

participants to explore possible modifications for older adults. This adapted treatment protocol can then be studied for its efficacy with older adults in a randomized controlled trial.

We are aiming to start a study on schema therapy for older adults with PD using the case series design in 2011 in Breburg Hospital, Tilburg, and Mondriaan Hospital, Heerlen, both in the Netherlands. This study investigates the efficacy of schema therapy in older adults and also explores qualitatively which relevant age-specific aspects can be used to adapt schema therapy to a treatment protocol that is molded for older cohorts. This is a unique study in that it aims to answer the need for evidence of treatment of PD in older adults.

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## Screening of autism spectrum disorders in the elderly: a contribution to a psychometric approach

Autism spectrum disorders (ASDs) in older adults have been neglected for a long time. As far as we know only five papers have been published. No empirical research in this area was found. Four papers were case studies of men diagnosed with an ASD (James *et al.*, 2006; Naidu *et al.*, 2006; van Alphen and Heijnen-Kohl, 2009; van Niekerk *et al.*, 2011), and the fifth one was an opinion paper concerning the diagnosis of ASD in the elderly and the difficulties arising in this (Heijnen-Kohl and van Alphen, 2009).

Nevertheless, all publications emphasize the importance of the detection of ASD to reduce patient burden and improve care delivery. Children, adolescents, and adults suffering from ASD benefit, for example, from psycho-education and a more structured day and week program (Volkmar *et al.*, 2000). Furthermore, the diagnosis of an ASD probably also directs the referrals and requirements for the most optimal living arrangements. Empirical evidence concerning older adults is thus urgently needed.

Diagnosing ASD in later life is complicated for several reasons. First, the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) criteria for ASD (American Psychiatric Association, 2000) are developed for children without any information given on age-sensitive interpretations. Second, criteria focusing on the earliest years of life cannot be applied reliably. Informants have usually passed away and the patient's memories about their youth may not be accurate (van Alphen and Heijnen-Kohl, 2009). Third, there are no specific measures for ASD that are suitable for older people. The existing assessment is developed for diagnosing ASD in children, and therefore substantial items refer to early childhood (van Niekerk *et al.*, 2011). Fourth, diagnosing ASD in general is difficult because the actual assessment relies mainly on self-report, and it has been confirmed that individuals suffering from an ASD can have a distorted view about their own functioning and behavior (van Niekerk *et al.*, 2011).

In their case-series, van Niekerk and colleagues (2011) stress the importance of informant-based information for diagnosing ASD. If true, diagnosing ASD in older adults may significantly improve if informant-based information can be gathered in more reliable way. For this reason we initiated the research project to detect ASD in later life by structured informant information based on

behavioral manifestations of the Hetero-Anamnestic Personality questionnaire (HAP; Barendse and Thissen, 2006). This questionnaire consists of 62 items divided over ten different personality behaviors (e.g. uncertain or smug behavior). Individuals suffering from ASD are well known for their deficits in social interactions and social communication. In addition, also suffer from stereotype patterns of behavior, interests, and activities (American Psychiatric Association, 2000). With this in mind, high scores on the HAP scales “unsocial behavior,” “rigid behavior,” and “perfectionist behavior” are expected in the test group.

In this pilot study, at least 40 informants (e.g. spouse, children) of older adults (age  $\geq$  60 years) with ASD will be compared with 40 informants of patients without ASD and/or Axis II disorders. ASD patients will be recruited by examining the (electronic) medical records of four mental health institutions in The Netherlands. The control group will be recruited among informants of mental healthcare patients without ASD or Axis II disorders. The test and control groups are two independent samples with one measurement in time. Receiver Operating Characteristics (ROC) curves will be examined for the three scales separately, as well as for specific combinations.

As far as we know, this is the first study to examine a specific screening instrument for ASD in older adults. If the results are promising results, next steps are (1) to improve the criterion validity to make the diagnostic process uniform concerning ASD diagnosis, (2) to differentiate between ASD and Axis II disorders, and (3) to take characteristics of informants into account (e.g. quality of relationship between patient and informant).

### Conflict of interest

None.

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### Assessment of healthcare and placement needs in an older forensic psychiatric population in comparison to a younger forensic psychiatric population

The healthcare provision for the elderly with a history of offending is under-researched and suffers

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from a lack of adequate services. Although the number of offences committed by older patients is low, research suggests they are more likely to re-offend, and have significant legal and psychiatric histories (Tomar *et al.*, 2005). Older offenders also have complex medical problems such as neurological disease, including dementia, heart disease, stroke, and hypertension (Lewis *et al.*, 2006).