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GERIATRIC PSYCHIATRY IN DENMARK, A DESCRIPTION OF TRENDS IN ADMISSION PATTERN AND SERVICE PROVISION

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The study objective is to describe the current service provision of geriatric psychiatry and the trends in admission patterns for the elderly to psychiatric hospitals in Denmark.

Information concerning admission pattern was obtained from the Danish Psychiatric Case Register and the data concerning service provision was gathered through a survey of all geropsychiatric departments in Denmark.

For demented patients the admission risk to psychiatric hospitals decreased considerably as did the length of stay from 1988 to 1996. For all other diagnoses the risk of admission increased in the same period. Four counties out of 14 did not have a special unit for geriatric psychiatry and for the counties who supplied geriatric psychiatric services there were considerable geographical variations in supply as well as variations in target groups.

This unequal access to geriatric services and variations in target groups underlines the need for a discussion of future directions for geropsychiatric service provision.

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SOMATIC COMORBIDITY IN PATIENTS WITH DEMENTIA: ALZHEIMER DISEASE VERSUS MIXED DEMENTIA AND VASCULAR DEMENTIA

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Introduction: Polymathologies are frequently observed associated to mental disorders, changing their expression and difficulting their treatment. In particular, dementia can be associated to different somatic disorders able to change its course.

Methods: retrospective study comparing the frequency and the nature of somatic disorders associated to dementia in three groups of patients hospitalized in the Geriatric Psychiatry Hospital of Lausanne in 1995–1997. Diagnostics were made according to ICD-10 criteria. The first group was of patients with Alzheimer Disease (AD), the second one of patients with Mixed Dementia (MD), and the last one of patients with Vascular Dementia (VD).

Results: 285 patients were included: 168 with AD, 85 with MD and 32 with VD. The distribution of patients by sex was equivalent among the 3 groups. The total mean age +/- SD was 82.3 +/- 7.2 years, without any significant difference among the 3 groups. The total mean number of somatic disorders per patient was 2.53 +/- 1.63, without any significant difference among the 3 groups. The most frequent disorder found in all groups were cardio­vascular (24.5%), respiratory (13.6%) and genitourinary disorders (8.9%). Neurological, musculoskeletal and genitourinary disorders were more frequent in the AD group. Endocrine, eye and digestive disorders as well nutritional deficiencies were more frequent in the VD group. Cardio-vascular disorders were more present in MD group.

Conclusion: Concomitant somatic disorders reduces significantly the independence of persons suffering of dementia. They can complicate its course and treatment. To make the right diagnosis becomes necessary to offer the best treatment available. This study confirms the relative high frequency of somatic comorbidity in patients with dementia and point to some differences among the 3 types of dementia studied.