspondence between the two methods was high. The inter-rater reliability for the computerised method was modest but significant, and the association between the visual and computerised methods was good except for ratings for SHs in subcortical nuclei. The Fazekas and computerised methods, and to a lesser degree the Victoroff method, had modest but significant correlations with some neuropsychological test measures. In conclusion, we did not demonstrate a clear superiority in reliability or validity for one demanding computerised method of rating SHs. Visual ratings should therefore be considered adequate for most clinical and research purposes, but such ratings should be accompanied by adequate training and the provision of standard reference images. Institution
School of Psychiatry, University of New South Wales, Kensington, Sydney, Australia.
p.sachdev@unsw.edu.au

84. Sachdev P. Brodaty H. Roubina S. Mackenzie RA. An electroencephalographic investigation of late-onset schizophrenia. [Journal Article] *International Psychogeriatrics*. 11(4):421-9, 1999 Dec.
UI: 10631587

We performed awake and resting electroencephalograms (EEGs) on 22 subjects with DSM-III-R schizophrenic disorder of late onset (at or after age 50 years), and compared them with the EEGs of 33 healthy community controls matched for age and gender. The EEGs were rated qualitatively and a 2-minute, artifact-free tracing from each subject was quantified manually by an experienced neurophysiologist unaware of the identity of the subject group. The only significant difference was the presence of more generalized slowing in the EEGs of schizophrenia patients, which was at least partially accounted for by the effect of neuroleptic drugs. The schizophrenic subjects did not have a greater prevalence of epileptiform disturbances or abnormal asymmetry of the EEG compared to the control group. Our study does not suggest the presence of underlying dementia in schizophrenia of late onset. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia.
p.sachdev@unsw.edu.au

85. Draper B. Snowden J. Psychiatry of old age: from section to faculty. [Journal Article] *Australian & New Zealand Journal of Psychiatry*. 33(6):785-8, 1999 Dec.
UI: 10619203

OBJECTIVE: To describe the processes that led to formation of the RANZCP Faculty of Psychiatry of Old Age (FPOA). METHOD AND RESULTS: Two criteria needed to be fulfilled before Faculty status could be approved. One was to demonstrate a recognised body of knowledge concerning psychiatry of old age, and the other was to be able to offer a comprehensive training program in this subspecialty. CONCLUSIONS: On 1 January 1999, FPOA came into existence. Institution
School of Psychiatry, University of New South Wales, Academic Department for Psychiatry of Old Age, Prince of Wales Hospital, Randwick, Australia.
b.draper@unsw.edu.au

86. Sachdev P. Brodaty H. Vascular dementia: an Australian perspective. [Review] [41 refs] [Journal Article. Review. Review, Tutorial] Alzheimer Disease & Associated Disorders. 13 Suppl 3:S206-12, 1999 Oct-Dec.
UI: 10609702

We performed a review of the published literature on dementia, stroke, and vascular dementia (VaD) emanating from Australia and sought the opinions of senior clinicians and investigators in the field of dementia. We conclude from these sources that the public health importance of cognitive impairment and dementia secondary to cerebrovascular disease is recognized in Australia as is the potential to alter the public health burden significantly by preventative strategies. VaD is considered to be a heterogenous group of syndromes, and there is a lack of consensus on the appropriate diagnostic criteria. The concept is considered to be in evolution and empirical support is needed for its definition, subtyping, and the understanding of the pathophysiological mechanisms. An alternative term--vascular cognitive disorder--is suggested to overcome some of the difficulties inherent in the concept of "dementia" as used currently. The importance of noncognitive disorders of vascular origin is highlighted. No treatment is recognized to be specifically effective in VaD. Australian clinicians and researchers are beginning to grapple with the many difficulties entailed in our understanding of the cognitive and noncognitive consequences of cerebrovascular disease. There is a need for an international consensus on diagnostic criteria, particularly for drug development and research. [References: 41] Institution
School of Psychiatry, University of New South Wales, Australia.

87. Sachdev P. Brodaty H. Quantitative study of signal hyperintensities on T2-weighted magnetic resonance imaging in late-onset schizophrenia. [Journal Article] American Journal of Psychiatry. 156(12):1958-67, 1999 Dec.
UI: 10588411

OBJECTIVE: The authors investigated the extent and distribution of signal hyperintensities on T2-weighted magnetic resonance imaging (MRI) of the brains of subjects with late-onset schizophrenia. METHOD: The study group consisted of 25 subjects with DSM-III-R schizophrenia and onset at age 50 or more years (late-onset schizophrenia) matched group-wise with 24 subjects with early-onset schizophrenia and

30 psychiatrically healthy volunteers. The subjects underwent clinical and neuropsychological assessments and MRI scans. Transaxial T2-weighted and proton-density images were analyzed manually for signal hyperintensities in cerebral and cerebellar white matter, the basal ganglia, thalamus, and brainstem, and quantitative measures were obtained. RESULTS: Subjects with late-onset schizophrenia had greater periventricular hyperintensities measured as widths of periventricular rims and frontal and occipital caps than the two comparison groups. Hyperintense signals elsewhere in the white matter and in the basal ganglia and brainstem did not differ between groups, but the late-onset schizophrenia group had more signal hyperintensities in the thalamus than the normal comparison group. Signal hyperintensities in the frontal-subcortical circuit regions, when considered together, did not differ between groups. Periventricular hyperintensities had significant negative correlations with intelligence, memory, and frontal-executive functioning in the total group. CONCLUSIONS: The finding of increased periventricular hyperintensities and thalamic signal hyperintensities in late-onset schizophrenia suggests the possibility that cerebrovascular disease, in an interaction with some incompletely understood vulnerability factors, may play a role in the pathogenesis of schizophrenia with onset in advanced age. Institution School of Psychiatry, University of New South Wales and the Neuropsychiatric Institute, Prince Henry and Prince of Wales Hospitals, Sydney, Australia. p.sachdev@unsw.edu.au

88. Draper B. Gething L. Fethney J. Winfield S. The Senior Psychiatrist Survey III: attitudes towards personal ageing, life experiences and psychiatric practice. [Journal Article] Australian & New Zealand Journal of Psychiatry. 33(5):717-22, 1999 Oct. UI: 10544996

OBJECTIVE: The aim of this study is: to explore whether there is a relationship between the effects of gender, age and perceptions of personal health on psychiatrist's reactions to personal ageing; and to determine the effects of psychiatrist's reactions to personal ageing upon their approach to clinical practice, retirement planning and post-retirement activities. METHOD: A postal survey was conducted. 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. CONCLUSIONS: The effects of life experiences on psychiatrists' attitudes towards personal ageing are complex. Attitudes towards personal ageing have little impact on psychiatric practice. Institution Academic Department of Old Age Psychiatry, Prince of Wales Hospital, Randwick, New South Wales, Australia. B.Draper@unsw.edu.au

89. Draper B. Luscombe G. Winfield S. The Senior Psychiatrist Survey II: experience and psychiatric practice. [Journal Article] Australian & New Zealand Journal of Psychiatry. 33(5):709-16, 1999 Oct.
UI: 10544995

OBJECTIVE: The aim of this study is to determine the effects of experience on the practice, roles, status and attitudes of psychiatrists within the Royal Australian and New Zealand College of Psychiatrists (RANZCP). **METHOD:** A postal survey of Fellows of the RANZCP resident in Australia or New Zealand was conducted. The 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. The field of psychiatric practice significantly influenced case selection. **CONCLUSIONS:** Senior psychiatrists have accumulated wisdom through experience that is sought by junior colleagues via mentorship. It is recommended that the RANZCP should specifically address the needs of early career and senior psychiatrists. Institution
Academic Department of Old Age Psychiatry, Prince of Wales Hospital, Randwick, New South Wales, Australia. B.Draper@unsw.edu.au

90. Draper B. Winfield S. Luscombe G. The Senior Psychiatrist Survey I: age and psychiatric practice. [Journal Article] Australian & New Zealand Journal of Psychiatry. 33(5):701-8, 1999 Oct.
UI: 10544994

OBJECTIVE: The aim of this study is to determine the effects of age on the practice, roles, status and attitudes of psychiatrists within the Royal Australian and New Zealand College of Psychiatrists (RANZCP). **METHOD:** A postal survey of Fellows of the RANZCP resident in Australia or New Zealand was conducted. The main outcome measures were: age; location and type of psychiatric practice; hours of work; attitudes towards re-accreditation; changes in work practices over the career; and the perceived benefits and drawbacks of age to psychiatric practice and case selection. **RESULTS:** Of 1086 eligible subjects, 629 participated. The mean age of the sample was 52.7 years (SD = 13.5). Those psychiatrists favouring re-accreditation 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. CONCLUSIONS: 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. Institution
Academic Department of Old Age Psychiatry, Prince of Wales Hospital, Randwick, New South Wales, Australia. B.Draper@unsw.edu.au

91. Frank L. Kleinman L. Ciesla G. Rupnow MF. Brodaty H. The effect of risperidone on nursing burden associated with caring for patients with dementia.[see comment]. [Clinical Trial. Journal Article. Multicenter Study. Randomized Controlled Trial] Journal of the American Geriatrics Society. 52(9):1449-55, 2004 Sep.
UI: 15341545

OBJECTIVES: To compare risperidone treatment with placebo for the burden to nursing staff of older nursing-home residents with dementia. DESIGN: Randomized, double-blind, placebo-controlled trial. SETTING: Long-term care institutions in Australia and New Zealand. PARTICIPANTS: Two hundred seventy-nine residents had evaluable data for comparison of oral risperidone with placebo treatment at 4 weeks, 8 weeks, and endpoint across the 12-week trial. MEASUREMENTS: The Modified Nursing Care Assessment Scale (M-NCAS) is a 28-item instrument that measures behavior occurrence in patients (patient outcome) and difficulty of those behaviors for nursing staff as rated by nurse carers (nurse outcome). Treatment groups were compared via analysis of covariance (ANCOVA). To aid score interpretation, M-NCAS effect sizes were examined by response category, with response defined as subjects with mean Cohen-Mansfield Agitation Inventory total aggression subscale score change of 4 points or greater, a clinical outcome for patients. RESULTS: Between-group ANCOVAs showed statistically significant reductions in nurse-rated M-NCAS scores from baseline to endpoint for the patients randomized to risperidone relative to placebo (P
CONCLUSION: Risperidone treatment was associated with an early and sustained reduction in nursing staff burden as measured using the M-NCAS compared with placebo treatment for older nursing home residents with dementia. Copyright 2004 American Geriatrics Society Institution
MEDTAP International, Bethesda, Maryland 20814, USA.
frank@medtap.com Comments
Comment in: J Am Geriatr Soc. 2005 Jul;53(7):1261-2; author reply 1262-3; PMID: 16108953

92. Kleinman L. Frank L. Ciesla G. Rupnow M. Brodaty H. Psychometric performance of an assessment scale for strain in nursing care: the M-NCAS. [Clinical

Trial. Journal Article. Multicenter Study. Randomized Controlled Trial] Health & Quality of Life Outcomes. 2:62, 2004 Nov 9.
UI: 15535887

BACKGROUND: Multiple instruments exist to measure dementia behaviors, but the nursing staff perspective on those behaviors and their level of burden has not been well measured. The goal of this study was to examine the psychometric performance of the Modified Nursing Care Assessment Scale (M-NCAS), a 28-item nurse rating of burden associated with care for institutionalized individuals with dementia. Nurses rate items in terms of extent to which the behavior or characteristic is present ("attitude" domain), and extent to which it is a burden ("strain" domain). **METHODS:** Data from 282 patients enrolled in a 12-week, double-blind, randomized clinical trial comparing risperidone treatment to placebo was used to evaluate M-NCAS item performance, internal consistency reliability, and construct validity. Empirical subscales were identified via exploratory factor analysis (EFA). **RESULTS:** Four poorly-performing items were deleted from further analyses. EFA identified 3 "attitude" subscales and 5 "strain" subscales. Cronbach's alphas were 0.65 and above. Correlation with the Cohen-Mansfield Agitation Inventory and the BEHAVE-AD, clinical ratings of dementia behaviors, were low to moderate. **CONCLUSION:** The M-NCAS provides a valid and reliable means of obtaining care burden ratings from formal caregivers in long-term care, and provides a method for evaluating dementia interventions from the perspective of nursing staff.

Institution
MEDTAP International, Inc., 2601 4th Ave, Seattle, WA 98121, USA.
kleinman@medtap.com

93. Yan YL. Miller CT. Nissen RM. Singer A. Liu D. Kirm A. Draper B. Willoughby J. Morcos PA. Amsterdam A. Chung BC. Westerfield M. Haffter P. Hopkins N. Kimmel C. Postlethwait JH. A zebrafish *sox9* gene required for cartilage morphogenesis. [erratum appears in Development 2002 Dec;129(23):5551 Note: Nissen Robert [corrected to Nissen Robert M]]. [Journal Article] Development. 129(21):5065-79, 2002 Nov.
UI: 12397114

The molecular genetic mechanisms of cartilage construction are incompletely understood. Zebrafish embryos homozygous for jellyfish (*jef*) mutations show craniofacial defects and lack cartilage elements of the neurocranium, pharyngeal arches, and pectoral girdle similar to humans with campomelic dysplasia. We show that two alleles of *jef* contain mutations in *sox9a*, one of two zebrafish orthologs of the human transcription factor SOX9. A mutation induced by ethyl nitrosourea changed a conserved nucleotide at a splice junction and severely reduced splicing of *sox9a* transcript. A retrovirus insertion into *sox9a* disrupted its DNA-binding domain. Inhibiting splicing of the *sox9a* transcript in wild-type embryos with splice site-directed morpholino antisense oligonucleotides produced a phenotype like *jef* mutant larvae, and caused *sox9a* transcript to accumulate in the nucleus; this accumulation can serve as an assay for the efficacy of a morpholino independent of phenotype. RNase-protection assays showed that in morpholino-injected

animals, the percent of splicing inhibition decreased from 80% at 28 hours post fertilization to 45% by 4 days. Homozygous mutant embryos had greatly reduced quantities of col2a1 message, the major collagen of cartilage. Analysis of dlx2 expression showed that neural crest specification and migration was normal in jef (sox9a) embryos. Confocal images of living embryos stained with BODIPY-ceramide revealed at single-cell resolution the formation of precartilage condensations in mutant embryos. Besides the lack of overt cartilage differentiation, pharyngeal arch condensations in jef (sox9a) mutants lacked three specific morphogenetic behaviors: the stacking of chondrocytes into orderly arrays, the individuation of pharyngeal cartilage organs and the proper shaping of individual cartilages. Despite the severe reduction of cartilages, analysis of titin expression showed normal muscle patterning in jef (sox9a) mutants. Likewise, calcein labeling revealed that early bone formation was largely unaffected in jef (sox9a) mutants. These studies show that jef (sox9a) is essential for both morphogenesis of condensations and overt cartilage differentiation. Institution
Institute of Neuroscience, University of Oregon, Eugene 97403, USA.

94. Draper B. MacCuspie-Moore C. Brodaty H. Suicidal ideation and the 'wish to die' in dementia patients: the role of depression. [Journal Article] *Age & Ageing*. 27(4):503-7, 1998 Jul.
UI: 9884008

OBJECTIVE: To determine the prevalence of self-reported suicidal ideation and the 'wish to die' in dementia patients, their association with depressive symptoms and the type of dementia. **DESIGN:** The cohort was formed retrospectively of consecutive referrals between 1985 and 1994 of cognitively impaired patients who met American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, third edition and third edition, revised, criteria for dementia. They were assessed for depression using the 21-item Hamilton Rating Scale for Depression (HRSD) which includes an item on suicide. **SETTING:** An outpatient multidisciplinary memory disorders clinic in Sydney, Australia. **PATIENTS:** The sample comprised 221 patients with dementia: 148 with Alzheimer's disease according to NINCDS-ADRDA criteria, 24 with vascular dementia diagnosed by a Hachinski ischaemia scale score of seven or more, plus focal neurological signs, symptoms or computed tomography-visible lesions, and 49 with other dementias. **MEASURES:** Cognitive impairment was measured by the Mini-Mental State Examination and the Blessed orientation-information-memory-concentration test and dementia scales, depression by the 21-item HRSD, suicidal ideation and the 'wish to die' as defined by the suicide item on the HRSD, functional capacity by the activities of daily living scale and the instrumental activities of daily living scale. Caregiver psychological morbidity was assessed with the General Health Questionnaire. **RESULTS:** 12 patients (5.4%) felt life was not worth living, seven (3.2%) 'wished to die' or had thoughts of death, two (0.9%) had suicidal ideation or gestures and none had made any suicide attempts. The nine patients who 'wished to die' or had suicidal ideation scored 12 or more on the HRSD. Of these, six were clinically depressed. Suicidal ideation and the 'wish to die' were significantly correlated with the presence of depressive symptoms as measured by the HRSD (suicide item excluded), but only in

those with Alzheimer's disease. There were no significant differences in HRSD scores between the dementia groups. Suicidal ideation was unrelated to the presence of insight into loss of memory. CONCLUSIONS: Suicidal ideation and/or the 'wish to die' is self-reported in 4% of dementia patients attending a memory disorders clinic and is associated with comorbid depressive symptoms, particularly in Alzheimer's disease. Institution Academic Department of Psychogeriatrics, Prince Henry Hospital, University of New South Wales, Sydney, Australia. B.Draper@unsw.edu.au

95. Whitehouse PJ. Winblad B. Shostak D. Bhattacharjya A. Brod M. Brodaty H. Dor A. Feldman H. Forette F. Gauthier S. Hay J. Henke C. Hill S. Mastey V. Neumann P. O'Brien B. Pugner K. Sano M. Sawada T. Stone R. Wimo A. First International Pharmacoeconomic Conference on Alzheimer's Disease: report and summary. [Clinical Trial. Congresses. Controlled Clinical Trial] *Alzheimer Disease & Associated Disorders*. 12(4):266-80, 1998 Dec.
UI: 9876955

The First International Pharmacoeconomic Conference on Alzheimer's Disease (AD) was held in Amsterdam in July 1998. The meeting was held under the auspices of the International Working Group for Harmonization of Dementia Drug Guidelines (<http://dementia.ion.ucl.ac.uk/harmon>), bringing together academics, clinicians, purchasers, and representatives from industry. Presentations were given on the methodology of pharmacoeconomic studies in AD, particularly focusing on caregiver burden, quality of life (QOL), and resource utilization. Three economic models of AD were presented based on data from the United States, Canada, and the United Kingdom. In two studies, these data were then used to model the cost-effectiveness and effect on cost of treatment with donepezil. Both studies suggested a possible cost advantage for the use of donepezil, when compared with no placebo or treatment, particularly when donepezil is used appropriately in mild-to-moderate AD. These data need to be interpreted with care, as none of the cost or utility information were collected during the clinical trials. Additional data from a 2-year clinical trial of selegiline and vitamin E suggest that cognitive measures may be poor predictors of economic outcome, which is better measured directly. Both economic models of donepezil rely on short-term cognitive data to predict long-term outcome, a method that may not be useful in predicting economic savings. The issues facing pharmacoeconomists, researchers, clinicians, and families in the future were addressed in a series of workshops using a method of strategic futuring. The workshops attempted to see 7 years into the future for a range of areas, including consumer and caregiver use of pharmacoeconomic data; early detection and prevention; Japanese perspectives; activities of daily life and what will be daily life activities; caregiver burden; QOL at the end of life; new uses for new information and communication technology in clinical research; and physicians' use of pharmacoeconomic data. A range of exciting futures were predicted, although common themes that arose when considering barriers to achieving these futures included cost, education, political will, confidentiality, privacy, and ethics. The first conference was deemed to have been a success, having attracted more than 160 delegates and many distinguished speaker. A second conference is planned for the year 2000. Over the next 2

years, research needs to be broadened particularly in the methodological areas of resource utilization, QOL, and caregiver burden. Data from clinical trials with relevant economic and QOL outcomes will be needed by purchasers if drug treatments for dementia are to gain widespread use. It is also hoped that the models described at the meeting may become more freely available to politicians, purchasers, clinicians, and caregivers to help them make better decisions about treatment. Institution
Alzheimer Center at Fairhill Center for Aging, Case Western Reserve University,
Cleveland, Ohio 44120, USA. pjw3@po.cwru.edu

96. Luscombe G. Brodaty H. Freeth S. Younger people with dementia: diagnostic issues, effects on carers and use of services. [Journal Article] *International Journal of Geriatric Psychiatry*. 13(5):323-30, 1998 May.
UI: 9658265

OBJECTIVE: To determine difficulties experienced by carers of younger people with dementia. DESIGN: Cross-sectional questionnaire survey. PARTICIPANTS: 102 eligible carers of persons less than 65 years of age with dementia, recruited through support groups and clinicians' referrals. MAIN OUTCOME MEASURES: Problems with diagnostic process; professionals/services consulted; psychological, physical, occupational and financial impact of illness on carers and children; use of and satisfaction with services. MAIN RESULTS: Diagnostic problems were reported by 71% of carers. Mean time until diagnosis was 3.4 years (SD 2.8) after consulting 2.8 (1.4) professionals. Carers reported frustration (81%) and grief (73%). Adverse psychological effects were common, more so in female than male carers (p < 0.05). CONCLUSIONS: Younger people with dementia, and their carers, face difficulties in obtaining a diagnosis. Carers also experience psychological problems, financial worries, loss of employment and family conflict, and their children are affected. Most carers had used services, but some dissatisfaction existed. Institution
Academic Department of Psychogeriatrics, Prince Henry Hospital, Sydney, Australia.

97. Brodaty H. Luscombe G. Psychological morbidity in caregivers is associated with depression in patients with dementia. [Journal Article] *Alzheimer Disease & Associated Disorders*. 12(2):62-70, 1998 Jun.
UI: 9651133

The relationship between psychological morbidity in caregivers and depression in patients with dementia was examined using data collected on 193 patient-caregiver dyads attending a memory disorders clinic. Caregivers had high rates and levels of psychological morbidity which were associated with the severity of dementia (but neither the type nor duration), with the caregiver being a spouse and female and living with the person with dementia. A logistic regression analysis identified clinician-rated patient depression score and demanding problem behaviors as being independently and significantly associated with caregiver psychological morbidity. This new finding of a

link between patient depression and caregiver psychological morbidity has implications for more focused treatment programs for both caregivers and patients. Institution Academic Department of Psychogeriatrics, Prince Henry Hospital, School of Psychiatry, University of New South Wales, Sydney, Australia. research.adpg@unsw.edu.au

98. Brodaty H. Clarke J. Ganguli M. Grek A. Jorm AF. Khachaturian Z. Scherr P. Screening for cognitive impairment in general practice: toward a consensus. [Journal Article] *Alzheimer Disease & Associated Disorders*. 12(1):1-13, 1998 Mar. UI: 9539404

We considered whether general practitioners should examine all older patients over a certain age for cognitive impairment in screening for early dementia. We invited presentations from key experts, selectively reviewed the literature, and developed a consensus statement. The efficacy of and benefits from unselective use of cognitive testing and informant questionnaires for detecting early dementia in older patients attending general practice are limited. Positive predictive values of cognitive screening for dementia are less than 50%, even for older patient populations. Higher values may be obtained by testing patients who have a relevant history of cognitive or functional decline. Whatever procedures are adopted for screening older general practice attenders for cognitive impairment or early dementia, investigation is still required into the relative merits of different health professionals performing the screening, the positive and negative effects on patients and their families, and the cost-benefit ratio. The majority view of workshop participants was that cognitive testing should occur for older patients when there is a reason to suspect dementia. Testing may occur in an individual considered to be at risk because of an informant history of cognitive or functional decline, clinical observation, or, sometimes, very old age. No single instrument for cognitive screening is suitable for global use. Screening programs must be supported by training and supplemented by education for professionals and families in management of dementia. Institution Academic Department of Psychogeriatrics, University of New South Wales, Sydney, Australia.

99. Draper B. Geriatric psychiatry in Australia.[comment]. [Comment. Letter] *International Journal of Geriatric Psychiatry*. 13(2):127, 1998 Feb. UI: 9526183 Comments
Comment on: *Int J Geriatr Psychiatry*. 1997 Feb;12(2):143-4; PMID: 9097206, Comment on: *Int J Geriatr Psychiatry*. 1997 Feb;12(2):263-6; PMID: 9097222, Comment on: *Int J Geriatr Psychiatry*. 1997 Feb;12(2):267-9; PMID: 9097223

100. Draper B. Luscombe G. Quantification of factors contributing to length of stay in an acute psychogeriatric ward. [Journal Article] *International Journal of Geriatric Psychiatry*. 13(1):1-7, 1998 Jan. UI: 9489573

OBJECTIVE: To identify variables that predict length of stay (LOS) in an acute psychogeriatric ward; quantify psychiatric, medical and social factors that contribute to LOS; and identify factors that prolong LOS. **DESIGN:** Prospective audit of admissions over 12 months. **SETTING:** Acute psychogeriatric ward in teaching hospital. **PATIENTS:** 73 consecutive patients with a total of 88 admissions. **MAIN OUTCOME MEASURES:** Main psychiatric, medical and social reasons for admission; Physical Health Schema; total LOS; number of days attributable to psychiatric, medical, social and treatment (non-response and adverse reactions) reasons; DSM-IV diagnosis; global clinical outcome; discharge living arrangements; discharge psychotropic medication. **MAIN RESULTS:** Presence of depressive symptoms was the most common psychiatric reason for admission and carer stress the main social reason for admission. Principal diagnosis of major depression and carer stress were significant predictors of LOS and accounted for 24.3% of the variance (p **CONCLUSIONS:** The quantification of factors contributing to LOS in an acute psychogeriatric unit allows for more accurate identification of issues that can be addressed to improve the efficiency of bed utilization. Institution
Academic Department of Psychogeriatrics, Prince Henry Hospital, Sydney, Australia.
S8300158@vmsuser.acsu.unsw.edu.au

101. Brodaty H. Draper BM. Lie DC. Psychogeriatrics and general practice in Australia. [Review] [29 refs] [Journal Article. Review. Review, Tutorial] International Journal of Psychiatry in Medicine. 27(3):205-13, 1997.
UI: 9565724

We describe the interface between general practice and psychogeriatrics in Australia. While aged care services are complex and there are serious deficiencies in the management of the elderly, several initiatives appear set to improve the level of care. Economic considerations, mutual education of general practitioners and psychogeriatricians, and social factors are strong determinants of good primary care of the mental health needs of older people. [References: 29] Institution
University of New South Wales.

102. Brodaty H. MacCuspie-Moore CM. Tickle L. Luscombe G. Depression, diagnostic sub-type and death: a 25 year follow-up study. [Journal Article] Journal of Affective Disorders. 46(3):233-42, 1997 Dec.
UI: 9547119

We assessed mortality rates over 25 years in 212 patients admitted for depression or depressive symptoms. More patients had died than expected (80 including 13 suicides; SMR = 1.40, P Institution
Academic Department of Psychogeriatrics, Prince Henry Hospital, University of New South Wales, Sydney, Australia. h.brodaty@unsw.edu.au

103. Reisberg B. Burns A. Brodaty H. Eastwood R. Rossor M. Sartorius N. Winblad B. Diagnosis of Alzheimer's disease. Report of an International Psychogeriatric Association Special Meeting Work Group under the cosponsorship of Alzheimer's Disease International, the European Federation of Neurological Societies, the World Health Organization, and the World Psychiatric Association. [Congresses] International Psychogeriatrics. 9 Suppl 1:11-38, 1997.

UI: 9447425

Current knowledge with respect to the diagnosis of Alzheimer's disease (AD) is reviewed. There is agreement that AD is a characteristic clinicopathologic entity that is amenable to diagnosis. The diagnosis of AD should no longer be considered one of exclusion. Rather, the diagnostic process is one of recognition of the characteristic features of AD and of conditions that can have an impact on presentation or mimic aspects of the clinicopathologic picture. The present availability of improved prognosis, management, and treatment strategies makes the proper, and state-of-the-art, diagnosis of AD a clinical imperative in all medical settings. Concurrently, information regarding the relevance and applicability of current diagnostic procedures in diverse cultural settings must continue to accrue.

Institution
Aging and Dementia Research Center, New York University Medical Center, New York, USA.

104. Sachdev P. Brodaty H. Rose N. Haindl W. Regional cerebral blood flow in late-onset schizophrenia: a SPECT study using 99mTc-HMPAO. [Journal Article] Schizophrenia Research. 27(2-3):105-17, 1997 Oct 30.

UI: 9416641

Functional neuroimaging studies have been performed in many young patients with schizophrenia, but late-onset schizophrenia (LOS) remains largely unexamined by these techniques. We predicted that LOS would demonstrate regional cerebral blood flow (rCBF) abnormalities similar to those seen in early-onset schizophrenia (EOS), but with a basis in demonstrable coarse brain disease. The subjects were 15 LOS and 7 EOS patients and 27 healthy controls. Each was given a detailed clinical and neuropsychological assessment and underwent MRI and Tc99m-HMPAO single photon emission computed tomography (SPECT) scans. The LOS subjects had a significantly lower cerebral hemispheric perfusion than controls, with a lower perfusion in the frontal and temporal lobes bilaterally. The LOS group also had significantly lower left-to-right hemisphere blood flow ratios. EOS subjects had a lower frontal perfusion than the controls, which was significant in the left frontal region. The temporal perfusion in the EOS subjects was greater than in the LOS group, and not different from the control subjects. Left temporal perfusion was the most discriminating variable between LOS and control subjects on logistic regression. Correlations of perfusion with MRI were generally low with the exception that the asymmetry indices were significantly correlated, and basal ganglia perfusion correlated with basal ganglia hyperintensities on MRI. The total cerebral perfusion index correlated significantly with the mini-mental state examination (MMSE)

score, and the temporal lobe perfusion correlated with MMSE scores and some verbal memory measures. In the schizophrenic groups, perfusion correlated nonsignificantly with symptom profiles. We conclude that our findings of temporal and frontal rCBF abnormalities, especially on the left side, in LOS are similar to those reported in schizophrenia in general. The results do not provide evidence for coarse brain disease underlying the rCBF abnormalities in LOS, or support the specificity of these abnormalities for particular subsyndromes of schizophrenia. Institution
School of Psychiatry, University of New South Wales, Little Bay, Australia.

105. Bampton P. Draper B. Effect of relaxation music on patient tolerance of gastrointestinal endoscopic procedures. [Clinical Trial. Journal Article. Randomized Controlled Trial] *Journal of Clinical Gastroenterology*. 25(1):343-5, 1997 Jul.
UI: 9412917

The use of relaxation music as an adjunct to sedation has not been well studied. We tried to determine whether the use of relaxation music can improve patient tolerance of gastrointestinal endoscopic procedures. Fifty-nine patients undergoing gastrointestinal endoscopic procedures were randomly assigned to receive either relaxation music (n = 28) or no music (n = 31) using headphones and a portable compact disc player. Patient anxiety before the procedure, tolerance of the procedure, and willingness to undergo a repeated procedure were self-assessed using a visual analog scale. Patient tolerance was also assessed by the assisting nurse. There was no significant difference in the overall tolerance score between the two groups. However, a significantly higher proportion of patients described the experience of a gastrointestinal endoscopic procedure as being at least moderately unpleasant in the no-music group. Patient acceptance of the relaxation music was high: 82% in the group stated they would have music again if they required another procedure. We conclude that, even in patients who have sedation, relaxation music can reduce the number who find the experience of gastrointestinal endoscopic procedures unpleasant. Therefore we believe it has a role as an adjunct to sedation in gastrointestinal endoscopic procedures. Institution
Gastroenterology Department, St. George Hospital, Kogarah, New South Wales, Australia.

106. Brodaty H. Sachdev PS. Drugs for the prevention and treatment of Alzheimer's disease. [Review] [43 refs] [Journal Article. Review. Review, Tutorial] *Medical Journal of Australia*. 167(8):447-9, 452, 1997 Oct 20.
UI: 9364168

Alzheimer's disease affects up to 100,000 people in Australia, but pharmacological treatment has only been available in recent years. Currently available drugs provide modest relief of symptoms for varying periods of time but have no proven preventive action against the disease. [References: 43] Institution
Academic Department of Psychogeriatrics, Prince Henry Hospital, Sydney, NSW.

107. Homma A. Brodaty H. Bruno G. Cummings JL. Gilman S. Gracon S. McKeith IG. Clinical trials of treatment for noncognitive symptoms of dementia. Position paper from the International Working Group on Harmonization of Dementia Drug Guidelines. [Journal Article] *Alzheimer Disease & Associated Disorders*. 11 Suppl 3:54-5, 1997.
UI: 9305518 Institution
Department of Psychiatry, Tokyo Metropolitan Institute of Gerontology, Japan.

108. Post SG. Beerman B. Brodaty H. Gaines AW. Gauthier SG. Geldmacher DS. Hill S. Homma A. Rossor MN. Whitehouse PJ. Winblad B. Ethical issues in dementia drug development. Position paper from the International Working Group on Harmonization of Dementia Drug Guidelines. [Journal Article] *Alzheimer Disease & Associated Disorders*. 11 Suppl 3:26-8, 1997.
UI: 9305511 Institution
Center for Biomedical Ethics, School of Medicine, Case Western Reserve University, Cleveland, OH 44106, USA.

109. Brodaty H. Luscombe G. Parker G. Wilhelm K. Hickie I. Austin MP. Mitchell P. Increased rate of psychosis and psychomotor change in depression with age. [Journal Article] *Psychological Medicine*. 27(5):1205-13, 1997 Sep.
UI: 9300524

BACKGROUND: We examined the phenomenology of depression in younger (or = 60 years) subjects and, more specifically, the interaction between age and psychomotor disturbance associated with depression. **METHOD:** Two hundred and eighty-five patients with a DSM-III-R diagnosis of unipolar major depression referred to a mood disorders unit were assessed using the CORE rating scale, a sign-based system for defining melancholia. Subjects were also assessed using the Hamilton Rating Scale for Depression, Zung Depression Scale, Newcastle Endogenous Depression Inventory and the General Health Questionnaire. **RESULTS:** The total CORE score (and each of its subscales) was found to interact with age. Rates of psychotic and melancholic depression increased with age. Elderly depressives suffered more severe depression (higher HRSD scores), appetite loss and weight loss. Level of psychomotor disturbance and rates of psychosis did not differ between those elderly subjects with an early onset (before the age of 60 years) and those with a late onset (at or after 60 years) of depression. **CONCLUSIONS:** There appear to be robust phenomenological differences in depression between older and younger subjects. The association between age and psychomotor change may assist our understanding of the neurobiology of depression. Institution
Department of Psychiatry, Prince Henry Hospital, Sydney, NSW, Australia.

110. Hickie I. Scott E. Wilhelm K. Brodaty H. Subcortical hyperintensities on magnetic resonance imaging in patients with severe depression--a longitudinal

evaluation. [Clinical Trial. Journal Article] *Biological Psychiatry*. 42(5):367-74, 1997 Sep 1.
UI: 9276077

In a longitudinal evaluation of 37 patients with severe depression who had undergone brain magnetic resonance imaging (MRI) 6 months-2 years (mean 14.1 months) previously, the degree of residual dysfunction was predicted by the extent of subcortical white matter hyperintensities (WMHS, p Institution School of Psychiatry, University of New South Wales, Sydney, Australia.

111. Graham N. Brodaty H. *Alzheimer's Disease International*. [Editorial] *International Journal of Geriatric Psychiatry*. 12(7):691-2, 1997 Jul.
UI: 9251927

112. Brodaty H. Moore CM. The Clock Drawing Test for dementia of the Alzheimer's type: A comparison of three scoring methods in a memory disorders clinic. [Journal Article] *International Journal of Geriatric Psychiatry*. 12(6):619-27, 1997 Jun.
UI: 9215942

OBJECTIVES: To examine the reliability and validity of the Clock Drawing Test when used as a cognitive screening instrument for mild to moderate dementia, and to compare different scoring mechanisms. **DESIGN:** Retrospective analysis of clock drawing performance using three published scoring methods (Shulman, Sunderland and Wolf-Klein). **SETTING:** Hospital-based memory disorders clinic. **PARTICIPANTS:** A sample of 28 consecutive patients attending the memory clinic for assessment who were given a diagnosis of Alzheimer's disease (mild or moderate) and 28 age- and sex-matched control subjects comprising 17 memory clinic attenders found to be normal and 11 community volunteers. **MEASUREMENTS:** Sensitivity and specificity of the three clock rating scales against memory clinic diagnoses of dementia using DSM-III-R; their respective interrater reliabilities; and comparisons of each with measures of cognitive impairment (the Mini-Mental State Examination and the Blessed Orientation-Information-Memory-Concentration Test), daily performance of basic and instrumental activities (the Blessed Dementia Scale) and depression (the Hamilton Rating Scale for Depression). **RESULTS:** All methods of scoring the Clock Drawing Test correlated well with measures of cognitive impairment ($r = 0.57-0.73$) and daily performance ($r = 0.38-0.48$), were independent of mild depression and demonstrated high sensitivity, specificity and interrater reliability. While all clock scales identified mild to moderate dementia reasonably well, the Shulman method performed best. In screening for dementia, clock drawing proved superior to the MMSE: 24/28 vs 20/28 cases identified. When compared with the MMSE, clock drawing provided additional diagnostic discrimination, identifying 7/8 AD patients with MMSE scores = 24. **CONCLUSIONS:** In a clinic population, clock drawing, especially if scored according to the Shulman scale and combined with the MMSE, is an extremely efficient test screening measure for mild to moderate dementia of

the Alzheimer's type with low false negative and false positive rates. This may have implications for screening elderly populations. Institution
University of New South Wales, Sydney, Australia.

113. Sachdev P. Gaur R. Brodaty H. Walker A. Meares S. Koder D. Haindl W. Longitudinal study of cerebral blood flow in Alzheimer's disease using single photon emission tomography. [Journal Article] *Psychiatry Research*. 68(2-3):133-41, 1997 Feb 7.

UI: 9104760

Ten patients with probable Alzheimer's disease were assessed at baseline and a mean 2 years later using a battery of neuropsychological tests, CT scans and Tc99m-HMPAO SPECT scans. The subjects had declined significantly in their functional indices. Cerebral perfusion measures declined in the parietal lobes, left hemisphere and whole brain, but the overall decline did not reach statistical significance. The decline in brain perfusion did not correlate significantly with the decline in various indices of neuropsychological function, either globally or for specific brain regions. The index of cerebral perfusion correlated significantly with global indices of neuropsychological function at baseline but not at follow-up. No single perfusion index was a significant predictor of clinical progression of dementia. Institution
Neuropsychiatric Institute, Prince Henry Hospital, Matraville, NSW, Australia.

114. Draper B. Winfield S. Luscombe G. The older psychiatrist and retirement. [Journal Article] *International Journal of Geriatric Psychiatry*. 12(2):233-9, 1997 Feb.
UI: 9097217

OBJECTIVE: To determine the clinical practices, retirement plans and post-retirement professional activities of older psychiatrists, comparing retirees with working psychiatrists. **DESIGN:** Postal survey. **PARTICIPANTS:** All Fellows of the Royal Australian and New Zealand College of Psychiatrists aged 55 years and over, resident in Australia or New Zealand. Of 468 eligible subjects, 281 (60%) participated. **MAIN OUTCOME MEASURES:** Location and type of psychiatric practice; hours of work; retirement plans; anticipated and actual retirement criteria; anticipated and actual post-retirement professional activities; self-rated health. **RESULTS:** Working psychiatrists comprised 79% of the sample, being significantly younger (mean 63.8 years) than retirees (mean 72.3 years, $p < 0.001$). **CONCLUSIONS:** Most older psychiatrists gradually retire by reducing work hours and developing new interests. The majority of retirees retain involvement in professional activities, but substantially less than anticipated by those still working. Institution
Academic Department of Psychogeriatrics, Prince Henry Hospital, Little Bay, New South Wales, Australia.

115. Brodaty H. Gresham M. Luscombe G. The Prince Henry Hospital dementia caregivers' training programme. [Clinical Trial. Journal Article. Randomized Controlled Trial] International Journal of Geriatric Psychiatry. 12(2):183-92, 1997 Feb.

UI: 9097211

OBJECTIVE: To describe the theory, elements and practice of a successful caregiver training programme; and report the 8-year outcome. DESIGN: Prospective, randomized control trial and longitudinal follow-up over approximately 8 years. SETTING: Psychiatry unit, general teaching hospital, Sydney, Australia. PARTICIPANTS: 96 persons less than 80 years old with mild to moderate dementia and their cohabiting caregivers. INTERVENTIONS: All patients received a 10-day structured memory retraining and activity programme. Caregivers in the immediate and wait-list caregiver training groups received a structured, residential, intensive 10-day training programme, boosted by follow-ups and telephone conferences over 12 months. Those in the wait-list group entered the programme after waiting 6 months. The third group of caregivers received 10 days' respite (while patients underwent their memory retraining programme) and 12 months booster sessions as for the other groups. MAIN OUTCOME MEASURES: Nursing home admission; time until patient death. MAIN RESULTS: 64% of patients whose caregivers were in the immediate training group, 53% of wait-list group patients and 70% of memory retraining patients had died. Nursing home admission had occurred in 79% of the immediate training, 83% of the delayed and 90% of the memory retraining group. Eight-year survival analysis indicated that patients whose caregivers received training stayed at home significantly longer ($p = 0.037$) and tended to live longer ($p = 0.08$). CONCLUSIONS: Caregiver training programmes demonstrably can delay institutionalization of people with dementia. Institution
Academic Department of Psychogeriatrics, Prince Henry Hospital, Sydney, Australia.
s8300158@vmsuser.acsu.unsw.edu.au

116. Brodaty H. Caregivers and behavioral disturbances: effects and interventions. [Journal Article] International Psychogeriatrics. 8 Suppl 3:455-8, 1996.

UI: 9154607 Institution

Academic Department of Psychogeriatrics, Prince Henry Hospital, Little Bay, New South Wales, Australia.

117. Brodaty H. Luscombe G. Depression in persons with dementia. [Journal Article] International Psychogeriatrics. 8(4):609-22, 1996.

UI: 9147174

The prevalence of depression in persons with dementia is controversial. Among 288 outpatients with dementia, a prevalence of 7.4% was found according to the Hamilton Rating Scale for Depression (HRSD), 8.0% using the Geriatric Depression Scale (GDS), and 6.3% according to DSM-IV criteria. Rates and levels of depression tended to be higher in vascular than in Alzheimer's dementia according to the rating scales, but not according to the DSM-IV criteria. Greater cognitive impairment was associated with

higher HRSD (but not GDS) scores. Cases of clinical depression did not persist over 12 months' follow-up. These results suggest that clinically significant depression in dementia is less common than previously reported and tends to remit. Institution
Academic Department of Psychogeriatrics, Prince Henry Hospital, Sydney, New South Wales, Australia.

118. Joffe HI. Joffe CF. Brodaty H. Ageing Jewish Holocaust survivors: anxieties in dealing with health professionals. [Review] [38 refs] [Journal Article. Review. Review, Tutorial] Medical Journal of Australia. 165(9):517-20, 1996 Nov 4.
UI: 8937375

Jewish Holocaust survivors who emigrated to Australia after World War II are ageing and having more frequent contact with health services. Health professionals often lack the knowledge, training, skill or personal assurance to deal with the effects of massive trauma. Increased awareness of and sensitivity to older Holocaust survivors can lessen their anxieties and, potentially, improve treatment outcome. Such experience may form a useful lesson for health professionals in dealing with refugees from other atrocities as they age. [References: 38] Institution
Chai Foundation, Bondi, NSW.

119. Mitchell P. Hadzi-Pavlovic D. Parker G. Hickie I. Wilhelm K. Brodaty H. Boyce P. Depressive psychomotor disturbance, cortisol, and dexamethasone. [Journal Article] Biological Psychiatry. 40(10):941-50, 1996 Nov 15.
UI: 8915553

We examine the dexamethasone suppression test as a biological correlate of melancholia as defined by the CORE system, a scale for rating objective signs of psychomotor disturbance. Postdexamethasone cortisol concentrations and rates of nonsuppression were higher in CORE, Newcastle, and DSM-III-R defined melancholic groups. These differences, however, were no longer significant after partialling out the combined effects of age, dexamethasone, and basal cortisol concentrations. There was a significant correlation between the CORE (but not the Newcastle) scale and 8:00 AM postdexamethasone cortisol levels, which persisted after partialling out those same three covariates. Dexamethasone concentrations themselves were lower in CORE- and Newcastle-defined melancholics, though these were no longer significant after covarying for cortisol concentrations. Dexamethasone levels were also significantly inversely correlated with CORE and Newcastle scales. A significant correlation between CORE (but not Newcastle) scores and dexamethasone levels at 4:00 PM persisted after partialling out the effects of age and cortisol. These findings indicate an intriguing relationship between the CORE system as a dimensional construct for rating psychomotor disturbance, and both postdexamethasone cortisol and dexamethasone concentrations. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia.

120. Draper B. Anstey K. Psychosocial stressors, physical illness and the spectrum of depression in elderly inpatients. [Journal Article] Australian & New Zealand Journal of Psychiatry. 30(5):567-72, 1996 Oct.

UI: 8902163

OBJECTIVES: To describe all elderly patients hospitalised with principal and secondary diagnoses of depression, and to determine whether a relationship can be demonstrated between psychosocial stressors, physical illness and type of depression. **METHOD:** A retrospective chart review of elderly patients admitted to a general hospital psychiatry ward over a 7-year period with principal or secondary diagnoses of depression was undertaken. Four broad diagnostic categories of depression were used: major depression, psychotic depression, minor depression, and organic depression. Chief outcome measures were: number of medical diagnostic categories, presence of psychosocial stressors, global clinical improvement, and length of stay. **RESULTS:** Of 228 patients admitted with depression (194 principal diagnoses and 34 secondary diagnoses), 100 had major depression, 47 psychotic depression, 48 minor depression and 33 organic depression. Psychiatric comorbidity occurred in 70%, about half of which was due to organic brain syndrome. Patients with psychotic depression had the fewest medical problems and those with organic depression the most, while patients with minor depression had the highest rate of family and marital problems, comorbid personality dysfunction and suicide attempts. Patients with psychotic depression had the longest admissions, while those with minor depression had the shortest. Overall, 89% showed significant clinical improvement. **CONCLUSIONS:** Elderly inpatients have a wide spectrum of depressive disorders with different psychosocial, medical and treatment profiles. Future studies of depression in old age should include all patients with clinical depression. Institution Academic Department of Psychogeriatrics, Prince Henry Hospital, Little Bay, New South Wales, Australia.

121. Eyers K. Brodaty H. Parker G. Boyce P. Mitchell P. Wilhelm K. Hickie I. If the referral fits: bridging the gap between patient and referrer requirements in a tertiary referral unit. [Journal Article] Australian & New Zealand Journal of Psychiatry. 30(3):332-6, 1996 Jun.

UI: 8839943

OBJECTIVE: We examined the reasons for which doctors refer and patients request referral to our tertiary Mood Disorders Unit (MDU), focussing on congruence and 'fit', and the potential for more efficient use of referral resources. **METHOD:** A postal survey of patients (n = 265 or 83% responders) and referrers (n = 156 or 94% responders) sought views regarding referral and service components. Ratings from 156 matched referrer-patient dyads were compared. **RESULTS:** Overall, referrers and patients were satisfied with the MDU. There was disparity between what referrers sought and what patients thought were the reasons for referral, and different perceptions of the value of interventions and the amount of improvement. Congruent matched referrer-patient judgements of patient outcome were more likely to correspond with objective clinician

ratings than discordant ratings. Satisfaction with MDU contact or intervention was not necessarily linked to improvement; better management of chronic depression was also valued. Referrer and patient responses to open-ended questions highlighted beneficial ingredients of referral. CONCLUSIONS: There was considerable lack of fit between referrers' and patients' experience of the referral. Better communication between referrer and patients can clarify the purpose of referral and possibly lead to increased compliance with medical regimens. Institution
Prince Henry Hospital, Little Bay, New South Wales, Australia.

122. Hickie I. Mason C. Parker G. Brodaty H. Prediction of ECT response: validation of a refined sign-based (CORE) system for defining melancholia.[see comment]. [Journal Article] *British Journal of Psychiatry*. 169(1):68-74, 1996 Jul.
UI: 8818371

BACKGROUND: The clinical validity of melancholia has been argued on the basis of its capacity to predict response to electroconvulsive therapy (ECT). We have argued that a sign-based (CORE) rating system of psychomotor disturbance can identify patients with melancholia. Therefore, the clinical validity of the CORE system was tested here in terms of its capacity to predict response to ECT. METHOD: The response of 81 patients with primary affective disorders to an individualised course of ECT was investigated. CORE scores and other clinical predictors were evaluated in terms of their capacity to predict effect size changes in symptoms and disability. RESULTS: CORE scores predicted ECT response, as did the presence of psychotic features. The combination of marked psychomotor change (high CORE scores) and psychotic features predicted the best response to ECT. CONCLUSION: This study supports the clinical validity of the CORE system for diagnosing melancholia. Institution
Academic Department of Psychiatry, St George Hospital, Kogarah, New South Wales, Australia. Comments
Comment in: *Br J Psychiatry*. 1996 Nov;169(5):669; PMID: 8932907

123. Mello CC. Schubert C. Draper B. Zhang W. Lobel R. Priess JR. The PIE-1 protein and germline specification in *C. elegans* embryos. [Letter] *Nature*. 382(6593):710-2, 1996 Aug 22.
UI: 8751440

Totipotent germline blastomeres in *Caenorhabditis elegans* contain, but do not respond to, factors that promote somatic differentiation in other embryonic cells. Mutations in the maternal gene *pie-1* result in the germline blastomeres adopting somatic cell fates. Here we show that *pie-1* encodes a nuclear protein, PIE-1, that is localized to the germline blastomeres throughout early development. During division of each germline blastomere, PIE-1 initially associates with both centrosomes of the mitotic spindle. However, PIE-1 rapidly disappears from the centrosome destined for the somatic daughter, and persists in the centrosome of the daughter that becomes the next germline blastomere. The PIE-1 protein contains potential zinc-finger motifs also found in the mammalian growth-factor

response protein TIS-11/NUP475 (refs 4-7). The localization and genetic properties of pie-1 provide an example of a repressor-based mechanism for preserving pluripotency within a stem cell lineage. Institution

Department of Basic Sciences, Fred Hutchinson Cancer Research Center, Seattle, Washington 98104, USA.

124. Brodaty H. Conneally M. Gauthier S. Jennings C. Lennox A. Lovestone S. Consensus statement on predictive testing for Alzheimer disease. [Review] [15 refs] [Consensus Development Conference. Journal Article. Review] *Alzheimer Disease & Associated Disorders*. 9(4):182-7, 1995.

UI: 8749605 Institution

University of New South Wales, Sydney, Australia.

125. Parker G. Hadzi-Pavlovic D. Hickie I. Brodaty H. Boyce P. Mitchell P. Wilhelm K. Sub-typing depression, III. Development of a clinical algorithm for melancholia and comparison with other diagnostic measures. [Journal Article] *Psychological Medicine*. 25(4):833-40, 1995 Jul.

UI: 7480461

We describe the development of a clinical algorithm to differentiate melancholic from non-melancholic depression, using refined sets of 'endogeneity' symptoms together with clinician-rated CORE scores assessing psychomotor disturbance. Assignment by the empirically developed algorithm is contrasted with assignment by DSM-III-R and with several other melancholia sub-typing indices. Both the numbers of 'melancholics' assigned by the several systems and their capacity to distinguish 'melancholics' on clinical, demographic and a biological index test (the DST) varied across the systems with the algorithm being as 'successful' as several systems that include inter-episode and treatment response variables. Analyses provide information on the criteria set developed for DSM-IV definition of 'melancholia'. Institution

Mood Disorders Unit, Prince Henry Hospital, NSW, Australia.

126. Parker G. Hadzi-Pavlovic D. Brodaty H. Austin MP. Mitchell P. Wilhelm K. Hickie I. Sub-typing depression, II. Clinical distinction of psychotic depression and non-psychotic melancholia. [Journal Article] *Psychological Medicine*. 25(4):825-32, 1995 Jul.

UI: 7480460

We have attempted to clarify clinical differentiating features of psychotic depression. Forty-six depressed subjects meeting DSM-III-R criteria for major depression with psychotic features were compared with (i) DSM-defined melancholic, (ii) Newcastle-defined endogenous, and (iii) a residual DSM-defined major depressive episode group. Additionally, a 'bottom up' latent class analysis (LCA) suggested a larger sample of 82 'psychotic depressive' subjects, and multivariate analyses contrasted these subjects with

both LCA-identified melancholic and all residual depressed subjects. Analyses suggested that, in addition to two features with absolute specificity (delusions and hallucinations), both the DSM-defined and LCA-defined 'psychotic depressive' subjects were significantly more likely to demonstrate marked psychomotor disturbance, to report two morbid cognitions (feeling sinful and guilty; feeling deserving of punishment), as well as be more likely to report constipation, terminal insomnia, appetite/weight loss and (variable across the defined 'psychotic depressive' groups) loss of interest and pleasure. The study identifies a wider set of potentially discriminating clinical variables than previous studies, as well as both indicating the existence and assisting identification of 'true' psychotic depression in the absence of formal psychotic features being acknowledged or elicited. Institution

Mood Disorders Unit, Prince Henry Hospital, NSW, Australia.

127. Eyers K. Brodaty H. Roy K. What the doctor ordered? Referrer satisfaction with a mood disorders unit. [Journal Article] Australian & New Zealand Journal of Psychiatry. 28(3):498-504, 1994 Sep.

UI: 7893246

Assessment of referrers' needs, patterns and satisfaction ratings with a psychiatric service provides both a clinical and service performance indicator. This study explored referrer satisfaction with a tertiary referral mood disorders unit (MDU). The 147 responders comprised 75 psychiatrists, 59 general practitioners and 13 others. Thirty-two percent of referrers were "very satisfied" and 42% "quite satisfied" with their contact with the unit. Components of satisfaction were defined by principal components analysis as "technical competence"; "adequate information and follow-up support"; and "access" to the facility, dimensions confirmed by responses to open-ended questions. Differences were established between the referral needs of psychiatrists and general practitioners, suggesting different treatment emphases. Such surveys provide a framework which can facilitate review and restructuring of important service components of any psychiatric facility. Institution

Mood Disorders Unit, Prince Henry Hospital, Little Bay, Sydney, New South Wales.

128. Draper B. The elderly admitted to a general hospital psychiatry ward. [Journal Article] Australian & New Zealand Journal of Psychiatry. 28(2):288-97, 1994 Jun.

UI: 7993284

In this retrospective study of 489 consecutive elderly admissions to a general hospital psychiatry ward, the main aim was to describe the stressors precipitating admission, psychiatric and medical diagnoses, physical treatments used, length of hospitalisation, and clinical and social outcome. Depression was the predominant diagnosis, with length of stay being correlated with depression severity. The main stressor associated with admissions was a change in medical status of the patient. At least two medical diagnoses were present in 70% of admissions, with many new physical illnesses being diagnosed. Significant improvement was found in 81% of admissions at discharge. Two thirds of

admissions were discharged into independent living arrangements. While these outcomes suggested effective interventions, management difficulties were noted with the mix of elderly and young patients. It is recommended that acute psychogeriatric wards be developed in the general hospital and be located near geriatric medical wards. Institution Academic Department of Psychogeriatrics, Prince Henry Hospital, Little Bay, New South Wales.

129. Eyers K. Brodaty H. Roy K. Parker G. Boyce P. Wilhelm K. Hickie I. Mitchell P. Patient satisfaction with a mood disorders unit: elements and components. [Journal Article] Australian & New Zealand Journal of Psychiatry. 28(2):279-87, 1994 Jun. UI: 7993283

Patient satisfaction is an indicator of effective service provision and may influence compliance with treatment. Of 265 patients attending a specialised mood disorders unit and surveyed at least two years after their initial contact, 221 (83%) replied. Characteristics of responders and non-responders were compared on demographic and clinical information from index assessment and follow-up. Sixty-four percent of responders were very satisfied and 21% partly satisfied with their management. Components of satisfaction included perceived competence of clinical management; the unit's administrative and after-treatment accessibility; and the support of staff and other patients. Those with a more adequate personality and melancholic depression at baseline assessment were more satisfied. A low current mood state at time of survey was associated with lower satisfaction in non-melancholics only. There were interactions between improvement in condition, diagnosis, personality and satisfaction. The survey provided a framework for formulating treatment programmes and was a useful quality assurance tool. Institution Mood Disorders Unit, Prince Henry Hospital, Little Bay, New South Wales.

130. Peisah C. Brodaty H. Practical guidelines for the treatment of behavioural complications of dementia. [Review] [44 refs] [Journal Article. Review. Review, Tutorial] Medical Journal of Australia. 161(9):558-63, 1994 Nov 7. UI: 7968761

A step-by-step approach to management of behavioural problems in dementia is outlined. Initial strategies include assessment of the underlying cause and consideration of non-pharmacological methods of treatment. If pharmacotherapy is required, the altered pharmacokinetics in the elderly and the variable efficacy of different psychotropic drugs should be kept in mind. Recommendations regarding drug dosage, monitoring and review are given. [References: 44] Institution Academic Department of Psychogeriatrics, University of New South Wales, Prince Henry Hospital, Little Bay.

131. Pond CD. Mant A. Kehoe L. Hewitt H. Brodaty H. General practitioner diagnosis of depression and dementia in the elderly: can academic detailing make a difference?. [Journal Article] Family Practice. 11(2):141-7, 1994 Jun.

UI: 7958576

The objective was to improve the ability of general practitioners (GPs) to diagnose depression and dementia compared with standard screening measures. The setting was a retirement village on the outskirts of Sydney, Australia. The study used a prepost design with a 6 month follow-up. The intervention involved a visit to the GP by an academic detailer who spent 15 minutes discussing the diagnosis of depression and dementia. Ratings of depression and dementia on two occasions by GPs, and by independent interviews were made using the Geriatric Depression Scale, Mini-mental State Examination and Canberra Interview for the Elderly. In the case of depression, the level of agreement (Kappa) between the GPs and all instruments increased significantly by a factor of between 2.3 and 3.3. The doctors did not significantly improve in their agreement with the instruments on the diagnosis of dementia. An academic detailing approach to improving GPs' abilities in the diagnosis of depression can be effective. A controlled trial would be justified to confirm this finding. Institution School of Community Medicine, University of New South Wales, Australia.

132. Peisah C. Brodaty H. Dementia and the will-making process: the role of the medical practitioner. [Journal Article] Medical Journal of Australia. 161(6):381-4, 1994 Sep 19.

UI: 8090118 Institution

Academic Department of Psychogeriatrics, Prince Henry Hospital, Little Bay, NSW.

133. Wilhelm K. Mitchell P. Sengoz A. Hickie I. Brodaty H. Boyce P. Treatment resistant depression in an Australian context. II: Outcome of a series of patients. [Journal Article] Australian & New Zealand Journal of Psychiatry. 28(1):23-33, 1994 Mar.

UI: 7915107

The clinical characteristics and treatment outcome of a series of 107 patients referred to a mood disorders unit with an episode of "treatment resistant" Major Depression are reviewed. Subjects were categorised by diagnosis (into melancholic and non-melancholic subtypes) and by adequacy of previous treatment. At subsequent review (mean period of 37.5 months) these patients were re-assessed both in terms of outcome and which treatments had been considered to be most effective. Forty one percent of the patient group were fully recovered and a further 43% were partially improved. Different treatments were considered effective for melancholic and non-melancholic subtypes. Institution

Mood Disorders Unit, Prince Henry Hospital, Little Bay, New South Wales.

134. Wilhelm K. Mitchell P. Boyce P. Hickie I. Brodaty H. Austin MP. Parker G. Treatment resistant depression in an Australian context. I: The utility of the term and approaches to management. [Journal Article] Australian & New Zealand Journal of Psychiatry. 28(1):14-22, 1994 Mar.
UI: 7915106

The concept of "treatment resistant depression" (TRD) has generally been defined in terms of failure to respond to a standard course of somatic therapy with little reference to diagnostic sub-types or relevant psychosocial factors. In this paper we examine problems with the use of the term "treatment resistant depression" and then outline an approach to TRD employed in an Australian mood disorders unit. After discussing the need for a biopsychosocial assessment, multimodal management strategies for melancholic and non-melancholic TRD patients are described. Institution
Mood Disorders Unit, Prince Henry Hospital, Little Bay, New South Wales.

135. Draper B. Psychogeriatric training in Australia and New Zealand: a survey of psychiatry trainees and training program co-ordinators. [Journal Article] Australian & New Zealand Journal of Psychiatry. 28(1):121-8, 1994 Mar.
UI: 8067957

Psychiatry trainees and training program co-ordinators in Australia and New Zealand were surveyed about psychogeriatric training. Responses were received from the co-ordinators of all training programs and 68% of trainees. Over 94% of responding trainees believe they require at least 3 months' psychogeriatric training. Currently about 70% of trainees obtain a psychogeriatric term by Year 4 of training, with 17 out of 21 training programs having positions available. Most trainees positively rate their psychogeriatric training experiences, with 89% enjoying it and 78% believing it adequate for their needs. It is recommended that psychogeriatric training be available to all trainees before sitting the RANZCP Section 1 examinations. Institution
Academic Department of Psychogeriatrics, Prince Henry Hospital, Little Bay, New South Wales.

136. McGilchrist CA. Brodaty H. Peters KE. Harris L. Survival analysis and prognosis for dementia patients. [Journal Article] Journal of Biopharmaceutical Statistics. 4(1):113-25, 1994 Mar.
UI: 8019580

How long a dementia patient is cared for in the home before admission to a nursing home depends on the state of the patient and the state of the caregiver. Using 5-year follow-up data, the times until entry to nursing home and until death are modeled using a Cox survival model in which patient and caregiver variables at entry to study as well as changes in these variables over the following 12 months are the regression variables. Treatment variables quantify the effects of a caregiver training program. Statistical

methods used in fitting the Cox survival model and consequent predictions of survival rates are discussed. Institution
Department of Statistics, University of New South Wales, Kensington, Australia.

137. Parker G. Hadzi-Pavlovic D. Sengoz A. Boyce P. Mitchell P. Wilhelm K. Hickie I. Brodaty H. A brief self-report depression measure assessing mood state and social impairment. [Journal Article] *Journal of Affective Disorders*. 30(2):133-42, 1994 Feb.
UI: 8201127

Many measures of depression severity appear confounded by including depressive sub-typing features. We report the design of a brief (11 item) self-report scale of depression severity (the AUSSI), assessing both mood state and social impairment domains, and designed to be independent of sub-typing features. Mood severity and functional impairment scores demonstrated some independence in a sample of 360 patients. Patients with a 'melancholic' depressive type (categorised by four differing systems) differed from residual 'non-melancholic' depressed patients by having higher impairment scores, but the assigned groups did not differ, in the main, by mood severity scores. Advantages of the measure are summarised. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia.

138. Parker G. Hadzi-Pavlovic D. Wilhelm K. Hickie I. Brodaty H. Boyce P. Mitchell P. Eyers K. Defining melancholia: properties of a refined sign-based measure. [Journal Article] *British Journal of Psychiatry*. 164(3):316-26, 1994 Mar.
UI: 8199785

We hypothesised that psychomotor disturbance is specific to the melancholic subtype of depression and capable of defining melancholia more precisely than symptom-based criteria sets. We studied 413 depressed patients, and examined the utility of a refined, operationally driven set of clinician-rated signs, principally against a set of historically accepted symptoms of endogeneity. We specified items defining psychomotor disturbance generally as well as those weighted either to agitation or to retardation. We demonstrated the system's capacity to differentiate 'melancholic' and 'non-melancholic' depression (and the comparable success of DSM-III-R and Newcastle criteria systems) by reference to several patient, illness and treatment response variables, to an independent measure of psychomotor disturbance (reaction time) and to a biological marker (the dexamethasone suppression test). Institution
University of New South Wales, Australia.

139. Brodaty H. Howarth GC. Mant A. Kurrle SE. General practice and dementia. A national survey of Australian GPs. [Journal Article] *Medical Journal of Australia*. 160(1):10-4, 1994 Jan 3.
UI: 8271977

OBJECTIVE: To find out what difficulties general practitioners (GPs) experience with diagnosing and managing dementia. **DESIGN:** Postal questionnaire to a random stratified sample of one in seven active Australian GPs (2182 of 14,932). **RESULTS:** 1473 GPs (67.5%) responded to the questionnaire. The results indicated reasonable knowledge about diagnostic features of dementia and good insight into common issues facing family carers. Even so, GPs had difficulties with diagnosis and management of dementia and wanted assessment protocols and educational programs. A minority of GPs regularly screened elderly patients for cognitive impairment but the majority relied on passive means of diagnosing dementia. Although generally positive about Aged Care Assessment Teams (ACATs) and Aged Care Community Services (ACCS), GPs expressed some concerns about these services. **CONCLUSIONS:** Recommendations arising from the survey were: development of an assessment protocol and a screening instrument, regular cognitive check-ups for patients over 75 years, educational programs, improved coordination with Aged Care Assessment Teams and Community Services, inventories and registers of local community services and residential facilities, and appropriate Medicare rebates. Institution
Academic Department of Psychogeriatrics, Prince Henry Hospital, Anzac Parade, Little Bay, NSW.

140. Brodaty H. Harris L. Peters K. Wilhelm K. Hickie I. Boyce P. Mitchell P. Parker G. Evers K. Prognosis of depression in the elderly. A comparison with younger patients. [Journal Article] *British Journal of Psychiatry*. 163:589-96, 1993 Nov.
UI: 8298826

The prognosis of depression in the elderly was investigated in a mixed-age sample of 242 consecutive referrals, with DSM-III defined unipolar major depressive episode, to a specialist unit for mood disorders. Subjects were followed up at about 1 and 3.8 years. There was no significant difference in outcome between younger (under 40 years), middle aged (40-59 years) and older (60 years or more) depressed patients. For the 61 elderly subjects with depression, prognosis improved with time, with 25% having a lasting recovery at the first and 41% at the second follow-up. Early onset, recurrence, and poor premorbid personality were associated with a worse prognosis. Three (5%) elderly depressives had committed suicide and seven (11%) had died from natural causes by the second follow-up. Despite some methodological limitations, our findings suggest a more optimistic outlook and the need for longer, more assertive treatment for elderly, depressed patients. Institution
Academic Department of Psychogeriatrics, University of New South Wales, Little Bay, Australia.

141. Brodaty H. Think of depression--atypical presentations in the elderly. [Review] [20 refs] [Journal Article. Review. Review, Tutorial] *Australian Family Physician*. 22(7):1195-203, 1993 Jul.
UI: 8373308

Depression in the elderly may have many presentations. Skill is required in differentiating clinical depressive conditions from mild reactive states and senile dysphoria. Screening tests are available that may assist the doctor in the diagnosis of depression. One of these, the Geriatric Depression Scale (short form), is easily completed by patients (Table 3). Exclusion of organic causes of depression and sub-typing of the depression are the first steps. Correct matching of type of treatment--medication, electroconvulsive therapy, cognitive-behavioural therapy or other forms of therapy--to the type of depression usually leads to a good outcome. Extra caution is required in prescribing medications to older people because of altered pharmacokinetics and the frequent co-occurrence of physical disorders. For example, the use of tricyclic antidepressants is precluded by the presence of cardiac conduction abnormalities, urinary outflow problems, narrow angle glaucoma or postural hypotension and the subsequent risk of falls and fractures. Depression in the elderly carries a much greater risk of endogenous and psychotic sub-types and of suicide. The proportion of the population who are elderly is increasing. Depression in older persons is very common, may be difficult to diagnose, is treatable and has a prognosis similar to that of middle aged or younger patients. Doctors should think depression in older patients and bear in mind possible atypical presentations. When the correct diagnosis, usually possible by taking a careful history, is followed by correct treatment, the outcome can be very rewarding for patient and doctor. [References: 20]Institution
Department of Psychogeriatrics, University of New South Wales.

142. Brodaty H. Harris L. Wilhelm K. Hickie I. Boyce P. Mitchell P. Parker G. Eyers K. Lessons from a mood disorders unit. [Journal Article] Australian & New Zealand Journal of Psychiatry. 27(2):254-63, 1993 Jun.
UI: 8363534

Specialist treatment centres, such as the Mood Disorders Unit (MDU) at Prince Henry Hospital, Sydney, have developed in response to the high prevalence of mood disorders and their frequent persistence and treatment resistance. The MDU's assessment and treatment of patients from a state-wide catchment area and its teaching and research effectiveness are reviewed. Of 479 patients assessed between 1985 and 1989, there were 304 with primary depressive disorders, of whom 154 were followed up by clinical assessment at 52 weeks and 231 by telephone interview at 3 1/2 years. At intake, 59% were tertiary referral patients and 88% were from outside the local area. Two-thirds were recovered 3 1/2 years later, despite the disorders having been generally severe and protracted. Treatment modality was associated primarily with diagnosis, but also with age and somewhat with the patient's personality and consultant psychiatrists' preferences. No consistent predictors of outcome were discerned. Specialist tertiary referral centres, such as the MDU, contribute significantly to treatment success, especially of difficult cases, and enrich teaching and research.Institution
Mood Disorders Unit, Prince Henry Hospital, Little Bay, New South Wales.

143. Parker G. Hadzi-Pavlovic D. Brodaty H. Boyce P. Mitchell P. Wilhelm K. Hickie I. Eysers K. Psychomotor disturbance in depression: defining the constructs. [Journal Article] *Journal of Affective Disorders*. 27(4):255-65, 1993 Apr.
UI: 8509526

Four hundred and thirteen depressed patients were rated on eighteen signs of psychomotor disturbance, and the data examined by factor analyses. A three-factor solution was favoured. In addition to 'retardation' and 'agitation' dimensions (whose derived factor scores suggested independence of those two dimensions), a third 'non-interactive' dimension was evident--with derived factor scores correlating significantly with both the retardation and agitation dimensions. Thus, a 'trunk and branch' analogy was suggested for construing psychomotor disturbance, with a truncal 'psychic' component arborising into retardation and agitation 'motoric' expressions. Higher scores on all three factors were significantly linked with features weighted more to the melancholic 'type' of depression. Institution
Mood Disorders Unit, Prince Henry Hospital, Sydney, Australia.

144. Brodaty H. McGilchrist C. Harris L. Peters KE. Time until institutionalization and death in patients with dementia. Role of caregiver training and risk factors. [Journal Article] *Archives of Neurology*. 50(6):643-50, 1993 Jun.
UI: 8503802

OBJECTIVE--To determine which variables best predict prognosis--time to nursing home admission (NHA) and death--in patients with dementia. DESIGN--Survival analysis employing the Cox proportional hazards model with the use of risk variables pertaining to dementia severity and its rate of progression and caregiver functioning. SETTING--Patients and their caregivers participating in a controlled intervention study of training for caregivers in home management of dementia. PARTICIPANTS--Patients with mild Diagnostic and Statistical Manual of Mental Disorders, Third Edition--defined dementia (N = 91; 68 patients with Alzheimer-type dementia, 20 with vascular dementia, and three with other types) and their caregivers. FOLLOW-UP--All subjects had repeated assessments in the first year to determine rates of change and thereafter annually to determine the date of NHA and/or death. RISK VARIABLES--(1) Caregiver training; (2) dementia severity at index assessment; (3) caregiver stress, neuroticism, and socialization; (4) changes in patients and caregivers during the first 12 months; and (5) patient characteristics. RESULTS--By 5 years' follow-up, 76% of patients had entered a nursing home and 42% had died. Dementia severity and rate of deterioration ("how far" and "how fast") and caregiver psychological morbidity significantly influenced rates of NHA and death. Training of caregivers was significantly associated with delayed NHA and reduced mortality. Greater patient age, non-Alzheimer's dementia, and, unexpectedly, greater caregiver psychological morbidity were associated with shorter survival to death. CONCLUSIONS--Both severity ("how far") and rate of deterioration ("how fast") influence time to NHA and death. Caregiver training may have important ameliorating effects on the prognosis of dementia. Institution

Academic Department of Psychogeriatrics, University of New South Wales, Little Bay, Australia.

145. Hadzi-Pavlovic D. Hickie I. Brodaty H. Boyce P. Mitchell P. Wilhelm K. Parker G. Inter-rater reliability of a refined index of melancholia: the CORE system. [Journal Article] Journal of Affective Disorders. 27(3):155-62, 1993 Mar.
UI: 8478504

We report an inter-rater reliability study of the modified 18-item, sign-based CORE index of melancholia, undertaken on 205 ratings of 35 patients by five clinical research psychiatrists. Inter-rater agreement about the presence or absence of individual items was slight to moderate when examined by the kappa coefficient, but moderate to high when examined by the intraclass correlation statistic. For total CORE scores, perhaps the most important application of the index of melancholia, high levels of intraclass correlation coefficients (ranging 0.79 to 0.90 across the varying rater dyads) were established. When a single cut-off score (of 7/8) was used to allocate patients to either a 'melancholic' or 'non-melancholic' class, only moderate agreement was established between raters in such 'class' assignments--a limitation which can be redressed by imposing a 'probable/possible melancholia' band of scores. Institution
School of Psychiatry, University of New South Wales, Little Bay, Sydney, Australia.

146. Boyce P. Hickie I. Parker G. Mitchell P. Wilhelm K. Brodaty H. Specificity of interpersonal sensitivity to non-melancholic depression. [Journal Article] Journal of Affective Disorders. 27(2):101-5, 1993 Feb.
UI: 8440805

Scores of 69 remitted depressed patients were compared to control subjects on the Interpersonal Sensitivity Measure (IPSM). The patients were categorised into melancholic and non-melancholic sub-groups according to DSM-III criteria. Differences between the depressives and controls were detected but were principally the result of high IPSM scores being returned by the non-melancholic depressives. Melancholic depressives did not differ from the controls in their IPSM scores, supporting the proposition that this depressive sub-type is not associated with a vulnerable personality style. Institution
Department of Psychiatry, University of Sydney, New South Wales, Australia.

147. Parker G. Hadzi-Pavlovic D. Brodaty H. Boyce P. Mitchell P. Wilhelm K. Hickie I. Predicting the course of melancholic and nonmelancholic depression. A naturalistic comparison study. [Journal Article] Journal of Nervous & Mental Disease. 180(11):693-702, 1992 Nov.
UI: 1431821

We assessed improvement patterns and predictors of outcome over a 1-year period, in a sample of depressed patients receiving treatment from a specialized mood disorders unit. Patients with melancholia had a differential improvement pattern from the nonmelancholics in the first 20 weeks, but case rates and severity levels were comparable at 20 weeks and at 1 year. Only three variables (older age at first episode, less severe depression and extraversion) were predictors of improvement in both groups. Improvement was predicted by less psychomotor disturbance, absence of personality disorder, and higher social functioning in the melancholic patients. A reported absence of timidity and shyness in childhood, a briefer duration of depression, and receipt of individual psychotherapy predicted a better outcome in the nonmelancholic patients. Although significant predictors were few overall, the suggested differential relevance for most of the isolated predictors argues for outcome studies that examine melancholic and nonmelancholic depressive disorders separately. Institution Mood Disorders Unit, Prince Henry Hospital, Little Bay, Sydney, Australia.

148. Mitchell P. Parker G. Jamieson K. Wilhelm K. Hickie I. Brodaty H. Boyce P. Hadzi-Pavlovic D. Roy K. Are there any differences between bipolar and unipolar melancholia?. [Journal Article] *Journal of Affective Disorders*. 25(2):97-105, 1992 Jun. UI: 1644992

Although it is now more than 30 years since Leohard originally proposed the distinction between bipolar and monopolar (unipolar) forms of affective disorder, there have been relatively few studies which have investigated clinical features which may differentiate the depressed phase of bipolar disorder from unipolar depression. In this study we examined the value of a new scale for rating depressive mental state signs (the 'core' score system), and a large series of symptoms and risk factors, in distinguishing between 27 age and sex-matched pairs of bipolar and unipolar patients diagnosed as melancholic on several diagnostic criteria. In general, we found a marked similarity between the groups on clinical features of the depressive episode when allowance was made for multiple tests. Bipolar patients, however, had shorter episodes of depression and were less likely to demonstrate 'slowed movements' than unipolar subjects. There were also consistent trends on other items for psychomotor retardation to be less common and agitation to be more likely in the bipolar patients. At the least, these findings suggest that the widely-held belief that bipolar depressed patients typically have psychomotor retardation is not as clear-cut as has been previously described. Institution School of Psychiatry, University of New South Wales, Sydney, Australia.

149. Boyce P. Hickie I. Parker G. Mitchell P. Wilhelm K. Brodaty H. Interpersonal sensitivity and the one-year outcome of a depressive episode. [Journal Article] *Australian & New Zealand Journal of Psychiatry*. 26(2):156-61, 1992 Jun. UI: 1642605

Previous studies have demonstrated that abnormalities of personality can contribute to a poor prognosis following a depressive episode. In this study the relevance of a specific

personality trait, interpersonal sensitivity, to poor outcome was examined. One hundred and eleven depressives completed the Interpersonal Sensitivity Measure (IPSM) twenty weeks after a baseline assessment. High scores on the IPSM were associated with a poor outcome at one year following the baseline assessment, judged according to whether they had remitted clinically or not and by the degree of change in depression severity measured using the Hamilton and Zung Depression Rating Scales. The relevance of this personality trait to the course and treatment of depression is discussed. Institution Mood Disorders Unit, Prince Henry Hospital, Sydney, NSW.

150. Ehrlich F. Bowring G. Draper B. Poulos C. Salgado R. Caring for carers--a national problem. [Journal Article] Medical Journal of Australia. 156(9):590-2, 1992 May 4.

UI: 1625607 Institution

Professorial Unit, Aged and Extended Care, St George Hospital, Kogarah School of Community Medicine, University of New South Wales.

151. Chen L. Krause M. Draper B. Weintraub H. Fire A. Body-wall muscle formation in *Caenorhabditis elegans* embryos that lack the MyoD homolog *hlh-1*. [Journal Article] Science. 256(5054):240-3, 1992 Apr 10.

UI: 1314423

The myoD family of DNA binding proteins has been implicated in the control of myogenesis in a variety of organisms. Searches for homologs in the nematode *Caenorhabditis elegans* yielded only one gene, designated *hlh-1*, expressed in body-wall muscle cells and their precursors. To assess the role of *hlh-1* in *C. elegans* myogenesis, genetic deficiencies spanning the *hlh-1* locus were isolated after gamma irradiation. Embryos homozygous for these deficiencies exhibited extensive body-wall muscle differentiation, including expression of several characteristic myofilament proteins and weak contractile behavior. Thus, zygotic *hlh-1* expression was not required for body-wall muscle precursors to adopt muscle cell fates. Institution Carnegie Institution of Washington, Baltimore, MD 21210.

152. Parker G. Boyce P. Mitchell P. Hadzi-Pavlovic D. Wilhelm K. Hickie I. Brodaty H. Comparison of clinician rated and family corroborative witness data for depressed patients. [Journal Article] Journal of Affective Disorders. 24(1):25-34, 1992 Jan.

UI: 1545042

There appear to be few published studies that have examined the levels of agreement between ratings of features of depression as assessed by clinicians and by corroborative witnesses. We therefore report a study of 141 depressed patients assessed by a clinical psychiatrist at a semi-structured interview, reviewing family and historical data as well as depressive symptoms, and rated on a series of designated mental state signs. A family

member completed questionnaire data assessing the same features. Moderate agreement was obtained only for several historical items (e.g., previous depressive episode, response to ECT). Agreement was minimal or non-existent on numerous clinical symptoms and signs of depression. A number of sources of disagreement are considered, and it is suggested that discordance may have emerged principally from the contrasting domains and training experiences of the clinicians and the corroborative witnesses. Institution School of Psychiatry, University of New South Wales, Sydney, Australia.

153. Parker G. Hadzi-Pavlovic D. Mitchell P. Hickie I. Wilhelm K. Brodaty H. Boyce P. Roy K. Psychosocial risk factors distinguishing melancholic and nonmelancholic depression: a comparison of six systems. [Journal Article] *Psychiatry Research*. 39(3):211-26, 1991 Dec.
UI: 1798821

We examined six systems or scales designed to distinguish melancholia from residual nonmelancholic depressive disorders in a sample of 305 patients. A count of the number of significant psychosocial risk factors showed that a clinical diagnosis was the most differentiating (19 significant risk factors), followed by the Newcastle index (13), DSM-III (10), and the CORE system (10)--the last essentially assessing psychomotor change; Research Diagnostic Criteria (RDC) (7) and an endogeneity symptom scale (2) were the least differentiating. A subsample of "composite melancholics" was derived, comprising 138 who met "melancholia" criteria for DSM-III, RDC, and CORE, and they were contrasted with residual depressives. The composite melancholics were older, had had a briefer depressive episode, and differed significantly on 12 risk factors, essentially being less likely to report deprivational experiences such as deficient parenting and dysfunctional marital relationships. We suggest that such a risk factor strategy is of potential use in refining the clinical definition of melancholia. Institution School of Psychiatry, University of New South Wales, Randwick, Australia.

154. Draper B. Potentially reversible dementia: a review.[see comment]. [Review] [117 refs] [Journal Article. Review. Review, Tutorial] *Australian & New Zealand Journal of Psychiatry*. 25(4):506-18, 1991 Dec.
UI: 1793420

Potentially reversible dementia is reviewed with reference to diagnosis, causes and outcome. Many disorders which cause cognitive impairment, such as drug toxicity and depression, fail to meet diagnostic criteria for dementia. These tend to have the best prognosis. Studies of the neuropsychiatric syndromes associated with disorders causing potentially reversible dementias suggest that dementia is an infrequent outcome and when it does occur, few cases recover. Factors predictive of improvement are short duration of symptoms and mild degree of cognitive impairment, usually subcortical in type. It is suggested that potentially reversible cognitive impairment would be a more accurate term as many cases are due to delirium and depression. While cases of well established dementia do not require extensive investigation, all cases should have a thorough clinical

assessment as in many instances dual pathology exists and all require psychosocial management. [References: 117]Institution
Rehabilitation, Age and Extended Care Department, St George Hospital, Kogarah,
NSW. Comments
Comment in: Aust N Z J Psychiatry. 1992 Jun;26(2):326-7; PMID: 1642631

155. Brodaty H. Peters K. Boyce P. Hickie I. Parker G. Mitchell P. Wilhelm K. Age and depression. [Journal Article] Journal of Affective Disorders. 23(3):137-49, 1991 Nov.
UI: 1774429

The interaction of age and depression was investigated by comparing differences between elderly (greater than or equal to 60 years old) and younger consecutive in- and out-patient referrals to a tertiary referral mood disorders unit. Older patients with unipolar major depressive episode were more likely to be psychotic and agitated regardless of depressive subtype and less likely to have personality inadequacies or a family history of affective disorder. In this sample, elderly depressives' rating of diagnosis, severity, endogeneity and social impairment were similar, irrespective of age of first onset of depression, but a positive family history and personality abnormalities were less likely in late-onset depressives. Institution
Academic Department of Psychogeriatrics, University of New South Wales, Australia.

156. Cullen M. Mitchell P. Brodaty H. Boyce P. Parker G. Hickie I. Wilhelm K. Carbamazepine for treatment-resistant melancholia. [Journal Article] Journal of Clinical Psychiatry. 52(11):472-6, 1991 Nov.
UI: 1744065

BACKGROUND: There have only been a few studies of the role of carbamazepine in the management of treatment-resistant depression. METHOD: The response to carbamazepine of 16 melancholic patients, who had been depressed for an extended period despite a number of standard treatments, was studied retrospectively. RESULTS: Seven patients (44%) had a moderate or marked improvement. The responders included both psychotic and nonpsychotic depressives, and patients with concurrent organic brain disease. There was, however, a high rate of complications, with 5 of these 7 responders (71%) having to discontinue carbamazepine because of adverse effects. This high rate of complications may have reflected the older age of our sample. CONCLUSION: These findings suggest the efficacy of carbamazepine in melancholic patients who have not responded to conventional treatments, but indicate that the high rate of significant side effects may limit its long-term usefulness. Institution
Mood Disorders Unit, Prince Henry Hospital, Sydney, Australia.

157. Parker G. Hadzi-Pavlovic D. Hickie I. Boyce P. Mitchell P. Wilhelm K. Brodaty H. Distinguishing psychotic and non-psychotic melancholia. [Journal Article] *Journal of Affective Disorders*. 22(3):135-48, 1991 Jul.
UI: 1918657

To examine the necessary and sufficient status of delusions and hallucinations as clinical features of psychotic (delusional) depression, we studied a consecutive sample of 137 patients meeting DSM-III, RDC and our clinical criteria for endogenous depression/melancholia, of whom 35 had delusions and/or hallucinations, and represented our putative 'psychotic depressives' (PDs). The PDs were contrasted with the remaining 'endogenous depressives' (the EDs), and an age- and sex-matched subsample of the latter, the MEDs. Univariate and multivariate analyses of clinical features established that, in addition to the presence of delusions and/or hallucinations, the PDs could be distinguished in particular by severe psychomotor disturbance, as well as by sustained and unvarying depressive content, the absence of any diurnal mood variation and by constipation. Latent class analyses suggested that overt psychotic features (such as delusions and hallucinations) were sufficient but not necessary for a subject to be assigned to the 'psychotic' latent class, and a subsequent chart review suggested that, in some PDs actual psychotic features may not be able to be elicited because of severe psychomotor change, suggesting that clinical reliance on eliciting delusions or hallucinations may result in a number of 'masked psychotic depressives' escaping valid diagnosis.

Institution
Mood Disorders Unit, School of Psychiatry, University of New South Wales, Australia.

158. Parker G. Hadzi-Pavlovic D. Hickie I. Mitchell P. Wilhelm K. Brodaty H. Boyce P. Eyers K. Pedic F. Psychotic depression: a review and clinical experience. [Journal Article] *Australian & New Zealand Journal of Psychiatry*. 25(2):169-80, 1991 Jun.
UI: 1678937

We review research literature on psychotic (delusional) depression, including demographic, illness pattern, clinical, biological marker and treatment issues. Secondly, we report a study of a consecutive sample of 137 patients meeting criteria for DSM-III melancholia, RDC definite endogenous depression and our "clinical" criteria for endogenous depression, of whom there were 35 "psychotic depressives" (PDs). The PDs were contrasted with the remaining 76 depressives (EDs) and with an age and sex-matched subset (MEDs). The PDs were distinctly older than the EDs at assessment and at initial onset of any affective disorder. Compared to the MEDs, they tended to have longer illnesses, were more likely to be hospitalised (and to have longer stays), to receive (in the past and for the current episode) combination antipsychotic/antidepressant medication and/or ECT, and to have a poorer course over the following year. They were no more likely to have a bipolar pattern, a family history of depressive disorder, schizophrenia or alcoholism, or vegetative depressive features. Developmental psychosocial stressors and antecedent life event stressors were not over-represented. Most of the PDs had delusions, one-fifth reported hallucinations and psychomotor disturbance was marked. Other

differential clinical findings were sustained mood disturbance, constipation, and the absence of a diurnal variation in mood and energy. Institution
Mood Disorders Unit, Prince Henry Hospital, Sydney.

159. Brodaty H. Psychiatric care of the elderly. [Letter] Australian & New Zealand Journal of Psychiatry. 25(2):159, 1991 Jun.
UI: 1877950

160. Mitchell P. Smythe G. Parker G. Wilhelm K. Brodaty H. Boyce P. Hickie I. Growth hormone and other hormonal responses to clonidine in melancholic and nonmelancholic depressed subjects and controls. [Journal Article] Psychiatry Research. 37(2):179-93, 1991 May.
UI: 1652141

To study putative differences in central neurotransmitter function in depressive subtypes, growth hormone, adrenocorticotrophic hormone (ACTH), cortisol, and prolactin responses to the alpha 2-noradrenergic receptor agonist clonidine (1.3 micrograms/kg i.v.) were examined in 26 subjects with major depression, 13 of whom had melancholia. The responses of 10 of these endogenous/melancholic subjects were compared with those of 10 controls who were matched to the patients on age, sex, and menopausal status. In 15 of the depressed subjects, prolactin and cortisol responses to the putative serotonergic agonist fenfluramine were also examined to test for associations between these challenges. There were no significant differences in any of the responses between melancholic and nonmelancholic depressive subgroups after controlling for age and sex. With the exception of a greater reduction in ACTH in the endogenous/melancholic subjects, there were also no significant differences in hormonal responses between these patients and controls. There was, however, a significantly greater reduction in systolic blood pressure in the control subjects. There were no significant correlations between the responses to clonidine and fenfluramine. The findings suggest that clonidine at a dosage of 1.3 micrograms/kg is neither able to differentiate reliably between depressive subtypes nor to differentiate reliably between depressed and control subjects. Institution
School of Psychiatry, University of New South Wales, Sydney, Australia.

161. Brodaty H. Peters KE. Cost effectiveness of a training program for dementia carers. [Journal Article] International Psychogeriatrics. 3(1):11-22, 1991.
UI: 1907508

An intensive 10-day residential training program for dementia carers has previously been shown to be associated with increased patient survival at home and decreased psychological morbidity in carers (Brodaty & Gresham, 1989). Results from a further follow-up, about 39 months after entry into the trial, were even more impressive. Patients whose carers had trained in the program had much higher adjusted rates of survival at home (53% versus 13%) and, unexpectedly, fewer deaths (20% versus 41%) than those

whose carers did not have training. Patients whose carers had delayed training achieved intermediate results (31% surviving at home and 21% dying). These results were achieved with an average saving of \$A7,967 (\$U.S.5975) per patient over the first 39 months. Institution
Memory Disorders Clinic, Prince Henry Hospital, Sydney, Australia.

162. Parker G. Hall W. Boyce P. Hadzi-Pavlovic D. Mitchell P. Wilhelm K. Brodaty H. Hickie I. Eysers K. Depression sub-typing: unitary, binary or arbitrary?[see comment]. [Journal Article] Australian & New Zealand Journal of Psychiatry. 25(1):63-76, 1991 Mar.
UI: 2049022

The strongest statistical support for the binary view of depression has been provided by factor (principal components) analytic studies which delineate a bipolar factor with features interpreted as reflecting "endogenous depression" and "neurotic depression" at opposing poles. We review the seminal studies to suggest instead that the bipolar factor has generally polarised depression and anxiety, and that no such entity or symptom complex of "neurotic depression" has been isolated. Instead "neurotic depression" has been defined principally by features of anxiety and personality style. We argue that the suggested entity is, in fact, a pseudo-entity, being no more than a residual group of non-depressive features without any significant intrinsic depressive characteristics. We support our interpretation by showing comparable solutions in published studies of depressives alone, contrasted with separate analyses of anxious and depressed patients. We also report two studies in which the "neurotic depressive" pole is made to appear and disappear by the inclusion and exclusion of anxiety items. As factor analytic studies have defined the "residual" pole so variably, we argue that some features held to distinguish neurotic depression are of no utility and that such a diagnosis is meaningless. We suggest that the clinician should not proceed (after excluding endogenous depression) to conclude that the default option is necessarily an entity "neurotic depression" and that instead a heterogeneous group of options (e.g. anxiety, personality disorder) require review. If the "neurotic depressive" type of the multivariate analytic studies is a pseudo-entity, then a modified unitary view of depression may be valid. Institution

Mood Disorders Unit, Prince Henry Hospital, Sydney. Comments
Comment in: Aust N Z J Psychiatry. 1991 Jun;25(2):160; PMID: 1877952

163. Mitchell P. Smythe G. Parker G. Wilhelm K. Hickie I. Brodaty H. Boyce P. Hormonal responses to fenfluramine in depressive subtypes. [Journal Article] British Journal of Psychiatry. 157:551-7, 1990 Oct.
UI: 2131137

In order to study putative differences in central neurotransmitter function in depressive subtypes, serum cortisol and prolactin responses to the putative serotonin agonist fenfluramine were examined in 30 subjects with major depression. Patients with endogenous depression (melancholia) as defined by each of ICD-9, DSM-III, RDC and

Newcastle scale demonstrated a reduced prolactin response to 60 mg oral fenfluramine when compared with non-endogenous subjects. This was independent of either prolactin or cortisol baseline levels, and indicates that there are differences in brain neurotransmitter function in the endogenous and non-endogenous subtypes of depression. Basal prolactin levels were reduced in bipolar compared with unipolar subjects, and delusional compared with non-delusional patients, although there were no differences in the prolactin responses to fenfluramine between these subgroups. Basal cortisol levels and cortisol response to fenfluramine did not distinguish between any of the subtypes. Institution
School of Psychiatry, University of New South Wales, Sydney.

164. Brodaty H. Low diagnostic yield in a memory disorders clinic. [Journal Article] *International Psychogeriatrics*. 2(2):149-59, 1990.
UI: 2101303

A review of the first 144 patients to attend a Memory Disorders Clinic found not one case of treatable dementia. The use of a routine comprehensive battery of investigations was not supported: however, computerized tomographic brain scans and electroencephalograms were moderately useful in diagnosing dementia. Clinical features and historical data did not discriminate early- from late-onset Alzheimer's disease or Alzheimer's disease from multi-infarct dementia. Institution
Academic Department of Psychogeriatrics, Prince Henry Hospital, Sydney, Australia.

165. Brodaty H. Griffin D. Hadzi-Pavlovic D. A survey of dementia carers: doctors' communications, problem behaviours and institutional care. [Journal Article] *Australian & New Zealand Journal of Psychiatry*. 24(3):362-70, 1990 Sep.
UI: 2241720

A survey of carers belonging to the Alzheimer's Disease and Related Disorders Society (ADARDS) had three aims: (i) to investigate the process of health professionals providing information to patients and carers; (ii) to determine the nature of problems burdening carers; and (iii) to examine factors associated with institutional placement. Carers reported on deficiencies in the provision of information and indicated their preferences as to how the information should be given. ADARDS, general practitioners and other health professionals were reportedly helpful, with each appearing to have a role in providing information about dementia. Multiple problem behaviours were reported by most carers, especially difficulties with communication, the need for constant supervision and disruption to personal life. Institutional care was most highly correlated with dependency problems, severity of dementia and a non-spouse carer. Implications include the need for training of doctors in communication and education about dementia with particular attention to management of dependency problems. Institution
Memory Disorders Clinic, Prince Henry Hospital, Little Bay, NSW.

166. Brodaty H. Hadzi-Pavlovic D. Psychosocial effects on carers of living with persons with dementia. [Journal Article] Australian & New Zealand Journal of Psychiatry. 24(3):351-61, 1990 Sep.

UI: 2241719

A survey of members of the Alzheimer's Disease and Related Disorders Society confirmed high rates of psychological morbidity, though not of depression, and social isolation in family carers of persons with dementia. Psychological morbidity in carers was associated with having an affected person at home, the carer being a spouse, demanding problem behaviours, poor physical health in the carer, social isolation, dissatisfaction with social supports, greater use of psychotropic medication, and a deteriorated marital relationship. Carers and patients had high rates of consultations with doctors and other health professionals. There was a vulnerable group of carers who were impaired psychologically, socially and physically. The identification of risk factors to carer morbidity may lead to useful interventions. Institution
Memory Disorders Clinic, Prince Henry Hospital, Little Bay, Australia.

167. Boyce P. Parker G. Hickie I. Wilhelm K. Brodaty H. Mitchell P. Personality differences between patients with remitted melancholic and nonmelancholic depression. [Journal Article] American Journal of Psychiatry. 147(11):1476-83, 1990 Nov.

UI: 2221159

Seventy-five patients with remitted depression were categorized as having melancholic-endogenous or non-melancholic-nonendogenous depression according to DSM-III criteria, Research Diagnostic Criteria, and the Newcastle endogeneity scale. The patients' scores on four personality scales--the Eysenck Personality Inventory, the Interpersonal Dependency Inventory, locus of control, and the Interpersonal Sensitivity Measure--were then compared. Patients with nonmelancholic-nonendogenous depression were generally rated as having more vulnerable personality styles, but the differences were dependent on the particular diagnostic system used. A principal components analysis isolated three underlying personality constructs--dependency, introversion, and timidity. Patients with nonmelancholic-nonendogenous depression scored as significantly more dependent. Institution

Mood Disorders Unit, Prince Henry Hospital, Little Bay, NSW, Australia.

168. Parker G. Hadzi-Pavlovic D. Boyce P. Wilhelm K. Brodaty H. Mitchell P. Hickie I. Eysers K. Classifying depression by mental state signs. [Journal Article] British Journal of Psychiatry. 157:55-65, 1990 Jul.

UI: 2397363

The possibility that separation of a categorical depressive disease ('melancholia') from remaining depressive disorders can be improved by assessment of mental state signs was examined in patients treated by representative Sydney psychiatrists and patients referred to a specialised mood disorders unit. A set of signs, principally assessing retardation, was

derived within the two samples by principal-components and latent-class analyses. Scores were significantly correlated with clinical, DSM-III, and RDC diagnoses, and appeared independent of severity, suggesting that melancholia can be defined phenomenologically. Scores were also associated with several 'validating' factors. Comparative analyses of a refined list of melancholia symptoms suggested that ratings of defined signs are likely to have greater capacity than symptom ratings to differentiate melancholia from residual depressive disorders. Institution
University of New South Wales, Australia.

169. Draper B. Cole A. Folie a deux and dementia. [Case Reports. Journal Article] Australian & New Zealand Journal of Psychiatry. 24(2):280-2, 1990 Jun.
UI: 2396970

Folie a deux has been infrequently reported in dementia patients. A case is described in which both partners with folie a deux suffered from an Alzheimer type dementia. The development and management of folie a deux in dementia is discussed. Institution
St. George Hospital, Kogarah NSW.

170. Draper B. The effectiveness of services and treatment in psychogeriatrics. [Review] [121 refs] [Journal Article. Review. Review, Tutorial] Australian & New Zealand Journal of Psychiatry. 24(2):238-51, 1990 Jun.
UI: 2204338

The future development of new psychogeriatric services in Australia may well depend upon the demonstration of their potential effectiveness and efficiency. Descriptive accounts of effective services provide ample guidelines, although formal evaluation is lacking. Examining the major psychiatric disorders of the elderly shows that most are functional. Effective acute psychiatric treatment is available for these. In dementia cases, effective therapies exist for the reduction of secondary behavioural disabilities in the sufferer and the stress on carers. Adequately resourced comprehensive psychogeriatric services would be best equipped to deliver such treatments. [References: 121] Institution
St George Hospital, Kogarah, NSW.

171. Draper B. Overuse of psychotropic drugs by the elderly. [erratum appears in Aust N Z J Psychiatry 1990 Dec;24(4):456]. [Letter] Australian & New Zealand Journal of Psychiatry. 24(2):157, 1990 Jun.
UI: 2076117

172. Hickie I. Wilhelm K. Parker G. Boyce P. Hadzi-Pavlovic D. Brodaty H. Mitchell P. Perceived dysfunctional intimate relationships: a specific association with the non-melancholic depressive subtype. [Journal Article] Journal of Affective Disorders. 19(2):99-107, 1990 Jun.

UI: 2142704

Associations between perceptions of dysfunctional current intimate relationships and subtypes of depressive disorders were quantified in a sample of 136 patients, using the Intimate Bond Measure (IBM). Deficient care was two to three times more likely to be reported by patients with non-melancholic disorders than by matched subjects, but was no more likely to be reported by patients with melancholic disorders, suggesting a risk factor selective for depressive type. Patients who reported markedly deficient care in childhood were more likely to report very poor current intimate relationships. For the remaining patients, however, no evidence of continuity between a dysfunctional parental relationship and a current dysfunctional intimate relationship was found. Institution Division of Psychiatry, Prince Henry Hospital, Little Bay, Sydney, Australia.

173. Brodaty H. The use of THA for Alzheimer's disease. [Letter] Medical Journal of Australia. 152(11):614, 1990 Jun 4.
UI: 2348794

174. Boyce P. Hadzi-Pavlovic D. Parker G. Brodaty H. Hickie I. Mitchell P. Wilhelm K. Depressive type and state effects on personality measures. [Journal Article] Acta Psychiatrica Scandinavica. 81(2):197-200, 1990 Feb.
UI: 2327283

We examine the hypothesis that the effect of mood state on personality questionnaire scores is more a function of diagnosis than of depression severity. Sixteen endogenous and 83 neurotic depressives completed a battery of personality questionnaires at a baseline assessment and again 20 weeks later. Scores on the personality measures changed significantly. Endogenous depressives were found to have more pronounced changes on measures of dependence and timidity, but when change in mood state was partialled out only one of the dependence measures and timidity remained significant. Thus the hypothesis only received partial support--change in mood state appears to be the major factor in elevating personality questionnaire scores. Institution Mood Disorders Unit, Prince Henry Hospital, Australia.

175. Brodaty H. Gresham M. Effect of a training programme to reduce stress in carers of patients with dementia.[see comment]. [Clinical Trial. Controlled Clinical Trial. Journal Article] BMJ. 299(6712):1375-9, 1989 Dec 2.
UI: 2513967

OBJECTIVE--To reduce the psychological stress and improve the skills in coping of people who care for relatives with dementia. DESIGN--Assessment and suitability of carers by questionnaire; assessment of patients and carers in a hospital outpatient clinic; allocation to groups according to date of application to study. Linkage of groups of four carers and programme coordinator by telephone conference calls over 12 months after

programmes. Reassessment at three, six, 12, and, for those in the "wait list" group, 18 months. SETTING--The programmes were conducted in the psychiatry unit of a Sydney teaching hospital. SUBJECTS--Eligible patients were less than 80 years old, had mild to moderate dementia, and lived at home with their carer. Of the 96 patient-carer pairs in the study, 33 were in the dementia carers' programme group, 31 were in the memory retraining group, and 32 were in the wait list group. INTERVENTIONS--Carers in the dementia carers' programme received training in coping with the difficulties of looking after patients with dementia while the patients had sessions in subjects such as memory retraining. In the memory retraining programme patients were admitted and received the patient component of the carers' programme while their carers had 10 days' respite. In the wait list group carers waited six months before undertaking the carers' programme. MAIN OUTCOME MEASURES--Effect of the programmes on carers' general health questionnaire scores and the rate of placement of patients in institutions. RESULTS--At 12 months' follow up the carers' programme had resulted in significantly lower psychological stress among carers than the memory retraining programme (mean (SD) general health questionnaire scores at 0 months were 6.31 (6.23) and 3.60 (6.25) respectively, and at 12 months were 4.69 (5.58) and 7.40 (9.39); p less than 0.05.) In the wait list group distress scores remained stable, even after the carers and patients had undertaken the carers' programme. Patients deteriorated over 12 months regardless of group allocation, but at 30 months, allowing for patients who died and could not be included in the analysis, 65% of patients in the carers' programme group were still living at home compared with 26% in the memory retraining programme group. CONCLUSION--The intensive intervention programme described for carers of patients with dementia can reduce the psychological morbidity of the carer and delay the placement of the patient in an institution without increasing the use of health services by either patient or carer. Institution
Memory Disorders Clinic, Prince Henry Hospital, Sydney, Australia. Comments
Comment in: BMJ. 1990 Feb 3;300(6720):330; PMID: 2106971

176. Hayward L. Brodaty H. THA and Alzheimer's disease. [Letter] Australian & New Zealand Journal of Psychiatry. 21(4):618-9, 1987 Dec.
UI: 3449055

177. Brodaty H. Boyce P. Wilhelm K. Mitchell P. Parker G. The establishment of a mood disorders unit. [Journal Article] Australian & New Zealand Journal of Psychiatry. 21(3):375-81, 1987 Sep.
UI: 3435377

The establishment within a general hospital psychiatry ward of a mood disorders unit (MDU), a specialised facility for the assessment and treatment of patients with affective disorders, is described. The aims include provision of a clinical service, a teaching resource for affective disorders and the development of a research centre. Details are provided of the organisation of the MDU, the development of programs for management of patients and the difficulties encountered. In the first year, 164 patients were assessed,

of whom 36 were judged not to have a primary mood disorder. For the remainder, the most common DSM-III diagnosis was major depressive episode (n = 68), with about half having the melancholic sub-type. It is argued that a specialised diagnosis-related facility is feasible within a general hospital psychiatry service with area health commitments. Institution
Mood Disorders Unit, Prince Henry Hospital, Little Bay, NSW.

178. Brodaty H. Techniques in brief psychotherapy. [Journal Article] Australian & New Zealand Journal of Psychiatry. 17(2):109-15, 1983 Jun.
UI: 6578785

There is a need for clear definitions of psychotherapeutic techniques in order to allow for proper evaluation and application of the process of brief psychotherapy. The literature is reviewed on five technical factors germane to brief dynamic psychotherapy: time, activity, focus, transference and termination. With the exception of Malan's (1963, 1976a) finding of the efficacy of therapist-parent interpretations there are no replicated data available to support the use of any particular technique. This lack of supporting evidence may reflect insufficient specificity and definition in the use of brief psychotherapy, and an excessively generalised approach to research.

179. Brodaty H. Andrews G. Brief psychotherapy in family practice. A controlled prospective intervention trial. [Clinical Trial. Journal Article] British Journal of Psychiatry. 143:11-9, 1983 Jul.
UI: 6349737

In a prospective (controlled) trial, the result in 18 patients receiving eight, weekly half-hour sessions of brief problem-oriented dynamic psychotherapy was compared with the result in an equal number receiving eight, weekly half-hour sessions of family practitioner therapy and in another 20 receiving no additional therapy. The subjects were drawn from patients at ten suburban family practices in Sydney. They had had psychological complaints for at least six months. No differences between the three treatment groups were found in the final outcome, either in a symptom severity and social dysfunction factor or in a physical disability and medication factor.

180. Draper B. Drugs and the elderly: keep taking the tablets. [Journal Article] Nursing Mirror. 156(13):26-9, 1983 Mar 30.
UI: 6551871

181. Bailey M. Brodaty H. Life after hospital: trials of a boarding house 'mother'. [Case Reports. Journal Article] Australian & New Zealand Journal of Psychiatry. 16(4):289-92, 1982 Dec.
UI: 6963175

What is life like for the many psychiatric patients discharged from hospital to boarding houses? The 'mother' of a Sydney boarding house describes how her 'family' has taken root, grown, developed and made a stable home. Many behaviours not tolerated in the community (e.g. public masturbation) are acceptable in the home but there are limits and rules (e.g. not in the dining room). A good home needs the responsible person to be open, honest, understanding and sensitive to changes in guests. Psychiatric services and welfare agencies need to recognise the major contributions of well-run boarding houses and need to liaise more with the proprietors.

182. Andrews G. Armstrong MS. Brodaty H. Hall W. Harvey PR. Tennant CC. Preparing outlines of current treatments in psychiatry. [Journal Article] Australian Clinical Review. (5):20-2, 1982 Jun.
UI: 7168704

183. Brodaty H. Andrews G. Austin A. Psychiatric illness in general practice II: how is it managed?. [Journal Article] Australian Family Physician. 11(9):682-6, 1982 Sep.
UI: 7150097

184. Brodaty H. Iatrogenic danger for joggers. [Case Reports. Letter] Medical Journal of Australia. 2(8):360, 1982 Oct 16.
UI: 7144667

185. Brodaty H. Andrews G. Kehoe L. Psychiatric illness in general practice. I: Why is it missed?. [Journal Article] Australian Family Physician. 11(8):625-7, 629-31, 1982 Aug.
UI: 7138407

186. Brodaty H. Andrews G. Grant WB. An attempt to predict who will benefit from brief psychotherapy in a general practice setting. [Journal Article] Australian & New Zealand Journal of Psychiatry. 16(1):69-73, 1982 Mar.
UI: 6956329

The possibility of predicting success in patients receiving brief problem orientated psychotherapy was tested in 18 adult patients selected from 10 Sydney general practices. Ratings were made of six clinical prediction criteria at the beginning of therapy and outcome was assessed directly after therapy and 12 months later. There were modest but significant correlations, particularly among the women, between the sum of the prediction ratings and the outcome 12 months after therapy.

187. Andrews G. Tennant C. Brodaty H. The need for psychiatric care. [Journal Article] *Medical Journal of Australia*. 1(11):593-4, 1981 May 30.
UI: 7254041

188. Andrews G. Brodaty H. General practitioner as psychotherapist. [Journal Article] *Medical Journal of Australia*. 2(12):655-9, 1980 Dec 13.
UI: 7219299

The importance of general practitioners attending to the emotional problems of their patients is demonstrated. Evidence has been presented concerning the feasibility and cost effectiveness of general practitioners developing the skills required to manage such disorders. A model for training general practitioners in counselling and interviewing skills, and in the more complex psychological therapies, is presented. It is argued that such an integrated approach would produce results superior to the present fragmented approach.

189. Draper B. White EF. Puerperal insertion of the Dalkon shield: a private practice experience. [Journal Article] *American Journal of Obstetrics & Gynecology*. 115(2):278-9, 1973 Jan 15.
UI: 4691851

190. Draper B. Local anesthetic toxicity in obstetrics. Case report. [Journal Article] *Missouri Medicine*. 68(3):187-8, 1971 Mar.
UI: 5100773