patients receiving 1 mg/day of risperidone than placebo. On the Clinical Global Impressions scale, a rating of much or very much improved was received by 26% of placebo patients and 30%, 45%, and 40% of the risperidone patients. Differences were significant between placebo and risperidone at 1.0 mg/day (p<0.001) and 2.0 mg/day (p<0.05). It is concluded that, in elderly patients with dementia and psychotic symptoms at baseline, risperidone was efficacious in treating psychosis and behavioral disturbances.

**P23.07**
Psychiatric assessment after hip fractures – possible use of it

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**Objectives:** The authors investigated the psychiatric illness in older people with hip fractures. Previous studies suggested that older people with mental health problems are more likely to develop hip fractures and are at higher risk of suffering adverse consequence of such injury. Especially women are particularly vulnerable to such fractures.

**Method:** We conducted a prospective longitudinal survey of hip fracture patients admitted to hospital in 6 months period. The authors studied 180 patients, with mean age 65 with underwent extensive clinical, psychiatric and orthopedic evaluation, the structured clinical interview for ICD10, SCIDI, BCRS, HAMD.

**Results:** 43% of 6-month survivors of hip fractures had psychiatric illness. Dementia 39%, depression 21%, cognitive dysfunction 31% and other psychiatric conditions 18%.

**Conclusion:** These findings suggest that higher proportion of patient with hip fractures suffer psychiatric illness. These injuries have high levels of currently untreated psychiatric morbidity which impact on the outcomes of treatment. This research has clinical implications for the treatment of hip fractures.

**P23.08**
Atypical symptoms in geriatric depression

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**Objective:** The study aimed to evaluate in Geriatric Depression the symptomatologic subtype with atypical symptoms on the basis of clinical and temperamental characteristics.

**Methods:** At this study was recruited a sample of 105 patients consecutively admitted in the Center for the study of Anxiety and Depression Disorder of the Psychiatry Clinic of the University of Parma with a DSM-IV diagnosis of Major Depressive Disorder. At baseline the patients are divided in two groups on the basis of presence of psychotic symptoms (Psychotic Symptoms, PS: n=29, 9 females=33.3% and 19 males=66.7%) or absence (No Psychotic Symptoms, NPS: n=76, 45 females=46.1% and 31 males=53.9%) of psychotic symptoms. The sample was assessed with the following instruments: HAMD, HAM-A, GDS, MADRS, CSDD, ADL, AIDL, BADL, QL-Index, SCL-90, MMS and CIRS for Comorbidity with general medical condition.

**Results:** The evaluated demographic data were significant differences about sex (PS: 8.3% females and 18.2% males vs NPS: 43.5% females and 36.5% males; p=0.005), mean age (PS: 69.29±5.6 vs NPS: 71.05±5.5; p=0.021), and sociability (PS: 7.48±4.5 vs NPS: 7.24±4.5; p=0.24). At SCL-90 Scale in both total score (PS: 105.3±24.5 vs NPS: 99.3±15.2; p=0.002), and in the subscales of somatization (PS: 9.21±4.3; p=0.003), obsessive-compulsive (PS: 12.9±3.9 vs NPS: 6.5±8.4; p=0.002) and psychic (PS: 11.5±1.2 vs NPS: 7.2±4.1; p=0.003) were statistically different between PS and NPS. At symptomatologic gravity there were differences about presence of intellectual disorder (Ham-A item 5, PS: 3.5±0.8 vs NPS: 0.28±1.02; p=0.002) at HAMD higher depressive symptomatology (PS: 17.41 vs NPS: 12.91±5.23; p=0.005), initial insomnia and somatic anxiety (item 5, PS: 3.2±1.05 vs NPS: 0.41±1.02).

**Conclusion:** These findings suggest that higher proportion of patient with hip fractures suffer psychiatric illness. These injuries have high levels of currently untreated psychiatric morbidity which impact on the outcomes of treatment. This research has clinical implications for the treatment of hip fractures.