behaviours. For several reasons, the psychiatric patients are more vulnerable to the STDs, namely because of clinical situations that for temporary or permanent ways determine the diminishing or absence of insight related to sexual behaviour.

P0007

Downs syndrome, dementia and epilepsy

D. Gazizova [1], A. Dudley [2], M. Tuddenham[3]. [1] *Barnet Learning Disability Service, London, UK* [2] *Barnet, Enfield and Haringey Mental Health NHS Trust, London, UK*

Background: In patients with Down's syndrome, late onset seizures may have a relationship with the clinical onset of dementia.

Aim: to explore the profile of patients in Memory Clinic (MC) in Barnet Learning Disability Service.

Methods: Retrospective study of case notes of 41 patients with Learning Disability (LD) who were registered in MC from 2004 to 2007.

Results: Among the patients with different level of LD attending MC the gender distribution was as follows 27 (65.9%) were women and 14 (34.1%) were men. Most of the patients 25 (60.9%) were middle aged (35-49 years old). Patients with Down's syndrome consisted of 31(75.6%). 17 (41.5%) patients were diagnosed with dementia. 24(58.5%) showed borderline results. All patients with diagnosis of dementia had Down's syndrome whereas among those without definitive diagnose of dementia predominated people with mild to moderate LD.

Neuropsychological testing included Dementia Questionnaire for Mentally Retarded Persons (DMR), Psychiatric Assessment Schedule for Adults with Developmental Disabilities (PAS-AD).

12 (26.3%) had epilepsy. The seizure started during childhood and at middle age. Those with childhood epilepsy had the better seizure control. In individuals with late onset epilepsy the beginning of the seizures preceded cognitive decline.

Conclusions: The analysis of patients registered in MC showed the prevalence of middle aged persons with Down's syndrome. The dementia was established in 41.5% of patients with Down's syndrome.

A bimodal distribution for seizure onset in childhood and middle age was described. Late onset of epilepsy was associated with clinical onset of dementia.

P0008

Naturalistic study with risperidone in with other neuroleptics pretreated patients with dementia and vascular risk factors regarding safety and effectiveness

M. Gerwe [1], B. Ibach [1], K.C. Steinwachs [2]. [1] *Therapeutic Area CNS, Medical & Scientific Affairs, Janssen-Cilag, Neuss, Germany* [2] *Institute for Psychogerontology, University of Erlangen-Nuernberg, Erlangen, Germany*

Objectives: To collect data on safety profile, behavioural symptoms and functioning under risperidone treatment in flexible doses in demented patients with vascular risk factors who have been unsatisfactorily pretreated with other neuroleptics.

Methods: Results of a 6-week, prospective observational study (RIS-DEM-0003). Clinical symptoms (aggression, hostility, distrust, agitation, delusion, sleep-wake-rhythm disturbances, social withdrawal, hallucinations, depression) and caregiver burden were measured and evaluated on a 5-point categorical scale.

Results: 787 outpatients (ITT; 58% with AD, 31% mixed, 9% vascular dementia, 2% other diagnoses; mean age±SD 80±9 years; 66% women) were documented. Most frequent vascular risk factors was hypertension (41%). Mean risperidone dose at endpoint was 1.2±0.6mg/day. Clinical symptoms improved significantly. Caregiver burden improved significantly ($p<0.0001$ vs. baseline) as well with respect to the criteria "wellbeing", "time burden", "carrying-out of other daily tasks", "social contacts" ($p=0.02$). 36 (4.2%) AEs and 16 SAEs were reported. Four SAEs in 2 patients were considered as at least possibly related to risperidone (cerebrovascular accident; confusional state, agitation, delirium). 4 patients had a fatal outcome (cerebrovascular accident in 1 patient assessed as possibly related to risperidone; death NOS in 2, heart failure in 1 patient without causal relationship). The incidence of cerebrovascular events was 0.13%, the mortality rate 0.51%.

Conclusions: In this observational study the transition from other neuroleptics to risperidone in demented patients with vascular risk factors was efficacious. The incidence of cerebrovascular events and mortality was not higher than what has been described for risperidone in controlled clinical studies (3.34% and 4% respectively over 12 weeks).

P0009

Effects of galantamine in patients with Alzheimer's disease previously treated with nootropics, memantine or other cholinesterase inhibitors, a non-interventional study

M. Gerwe, B. Ibach. *Medical & Scientific Affairs, Janssen-Cilag, Neuss, Germany*

Background: In this trial the tolerability of galantamine and the effects on cognition, behavior, caregiver burden and activities of daily living were assessed in patients who had been switched from therapies currently used in Germany to treat AD (memantine, nootropics, other AChEI).

Methods: Prospective, non-interventional trial (GAL-DEM-4005). Patients with mild to moderate AD (ICD-10) were treated with 8-24mg/day galantamine. Clinical assessments included DemTect, NOSGER and CGI.

Results: 286 patients (ITT, LOCF; 35% with mild, 64% with moderate AD; mean age±SD 75.4±8 years; 54.5% women) were documented. Major reasons for transition were lack of efficacy and tolerability. 77.3% completed the study. After 159±50 days of treatment mean total score in DemTect changed significantly from 7.2±3.5 to 8.2±4.4 ($p<0.0001$). Clinical response (defined as decline of DemTect raw values ≤ 2 points) occured in 78.2% of ITT-population - in 82.6% with nootropic, 72.1% with other AChEI, and 70% with memantine pretreatment. NOSGER total scores remained stable with exception of significantly enhanced mood and ADL ($p<0.05$). CGI demonstrated an improvement or stabilization for 75.5% of patients. 35.0% had at least one AE. Most frequent AEs (>5%) were nausea, agitation and dizziness. 29 patients (10.1%) discontinued due to AEs. 23 patients experienced a SAE with 2 thereof considered as possibly related to galantamine by the treating physician (syncope, fall with lethal traumatic brain injury).

Conclusions: In this non-interventional trial galantamine revealed favorable effects on cognition and behavior in patients with AD who had been pretreated with memantine, nootropics or other AChEI in daily routine.

https://doi.org/10.1016/j.eurpsy.2008.01.300 Published online by Cambridge University Press

P0010

Association Analysis of Bace1 C786g and Apolipoprotein E Polymorphisms in Alzheimer's Disease

A. Juhasz, A. Rimanoczy, A. Feher, M. Pakaski, J. Kalman, Z. Janka. *Department of Psychiatry, University of Szeged, Szeged, Hungary*

Amyloid β peptide (Aβ) is one of the hallmarks of Alzheimer's disease (AD). Aβ is a major constituent of extracellular plaques and is derived from the proteolytic processing of the β-amyloid precursor protein (APP). The β -site APP cleaving enzyme (BACE1) is a candidate risk factor for AD because of its involvement in generating Aβ. Its gene is located on chromosome 11q23.3.

The aim of this study was to investigate the BACE1 exon5 C786G polymorphism in AD and healthy control subjects and correlate it with the apolipoprotein E (ApoE) 4 allele status.

Blood was collected from 180 patients with AD and 102 healthy control subjects. The diagnosis of probable AD was based on NINCDS-ADRDA criteria. DNA was extracted by Roche kit. The ApoE and BACE1 polymorphisms were genotyped by RFLP-PCR. The results were analyzed by SPSS program.

There was a higher frequency of ApoE 3/4 genotype and ApoE 4 allele occurrence in AD patients (33%) than in the controls (10%). Regarding BACE1 C786G polymorphism there were no statistically significant differences between the investigated groups in the genotype and allele frequencies. In the presence of ApoE 4 allele the BACE1 GG and CG genotypes occurred in higher frequency in AD (10.2% and 22.2%) than in the control (2.0% and 5.1%) group.

These results suggest that BACE1 gene polymorphism itself is not associated with AD, but in the presence of ApoE 4 allele the GG and CG genotypes might be risk factors in the development of AD.

Supported by:ETT19804/2006, OTKA T046152/2004, K60589/2006.

P0011

Appearance of macromolecular form of Fibronectin in dementia patients

J.W. Leszek [1], A. Lemanska [2], A. Kiejna [1], I. Kątnik- Prastowska [2]. [1] *University of Wroclaw, Department of Psychiatry, Wroclaw, Poland* [2] *University of Wroclaw, Department of Chemistry and Immunochemistry, Wroclaw, Poland*

Background: Fibronectin(FN) is a multidomain adhesive glycoprotein present in connective tissue on cell surfaces in insoluble fibrilar form.

Objective: Because of reported experimental evidences for a very large elasticity of the FN molecule and in view of the hypothesis that conformational changes precede its function, we were interested in analyzing: 1)the eventual appearance of macromolecular form of fibronectin, 2) the expressions of the cellular, collagen, fibrin, and C-terminal fibronectin domains in the blood plasma of Alzheimer's(14 patients, mean age 70.2+/-6.5), vascular dementia patients(24 patients, mean age 73.1+/-5.3), and age-matched control(30 subjects, mean age 73.4+/-7.4).

Methods: The fibronectin domain concentrations were determined by ELISA using panel of domain-specific monoclonal antibodies. Western immunoblotting by the use a monoclonal antibody was performed to analyze the FN molecular forms.

Results: Immunoblotting pattern of plasma fibronectin of both dementia groups and age-matched group consisted of two FN bands(220-230 kDa), and some of them showed additionally of 2-3 macromolecular bands having molecular masses 260 and 350 kDa. However, the appearance of macromolecular fibronectin forms(260 and 350 kDa) happened more frequently in Alzheimer's dementia(85% of samples)than in samples with vascular dementia(50%) as well as in age-matched control(53%).Among the analysed domain expression on fibronectin, only the concentration of the C-terminal fibronectin domain(747.1+/-79 ug/ml)was significantly higher($p<0.004$)than that in age-matched control group(635.7+/-120ug/ml, whereas its level was negligible different in vascular dementia(659.2+/-137ug/ml).

Conclusions: The occurence of macromolecular forms of fibronectin seems to be associated more frequently with Alzheimer's dementia. Increased concentration of C-terminal domain suggests some conformational alterations of fibronectin present in Alzheimer's samples.

P0012

Mixed dementia: A cohort study

N.M. Mikhailova. *Alzheimer's Disease Department, Mental Health Research Center RAMS, Moscow, Russia*

Alzheimer's disease associated with cerebrovascular disease is now considered as the most frequent type of dementia. The aim is to study psychopathological features and clinical evolution of mixed cases of dementia with alzheimer's and vascular brain affection. 94 patients with mixed dementia were admitted to day-clinic of Moscow Alzheimer's disease center in 2005-2006. Two control groups made up 38 patients with vascular dementia and 40 patients with Alzheimer's disease without vascular risk factors. MRI, neuropsychological examination, EEG-mapping, ultrasonography of intracranial vessels and APO E genotyping are used. The cases of mild and moderate dementia are included. Mixed dementia is four times more frequent in females since m/f ratio in VaD and AD is 1:2. Mean age for the moment of the first examination is 74,9 years for mixed cases, 71,4 years is for patients with VaD and 70,1 years for patients with AD. Mixed dementia had more frequent late onset than VaD and AD. Mild dementia is more common in patients with VaD. Non-cognitive neuropsychiatric disorders are presented in 64,8% of mixed dementia, in 57,5% of AD and in 73,6% of VaD. Transient ischemic brain attacks were in history of 71,1% VaD cases and in 13,8% of mixed dementia since were absent in AD cases. MRI picture is very different in three groups of patients. Ventricular and subarachnoidal space enlargement was common, but signs of leukoaraiosis as well as number and localization of vascular focal changes are very various. A longitudinal (5-years follow-up) prospective study is proposed.

P0013

Compression of Risperidone and Olanzapine in behavioral disturbances of Alzheimer

N. Mokhber [1], M.R. Azarpazhooh [2]. [1] *Psychiatry Department, Mashad University, Avicenna Hospital, Mashad, Iran* [2] *Neurology Department, Mashad University, Ghaem Hospital, Mashad, Iran*

Introduction: There are some doubts about therapeutic effects of olanzapine and risperidone two antipsychotic drugs on behavioral disturbances in patients with Alzheimer's disease and concerns about safety have emerged. We assessed the effectiveness of these two atypical antipsychotic drugs in outpatients with Alzheimer's disease.

Methods & Materials: In this double-blind trial, 69 outpatients with Alzheimer's disease and psychosis, aggression, or agitation

https://doi.org/10.1016/j.eurpsy.2008.01.300 Published online by Cambridge University Press