

was valuable to 19/22 patients, 16/24 patients remained compliant with the system and 16/22 patients felt the frequency of SMS messages was acceptable. There was a strong correlation between patients giving positive well-being responses and SMS compliance (R Pearson=0.72, $p<0.001$).

Conclusion: The high levels of SMS compliance and benefits expressed by patients and psychiatrists support a larger-scale assessment of this system.

P262

The Cape Town consensus statement regarding the diagnosis and treatment of obsessive-compulsive disorder

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Background: Despite the achievements made in the treatment of obsessive-compulsive disorder (OCD), there still remains a high non-response rate to SSRIs. Furthermore, response is often delayed, increasing non-compliance. Even among responders, many do not reach remission and although symptoms are alleviated, functional impairment is still significant for some patients. These unmet needs would benefit from the development of strategies and treatment algorithms, including data on the role of antipsychotics and the potential therapeutic effects of new pharmacological agents. A better understanding of neurotransmitter involvement in the pathogenesis of the disorder, and the neurobiology of OCD might also pave the way for new treatments.

Methods: Twelve international experts in the field of obsessive-compulsive related disorders produced a consensus statement with the goal of updating the data, and discussing controversies, following a two-day consensus meeting. The statement is divided into chapters discussing: dimensions and diagnosis, the neurobiology of OCD, current and emerging treatments, and populations of special concern.

Results: With the suggested changes to the diagnosis of OCD in the upcoming DSM-V, and the broader view now taken towards disorders to be included in under this heading, the biology of impulsivity and uncontrollable urges takes on an additional meaning and opens up a variety of potential new treatments. The specific outcome of the statement will be discussed briefly in view of the limitations of a poster.

Conclusions: There is emerging evidence from basic science and imaging that can be potentially harnessed for improving diagnosis, and consequently treatment interventions, in OC-related disorders.

Poster Session 2: ORGANIC MENTAL DISORDERS AND MEMORY AND COGNITIVE DYSFUNCTIONS

P263

Multiple presenting neuropsychiatric symptoms confound diagnosis of sporadic Creutzfeldt-Jakob disease

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Here we report the case of Ms. H, a 46-year-old Caucasian woman with no past medical or psychiatric history who presented with

complaints of slow speech, word-finding difficulties, and decreased concentration. Initial work-up including MRI and MRA, lumbar puncture, complete blood count, and basic metabolic panel were unremarkable with the exception of significantly elevated TSH levels. Symptoms were subsequently attributed to hypothyroidism. Despite treatment with levothyroxine and TSH levels that indicated a euthyroid state, Ms. H continued to experience cognitive difficulties resulting in repeat admission to the neurology floor. A psychiatric consultation was called to evaluate Ms. H for possible conversion disorder. Psychiatric evaluation revealed multiple psychosocial stressors in Ms. H's life; nonetheless, it was not believed that Ms. H's symptoms were due to conversion disorder but more likely psychological factors complicating hypothyroidism, and she was discharged home with this diagnosis. Ms. H presented to the Emergency Department several days later with delusions and paranoia in addition to continued slow speech and word-finding difficulty. She was subsequently admitted to the psychiatry floor to rule out a psychotic disorder. An EEG during her admission revealed abnormalities, and Ms. H was transferred to the neurology unit. Unfortunately, Ms. H's condition continued to decline without a known etiology despite aggressive work-up; eventually a repeat MRI showed new hyperintensities and a brain biopsy was performed, revealing changes consistent with spongiform encephalopathy. A diagnosis of sporadic Creutzfeldt-Jakob disease (sCJD) was later confirmed by Western blot analysis.

P264

Validation of the modified mini- mental state examination (3ms) in a German population

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Background: The Modified Mini- Mental State Examination (3MS) is a brief cognitive testbattery designed to detect cognitive impairment.

Objective: To adapt the 3MS in German and to assess the effectiveness of the 3MS in identifying Alzheimer's disease (AD) in comparison with the conventional Mini- Mental State Examination (MMSE) in a German population.

Subjects: A clinical group composed of 31 patients with early AD and 5 patients with moderate dementia of AD etiology was compared with 46 cognitively normal participants matched for gender and age. The 3MS scores were adjusted for educational attainment.

Method: The 3MS and MMSE were validated against an expert diagnosis based on a comprehensive diagnostic work- up. Statistical analysis was performed using the Receiver Operating Characteristics (ROC)

Results: ROC curves demonstrated the superiority of the 3MS over the MMSE in identifying AD. The optimal cut- off score for the 3MS for detecting dementia was 88, which had a sensitivity of 98% and a specificity of 94%.

Conclusion: The German version of the 3MS is a short and practical but accurate test battery for the identification of AD.

P265

Variability among physicians on diagnosis and therapeutic approach of patients with Alzheimer disease plus cerebrovascular disease (ad+cvd)

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Background: The prevalence of cerebro-vascular disease in patients with Alzheimer disease varies widely among studies depending on being autopsy-based or clinical-pathology or neuro-image based.

AD+CVD patients may show some degree of variability on the diagnoses and therapeutic approach across different clinical specialists.

Aims: To observe potential differences among physicians on the diagnosis and therapeutic approach of patients with AD+CVD.

Methods: This was a cross-sectional, multi-center, nation-wide study performed in Spain.

The investigators participants worked in three clinical specialties: neurologists, geriatricians and psychiatrists.

Results: A total of 107 investigators were involved in this study. Three out of four doctors (76%) were neurologists (81), 14% were geriatricians (15), and 8.4% were psychiatrists (9). The investigators included 720 patients diagnosed with AD+CVD.

Neuro-image techniques (NIT) and medical history (MH) were the most common methods of diagnosis. The scanner was performed in 69% AD+CVD patients, and magnetic resonance image was performed in 45%.

There were significant differences among physicians on the frequency of use of MH (98% of neurologists/geriatricians used MH vs. 85% of psychiatrists ($p < 0.04$)), and also on the use of NIT (99% of neurologists/geriatricians vs. 84% of psychiatrists ($p < 0.0001$)).

Galantamine (60%) and memantine+donepezil (19%) were the most common prescribed drugs by psychiatrists.

Discussion: Psychiatrists used primarily MH to diagnose patients with AD+CVD, while neurologists used more frequently NIT. Geriatricians used both methods and vascular risk factors for the diagnosis of AD+CVD.

More than a half of physicians used galantamine as first-election treatment in patients with AD+CVD.

P266

Decreased platelet vesicular monoamine transporter binding capacity in tourette syndrome

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Background and aims: The vesicular monoamine transporter (VMAT2) plays a major role in the synaptic accumulation and release of monoamines.

Methods: We assessed high affinity [3H]dihydrotrabazine binding to platelet VMAT2, in a group of untreated male Tourette's syndrome (TS) patients (age: 8-17.5 years, $n=9$) and in a comparison group of age- and sex-matched healthy controls (age: 9-16 years, $n=16$).

Results: Significantly decreased platelet VMAT2 density (Bmax) (-23%, $P=0.016$) was observed in the TS patients. The affinity (Kd) of the ligand to platelet VMAT2 was similar in both groups.

Conclusions: If the lower platelet VMAT2 density also occurred in the brain, it may serve as an adaptive mechanism geared to decrease

dopamine storage in the presynaptic neurons and thereby to diminish the dopaminergic overactivity and ameliorate the movement disorder.

P267

Neuropsychological differentiation of adults with attention deficit disorder and autism spectrum disorders

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Background: Both Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorders (ASD) are characterized by abnormalities in cognitive and executive domains. The diagnostic criteria of these neurodevelopmental disorders are described in behavioral terms. Criteria for developmental disorders have not been adjusted for adulthood, both in quantitative and qualitative terms. Furthermore there is a substantial symptomatic overlap on a behavioral and clinical level. Various executive functions have been proposed as cognitive endophenotypes.

Methods: Based on the literature we hypothesized: 1) larger discrepancies between V-IQ and P-IQ. 2) lower scores on verbal comprehension, vocabulary and comprehension in the ASD group. 3) ADHD low on working memory, high processing speed and the opposite in ASD. 4) ADHD perform poorly on fluency and inhibition and perform well on the Rey, the WISC and planning (ToL).

The comparison was done in each 20 patients with ADHD and ASD.

Results: it was only to a marginal extent possible to discriminate the groups on these neuropsychological functions.

Conclusions: There is a considerable overlap between ASD and ADHD on several neuropsychological functions.

P268

Chronic psychotic disorder and cognitive decline associated with low-dose interferon- α treatment of hepatitis c: A case report

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Background: Low-dose interferon- α is standard therapy for hepatitis C. Psychotic disorders have been described as a scarce complication of the treatment that resolves with its termination.

Case description: we present a patient with negative personal and familial psychiatric history who developed serious chronic psychotic disorder with persistent cognitive impairment on the level of dementia after seven month interferon- α therapy. Profound parkinsonian side-effects of neuroleptic treatment accompanied the disturbances.

Conclusions: Potentially severe brain consequences of long-term low-dose interferon- α therapy for hepatitis C in a susceptible individual may emerge. The underlying cause of the susceptibility remain obscure, however dopaminergic, opioid, serotonergic and glutaminergic pathways as well as HPA axis hypersensitivity might be supposed. This biological vulnerability might interact with the cytokine's action on brain. Relatively frequent and in some cases serious neuropsychiatric adverse effects of interferon- α therapy indicate the necessity of regular psychiatric consultations during the treatment.