Acknowledgements

Organizing Committee

Brian Lawlor, Co-Chair (Ireland)
Greg Swanwick, Co-Chair (Ireland)
Dave Anderson (United Kingdom)
Horácio Firmino, Meetings Committee
Deputy Chair (Portugal)
Anand Ramakrishnan (United Kingdom)
Andrew Tarbuck (United Kingdom)

Scientific Committee

Roger Bullock (United Kingdom)
Suzanne Cahill (Ireland)
Davis Coakley (Ireland)
Brian Lawlor (Ireland)
Raimundo Mateos (Spain)
Anand Ramakrishnan (United Kingdom)
Greg Swanwick (Ireland)
John T. O'Brien (United Kingdom)
Anne Margriet Pot (The Netherlands)
Ken Wilson (United Kingdom)
Harald Hampel (Ireland / Germany)

IPA Officers

Helen Fung-kum Chiu, President
(Hong Kong, SAR PR China)
Masatoshi Takeda, President-Elect (Japan)
João Carlos Barbosa Machado, Secretary (Brazil)
Jacobo Mintzer, Treasurer (United States)
Jill Rasmussen, Treasurer-Elect (United Kingdom)
Joel Sadavoy, Immediate Past President (Canada)

IPA Secretariat

Susan Oster, Executive Director
Jennifer Ver Huel, Senior Manager,
Programmes and Operations

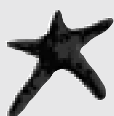
IPA Board of Directors

Ricardo F. Allegri (Argentina)
Heii Arai (Japan)
Olusegun Baiyewu (Nigeria)
Susan Benbow (United Kingdom)
Michael Davidson (Israel)
Horácio Firmino (Portugal)
Serge Gauthier (Canada)
Ilkin Icelli (Turkey)
Carlos de Mendonça Lima (Brazil)
Jay Luxenberg (United States)
Kiyoshi Maeda (Japan)
Raimundo Mateos (Spain)
Pamela Melding (New Zealand)
John T. O’Brien (United Kingdom)
Daniel O'Connor (Australia)
Byoung Hoon Oh (South Korea)
Leonardo Pantoni (Italy)
Anne Margriet Pot (The Netherlands)
Kenneth Shulman (Canada)
John A. Snowdon (Australia)
Guk-Hee Suh (South Korea)
Gregory Swanwick (Ireland)
Nicoleta Tataru (Romania)
F. R. J. (Frans) Verhey (The Netherlands)
Bengt Winblad (Sweden)

Corporate Partner:

MYRIAD®
Myriad Pharmaceuticals, Inc.

Gold Sponsors:

Lundbeck


élan

Silver Sponsors:

Satellite Sponsor:

GE Healthcare

Brian Lawlor

Gregory Swanwick

Dear Colleague,

Welcome to Ireland and thank you for coming! The meeting has been arranged in a way to provide you with a diversity of subjects. The plenary sessions feature three presenters; each with a unique topic that fits under our overall theme *Mental Health and Ageing – Towards a New Age of Enlightenment.* In addition, there will be a selection of multiple break-out sessions each day which include symposia, free communications and workshops. Well-known experts in the field are presenting throughout the programme, all of whom are sure to add to your knowledge of psychogeriatrics.

You will have the opportunity to see new developments on the research horizon as there will be approximately 120 poster presentations displayed for your consideration. Also, please take a moment to visit our sponsors in the exhibit hall. Their support helps to make this meeting possible. We would also like to thank the Faculty of Old Age Psychiatry of the Royal College of Psychiatrists for their support and involvement in planning this meeting. Their assistance and input over the past several months has been invaluable.

IPA meetings are known as a place to exchange ideas. Your knowledge will add to the event during formal and informal discussions. And, we feel certain that you will leave Dublin with a strong sense that we have advanced the field *Toward a New Age of Enlightenment.*

Sincerely,
Brian Lawlor, Co-Chair
Greg Swanwick, Co-Chair

Helen Fung-kum Chiu

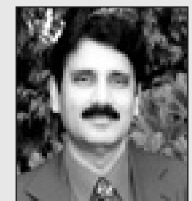
Dear Colleague,

IPA has a long history of creating meetings with the goal of offering something for all disciplines within the psychogeriatric field. The IPA 2008 European Meeting is no exception and I am proud to welcome you to Dublin on behalf of IPA. The Organizing and Scientific Committees have built an outstanding programme. I would like to congratulate co-chairs Brian Lawlor and Greg Swanwick and thank them for the tremendous amount of thought and effort it took to make this meeting a reality. It is volunteers like them who make IPA such a special and unique organization.

In addition to attending sessions by well-known experts in the field, I know that you will have the opportunity to renew old connections and meet new colleagues; all who share our common goal… *Better Mental Health for Older People.*

Kind regards,
Helen Fung-kum Chiu, IPA President

Dave Anderson


Anand Ramakrishnan

Dear Colleague,

The International Psychogeriatric Association and the Faculty of Old Age Psychiatry of the Royal College of Psychiatrists welcome you to this joint conference which we hope you will enjoy.

The programme is diverse; revisiting some familiar subjects but in a new light combined with new and developing areas in old age psychiatry and thoughts about the future. The Faculty is pleased to have this opportunity to share experience with colleagues from around the world, learn from each other and strengthen the fraternity that is old age psychiatry.

There are particular Faculty events we would ask you to note:
- RCPsych Poster Presentation Prize for Trainees and New Consultants - Wednesday, 9 April at 10:30 am
- RCPsych Members' Business Meeting – Thursday, 10 April at 10:30 am
- Mohsen Naguib Prize Presentations - Thursday, 10 April at 4:45 pm

Welcome to Dublin.

Kind regards,
Dave Anderson, Chair, Faculty of Old Age Psychiatry
Anand Ramakrishnan, Academic Secretary, Faculty of Old Age Psychiatry

About IPA

Founded in 1982, the International Psychogeriatric Association (IPA) is a unique and diverse professional healthcare community promoting better geriatric mental health – across disciplines, across borders, and across geriatric issues. Members of IPA's international community gather to learn and share information about behavioral and biological aspects of geriatric mental health. IPA promotes research and education, facilitates an international exchange of ideas, and fosters cross-cultural understanding of the latest developments in the field. Learn more about the benefits of IPA membership on the website

About the Royal College of Psychiatrists

Originally founded in 1841 as the Association of Medical Officers of Asylums and Hospitals for the Insane, the Royal College of Psychiatrists took on its current form in 1971. It is the professional body for psychiatrists in the United Kingdom. The Faculty of the Psychiatry of Old Age within the College is responsible for formulating policies on psychiatric services for older people and giving advice to other bodies (e.g. the Department of Health). It works very closely with organisations such as the Alzheimer's Society and Age Concern. The Faculty organises educational events and plays a major role in maintaining training standards, furthering research and promoting the cause of older people with mental health problems.

Conference Venue – Royal Dublin Society (RDS)

The Royal Dublin Society has a long and prestigious history. Since its foundation in 1731 it has been devoted to its mission of advancing Ireland both economically and culturally. The good works of the Society were instrumental in the establishment of major national institutions such as the National Museum, the National Library and the National Botanic Gardens.

Public Transport

The RDS is serviced by the bus routes 7 & 45 which stop outside the Main Hall Entrance to the RDS on Merrion Road. These buses will travel into the City Centre and can be picked up on Nassau Street, outside Trinity College or on Merrion Square. Dublin DART (Dublin Area Rapid Transport) service also operates from the City Centre to Ballsbridge. Travel Southbound to Lansdowne Road station which is a 5 minute walk from the RDS. When you come out of the station turn left and then take the first left up Shelbourne Road until you reach the main road, Merrion Road. Here turn left and the RDS is located 200m up Merrion Road, on your right hand side.

Internet

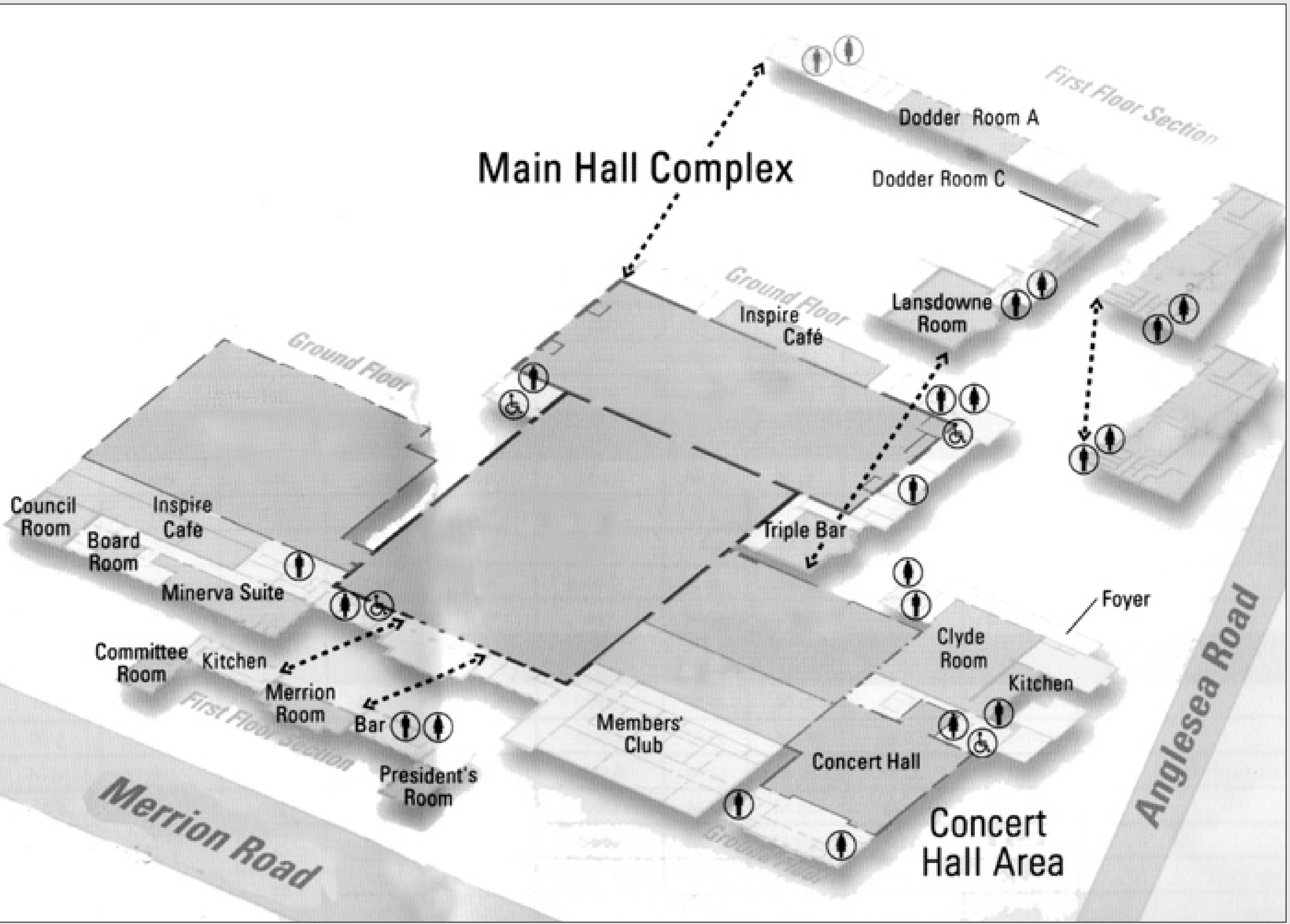
Wireless is available throughout the RDS. If you log on http://www.btopenzone.ie/ you can purchase vouchers for this service. Full details are available on the website.

Opening Reception

This year's Opening Reception will take place in the Guinness Storehouse, located in the heart of the St. James Gate Brewery, which is Ireland's number one international visitor attraction. Delegates will have a chance to walk though the Guinness Storehouse museum and learn about all aspects of the Guinness story from the brewing process to the famous advertising campaigns. Delegates will also have the opportunity to visit the Gravity Bar. Hovering over the building above roof level and 40 meters from the ground, this unique panoramic bar provides a 360-degree view over the city of Dublin. This is where visitors may avail of their complimentary pint of Guinness, whilst they drink in the view. Ticket price also includes buffet dinner, drinks, entertainment and transfers to and from the conference hotels.

Conference Organiser

MCI - Dublin Office (formerly Ovation Group)
1 Clarinda Park North, Dun Laoghaire, Co Dublin, Ireland.
Phone: +353 (0)1 280 2641
Fax: +353 (0)1 280 5405
E-mail: ipa2008@mci-group.com
www.mci-group.com



Main Hall Complex
First Floor Section
Dodder Room A
Dodder Room C
Ground Floor
Inspire Café
Lansdowne Room
Ground Floor
Council Room
Inspire Cafe
Board Room
Minerva Suite
Triple Bar
Foyer
Committee Room
Kitchen
Merrion Room
First Floor Section
Bar
President's Room
Members' Club
Clyde Room
Kitchen
Concert Hall
Concert Hall Area
Anglesea Road
Merrion Road

Monday - 7th April 2008

Pre-Meeting Workshops	**Neuroimaging in Dementia Workshop** 8:00 AM – 4:00 PM Dodder A	**Psychotherapy Workshop** 9:00 AM – 4:00 PM Lansdowne Room

Tuesday - 8th April 2008

Time	Event
3:00 PM - 5:00 PM	**IPA Forum and Task Force Meeting on Residential Care Facilities** (All interested parties welcome) John Snowdon IPA Task Force Chair *(Australia)* David Conn *(Canada)* Denis Eustace *(Ireland)* Concert Hall
3:30 PM - 4:30 PM	**Public Lecture - *Improving brain function in older people*** Ian Robertson (*Ireland)* Dodder A
5:00 PM - 5:15 PM	Break
5:15 PM - 6:15 PM	**Opening Session** Welcome and Opening Remarks Helen Fung-kum Chiu, IPA President Brian Lawlor and Greg Swanwick, Organizing Committee Co-Chairs Raymond Levy Lecture: Bequests to the Young and Beautiful Robin Jacoby (United Kingdom) Concert Hall
6:15 PM - 6:45 PM	Break / Return to Hotel
6:45 PM - 7:15 PM	Coach Transportation from Hotel to the Opening Reception
7:15 PM - 10:00 PM	**Opening Reception at the Guinness Storehouse** The opening reception will begin with a tour of the Guinness Storehouse and conclude with a reception at the Gravity Bar that will include a buffet dinner, local entertainment, and beverages which features a pint of Guinness.

Wednesday - 9th April 2008

Time			
9:00 AM - 10:30 AM	**Plenary Session - *Integrated Care*** *Suicidal behavior in older people in China* - Helen Fung-kum Chiu *(Hong Kong)* *Findings from the DESCRIPA study of the European Alzheimer's disease Consortium (EADC)* - Frans Verhey *(The Netherlands)* *Quality of Life* - Alistair Burns *(United Kingdom)* Concert Hall		
10:30 AM - 11:30 AM	Coffee Break & Poster Session - Clyde Room		
11:30 AM - 1:00 PM	**Free Communication 1** Functional Disorders Lansdowne Room	**Symposium 1** Mental Health and Technology in Older People **Co-Chairs:** **Jay Luxenberg &** **Ian Robertson** Richard Reilly Denise Rettenmeier Concert Hall	**Workshop 1** Person Centered Care / Non-pharmacological Management of Challenging Behaviour **Co-Chairs:** **Clive Ballard &** **Suzanne Cahill** Emer Begley Elizabeth Myers Dodder A
1:00 PM - 1:15 PM	Break		
1:15 PM - 2:45 PM	Delegate Lunch and Sponsored Satellite Symposium (Pfizer) - Concert Hall		
2:45 PM - 3:00 PM	Break		
3:00 PM - 4:30 PM	**Free Communication 2** Residential Care Lansdowne Room	**Symposium 2** Services for Younger People with Dementia - An International Perspective **Co-Chairs:** **Tony Elliott &** **Adrienne Withall** **Linda Stanyer** Concert Hall	**Symposium3** Longitudinal Studies of Ageing **Co-Chairs:** **David Ames &** **RoseAnne Kenny** Dodder A
4:30 PM - 4:45 PM	Break - Clyde Room		
4:45 PM - 6:15 PM	**Free Communication 3** MCI / Mild Dementia Lansdowne Room	**Symposium 4** United Kingdom Health Policy & the National Dementia Strategy **Co-Chairs:** **David Anderson &** **Bairbre Nic Aongusa** David Ames Sube Banerjee Concert Hall	**Symposium 5** Multidisciplinary Approaches to Mental Health in the General Hospital **Co-Chairs:** **William J. Burke &** **David Meagher** David G. Folks Alasdair M. MacLullich Dodder A
6:15 PM - 6:30 PM	Break		
6:30 PM - 8:00 PM	Sponsored Evening Satellite Symposium (GE Healthcare) Concert Hall		

Thursday - 10th April 2008

Time	Session		
9:00 AM - 10:30 AM	**Plenary Session - *Psychogeriatrics: a multidisciplinary approach*** *Impact of falls in psychogeriatric populations* - RoseAnne Kenny *(United Kingdom)* *The at-risk brain (vascular risk / protection)* - Peter Passmore *(Ireland)* *Depression and anxiety in the nursing home* - Jacobo Mintzer *(United States)* Concert Hall		
10:30 AM - 11:30 AM	RCPsych Members Business Meeting	Coffee Break & Poster Session - Clyde Room	
11:30 AM - 1:00 PM	**Free Communication 4** Psychological / Non-pharmacological Issues Lansdowne Room	**Symposium 6** Alcohol Services for Older People **Co-Chairs:** **Henry O'Connell &** **Anand Ramakrishnan** Conor Farren Concert Hall	**Workshop 2** Testamentary Capacity and Undue Influence **Co-Chairs:** **Sanford Finkel &** **Paul Divall** Horácio Firmino Jeremiah Heinik Lienhard Maeck Barry Reisberg Kenneth Shulman Gabriela Stoppe Carmelle Peisah Dodder A
1:00 PM - 1:15 PM	Break		
1:15 PM - 2:45 PM	Sponsored Lunch Satellite Symposium (Lundbeck) Concert Hall		
2:45 PM - 3:00 PM	Break		
3:00 PM - 4:30 PM	**Plenary Session - *Biological Psychiatry*** *Early detection of dementia* - Harald Hampel *(Ireland)* *Geriatric psychiatry; ripe for pharmacological innovation?*- Roger Bullock *(United Kingdom)* *Advances in Geriatric Bipolar Disorder* - Kenneth Shulman *(Canada)* Concert Hall		
4:30 PM - 4:45 PM	Break - Clyde Room		
4:45 PM - 6:15 PM	**Free Communication 5** RCPsych, Faculty of Old Age Psychiatry Presentation Award Lansdowne Room	**Symposium 7** Epidemiological Studies in Depression, Developments from the EURODEP Studies **Co-Chairs:** **Raimundo Mateos &** **Ken Wilson** Jeannette Golden John Hindle Ingmar Skoog Concert Hall	**Symposium 8** Learning from Users & Carers **Co-Chairs:** **Susan M. Benbow &** **Maurice O'Connell** Sarah E. Black Kathleen Morgan Dodder A
6:15 PM - 6:30 PM	Break		
6:30 PM - 8:00 PM	Sponsored Evening Satellite Symposium (Elan) Concert Hall		

Friday - 11th April 2008

Time				
9:15 AM - 10:45 AM	**Free Communication 6** Service Delivery / Policy Lansdowne Room	**Workshop 3** Training in Old Age Psychiatry - New Initiatives **Co-Chairs: Horácio Firmino & Gregory Swanwick** Sinead Murphy Anand Ramakrishnan Concert Hall	**Symposium 9** Biomarkers in Mild Cognitivel Impairment **Chair: Harald Hampel & Declan McLoughlin** Michael Ewers Johannes Pantel Katsuya Urakami Dodder A	
10:45 AM - 11:00 AM	Break - Clyde Room			
11:00 AM - 11:30 AM	**Plenary Session 5 - *Social connection in older people*** Brian Lawlor *(Ireland)* Concert Hall			
11:30 AM - 12:30 PM	**Plenary Session 6 - Debate** *Old age psychiatrists should stick to dementia* FOR: Roger Bullock *(United Kingdom)* AGAINST: Peter Connelly *(United Kingdom)* Concert Hall			
12:30 PM - 12:45 PM	**Closing Remarks** Brian Lawlor and Greg Swanwick Organizing Committee Co-chairs Concert Hall			

Plenary, Symposia, Workshop, Free Communication and Poster Presentation Schedule

3:00 PM— IPA Forum and Task Force Meeting on Residential Care Facilities—Concert Hall

Mental disorder issues in long term care facilities
John Snowdon IPA Task Force Chair (Australia)

Most residents of nursing homes and many in low-care aged care facilities have dementia. A considerable proportion at any one time are behaviourally disturbed -- aggressive, pacing, agitated, screaming, challenging, apathetic, etc. A majority of residents are physically ill or disabled. One third of nursing home residents are clinically depressed. Environmental and social factors contribute to development or maintenance of mental disorders, but so, too, to a variable extent, do medical and biological factors. Medication may help; so may behavioural and psychosocial interventions. There are big variations between facilities and between countries in the way interventions are arranged or feasible to deal with mental disorders among people needing long term care (LTC). In some countries, LTC is provided mainly in the community rather than in institutions. Our job as advocates for those requiring LTC should be to ensure provision of comprehensive assessment, support and interventions, in order to minimise their distress and optimise quality of life. Easier said than done! Let's discuss what CAN be done.

Changing practices in residential care - a personal perspective
Denis Eustace (Ireland)

The Highfield Hospital Group has been in existence since 1825. What's unusual is that it has been run by the same family spanning six generations. The discussion gives a truly unique insight into the care of those from Victorian times to the present day. Following on, the present state of play relating to nursing home care in Ireland is presented with survey statistics for 2007. Lastly the present government policies are briefly explained, setting out future guidelines for the coming years.

Mental health issues in LTC homes: guidelines & best practices
David Conn (Canada)

The high prevalence of mental disorders among nursing home residents is well described. Limited staffing levels and a relative lack of training regarding the identification, assessment and management of these disorders is the rule rather than the exception. In several countries, Guidelines and Best Practice documents have been published with the hope of improving standards of care in LTC Homes. An overview of some of these documents will be provided. The usefulness of Guidelines will be considered, along with the challenges of implementation. The IPA Task Force on Mental Health Services in Residential Care Facilities is planning a meeting to be held in conjunction with the 14th IPA Congress in Montréal, Canada in 2009. The intent is to develop and publish international standards for the care of nursing home residents with mental health problems.

5:15 PM—Opening Session—Concert Hall

Bequests to the Young and Beautiful: the problem of undue influence in making wills
Robin Jacoby (United Kingdom)

Older people in the western world are becoming wealthier. The prevalence of dementia is increasing. Will-making and dementia make awkward bed-fellows and the potential for fraud and undue influence is great. But undue influence is difficult to prove in court, and court decisions vary widely in different jurisdictions. The bad guys often win.

9:00 AM—Plenary Session - Integrated Care—Concert Hall

Integrated care for people with dementia
Frans Verhey (Netherlands)
Although clinical dementia care in Western countries may be of good standard, persons suffering from dementia at home and their carers are faced with gaps in care, services and information, and sometimes are not sure where to apply. Dementia is a complex chronic disorder; care needing an integrated approach between services. Integrated care is a discrete set of techniques and organisational models designed to create connectivity, alignment and collaboration within and between the cure and care sectors. The goals are to enhance quality of care and quality of life, consumer satisfaction, and system efficiency for patients with complex problems. In the meanwhile, dementia care is increasingly confronted with concurrency between institutions and compartmentalization in health care system. In recent years, several examples of integrated care have been tested and shown to be successful tools to improve care for people with dementia. In this presentation, the evidence for effectiveness of integrated care models will be discussed on the basis of recent research findings and experiences.

Suicidal behaviour in older people in China
Helen Fung-kum Chiu (China)
Every year, around 900,000 people commit suicide globally. There is a great variation in suicide rates across countries, as well as cross-cultural differences in the age and gender structure of suicide rates. Elderly suicide rates are high in a number of Asian countries despite the traditional veneration of older people. In China, the suicide rate in rural older people is very high and is 5 times that of the urban rate. In addition, the suicide rates in females are very high with a peak in the younger age group and a second peak in the older age group. Indeed, the rate of suicide in rural older women is among the highest in the world. This presentation will be an overview of the situation of suicide in older people in China. There is a dearth of studies on suicidal behaviour in older people in China in the literature. Findings from several recently completed studies on suicidal behaviour in older people in the urban and rural areas of China will be presented.

Quality of Life
Alistair Burns (United Kingdom)
Quality of Life (QOL) means different things to different people and it varies across the life span. Like ethics, the exact nature of QOL is in part, a matter of opinion and there are a number of different ways of approaching QOL and, more importantly, its measurement. There have been many scales developed to assess QOL and the methodology of assessments has improved over time. Some are specific for diseases such as dementia, some are more general, some involve the reports of others and some have individualised questionnaires. Health related quality of life is a particularly important measure relating to an individuals perception of their health condition. An overview of QOL will be attempted and the extent to which quality of life can be reflected in quality indictors will be presented as well as a recent example of the adaptation of an existing quality of life scale for use in people with dementia.

10:30 AM—RcPsych, Faculty of Old Age Psychiatry Poster Award—Clyde Room

10:30 AM—Poster Presentations—Clyde Room

11:30 AM—Symposium - Mental Health and Technology in Older People—Concert Hall
Co-Chairs: Jay Luxenberg (United States) and Ian Robertson (Ireland)

The aim of this symposium is to review recent developments in using new technologies to maintain and enhance the mental health and independent functioning of older people.

- *Remote assessment and diagnosis: engineering solutions and the TRIL programme.*
  Richard Reilly (Ireland)
- *Healthcare Information and Management Systems for Older People: What's Available Now?.*
  Jay Luxenberg (United States)
- *Technology and mental health in older people.*
  Denise Rettenmeier (United States)
- *Discussion.*
  Ian Robertson (Ireland)

11:30 AM—Free Communication - Functional Disorders—Lansdowne

- *Boundaries of depression in old age.*
  Cornelius Katona (United Kingdom)
- *A Randomized Controlled Trial of Cognitive Behaviour Therapy Versus Treatment As Usual for Late Life Depression*
  Ken Laidlaw (United Kingdom)
- *An Australian Study of Loneliness in Older People: Implications of Stigma.*
  Wendy Moyle (Australia)
- *Needs Assessment, Depression and PsychologicalL Distress in Elderly Psychiatric Patients*
  Lia Fernandes (Portugal)
- *The relationships between cognitive and mental status in elderly institutionalized patients with chronic schizophrenia: A 3-year observational study.*
  Yung-Jen Yang (Taiwan)
- *Which old age psychiatry patients get better? Routine outcomes measurement in 5,900 episodes.*
  Alastair Macdonald (United Kingdom)
- *Impact of a Crisis Resolution and Home Treatment Team (CRHTT) for older people with mental illness*
  Claire Dibben (United Kingdom)

11:30 AM—Workshop - Person Centered Care / Non-pharmalogical Management of Challenging Behaviour— Dodder A

Co-Chairs: Clive Ballard (United Kingdom) and Suzanne Cahill (Ireland)

The symposium examines how psycho-social interventions can be best used to address some frequently encountered challenging behaviours in dementia care. A particular focus is on the environment (architectural and psycho-social) and how it can be manipulated to compensate for cognitive deficit and to promote more independent living in persons with dementia. The role that assistive technologies play in promoting quality of life in persons with dementia and in reducing caregiver burden amongst family caregivers is also examined. An overview of a new, recently funded Irish based programme of bio-psycho-social research which will ultimately contribute to the development of more person-centred interventions in dementia care is given.

- *Moving from a Traditional Care of the Older Person Ward Environment to a New Dementia Care Unit*
  Elizabeth Myers (Ireland)
- *Creating Enabling Environments: How can Technology Help to Promote Quality of Life and Address Challenging Behaviours in Dementia Care?*
  Emer Begley (Ireland)
- *Living with Dementia: An Overview of a New Bio-Psycho-Social Programme in Dementia Care Research*
  Suzanne Cahill (Ireland)

1:15 PM—Lunchtime Satellite Symposium (Pfizer) — Concert Hall

3:00 PM—Symposium - Services for Younger People with Dementia - An International Perspective—Concert Hall

Co-Chairs: Tony Elliott (United Kingdom) and Adrienne Withall (Australia)

In countries where dementia services have already been established, the need to develop services for Younger People with Dementia has been recognised for many years. An appropriate service model has not been agreed, however, or how this could be adapted across different countries to fit local needs. It is recognised that service users and carers should be involved in developing services wherever they may be. This symposium will present different models of service operating in UK and Australia, and the efforts made to involve younger people with dementia in their development with the hope to inform others of the issues involved.

- *Services for Younger People with Dementia in the UK*
  Tony Elliott (United Kingdom)
- *Services for Younger People with Dementia in Australia - Are we playing on the same field?*
  Adrienne Withall (Australia)
- *Hearing the Patient's Voice - The Life Story Installation*
  Linda Stanyer (United Kingdom)

3:00 PM—Free Communication - Residential Care—Lansdowne

- *Aged Persons Mental Health Residential Care: A Value Based Culture.*
  Bridget Howes (Australia)
- *Use of physical restraints among dementia patients in nursing homes: A comparison of special segregative care and regular integrative care.*
  Siegfried Weyerer (Germany)
- *The course of neuropsychiatric symptoms over a one-year period in Dutch nursing home patients with dementia.*
  Roland Wetzels (The Netherlands)
- *Psychotherapy Groups in Nursing Homes.*
  Ken Schwartz (Canada)
- *Prevalence and correlates of psychotropic drug use in Dutch nursing home patients with dementia.*
  Raymond Koopmans (The Netherlands)
- *Characteristics and course of Early Onset Dementia in Dutch nursing home patients.*
  Ans Mulders (The Netherlands)
- *Quality of life for people with dementia living in care homes.*
  Martin Orrell (United Kingdom)
- *Creating an environmentally supportive residential care culture.*
  Nancy Pachana (Australia)

3:00 PM—Longitudinal Studies of Ageing—Dodder A

Co-Chairs: David Ames (Australia) and RoseAnne Kenny (United Kingdom)

The Australian Imaging Biomarkers and Lifestyle Flagship Study of Ageing (AIBL) is a prospective, longitudinal study of neuroimaging, biomarkers, clinical and neuropsychological measures, and lifestyle patterns in a cohort of 1000 volunteers comprised of patients with Alzheimer's disease (AD), Mild Cognitive Impairment (MCI) and healthy volunteers. The AIBL study aims to improve understanding of the pathogenesis, early diagnosis and clinical course of AD. It was launched in November 2006 and by May 2008 comprehensive baseline data collection will be complete. The cohort consists of 1000 volunteers (minimum age 60 years), recruited in equal proportions from five population groups; 1) early AD (CDR 0.5 or 1), 2) MCI, 3) ApoE Â4+ healthy volunteers, 4) ApoE Â4- healthy volunteers, and 5) subjective memory complainers. At baseline, each volunteer completes the international physical activity questionnaire, a food frequency questionnaire, a comprehensive clinical and neuropsychology battery, and provides an 80ml blood sample for clinical pathology, biomarker analysis and storage in liquid nitrogen. In addition, 250 of the cohort (25% from each group) receive a [C-11]PIB PET scan as a measure of in vivo amyloid and a MRI scan. Baseline characteristics of the five population groups will be ascertained using cross-sectional analysis of measures of memory and learning (CVLT-II, logical memory), attention (digit symbol), language (COWAT and BNT), spatial ability (Rey Figure) and executive function (Stroop), coupled with clinical outcome measures, clinical pathology results (including levels of folate, homocysteine, B12, glucose, testosterone), lifestyle measures, and neuroimaging findings. To end January 2008, complete baseline data has been collected from 814 volunteers. Current demographic characteristics demonstrate a well balanced cohort. The mean age of volunteers is 71.8 years (healthy volunteers 71.0 years, AD 75.7 years, MCI 76.3 years). Gender distribution is also balanced with 55% female overall and in the AD group and 49% female in the MCI subgroup. The AIBL study is the largest study of its kind undertaken in Australia. Cross sectional analysis of baseline data from this large cohort will provide valuable information on the links between cognition, brain amyloid burden, structural brain changes, biomarkers, diet and lifestyle.

4:45 PM—Free Communication - MCI / Mild Dementia—Lansdowne

- *Does Serotonin Augmentation have any Effect on Cognition and Activities of Daily Living in Alzheimer's Dementia? A Double-Blind Placebo-Control Clinical Trial.*
  Arash Mowla (Iran)
- *Relative Risk of Progression of Mild Cognitive Impairment to Dementia - Pooled and Meta-Analysis of 39 Robust Inception Cohort Studies.*
  Alex Mitchell (United Kingdom)
- *What Predicts Progression of MCI to Dementia? - A Quantitative and Qualitative Review of 53 Studies*
  Alex Mitchell (United Kingdom)
- *The Clinical Significance of Subjective Memory Complaints in Mild Cognitive Impairment and Dementia: A Pooled Analysis.*
  Alex Mitchell (United Kingdom)
- *5-123I-A-85380 binding to the ·4-,2-nicotinic receptor in mild cognitive impairment.*
  Klaus Ebmeier (United Kingdom)
- *Altered Hippocampus Functional Connectivity in the Recognition Memory Network Corrected for Grey Matter Atrophy in MCI.*
  Michael Ewers (Ireland)
- *Altered Brain Activation During Verbal Working Memory in Mild Cognitive Impaired Subjects.*
  Arun Bokde (Ireland)
- *New data on MCI Findings from the DESCRIPA study of the European Alzheimer's disease Consortium (EADC)*
  Frans Verhey (The Netherlands)

4:45 PM—Symposium - United Kingdom Health Policy and the National Dementia Strategy — Concert Hall

Co-Chairs: David Anderson (United Kingdom) and Bairbre Nic Aongusa (Ireland)
Presenters: David Ames (Australia), Sube Banerjee (United Kingdom)

The session will discuss policy, and guidance issued by government and authoritative bodies in the United Kingdom as they relate to older people's mental health with emphasis on the National Dementia Strategy for England.

4:45 PM—Symposium - Multidisciplinary Approaches to Mental Health in the General Hospital—Dodder A

Co-Chairs: William J. Burke (United States) and David Meagher (Ireland)

Older adults frequently have both medical and psychiatric health care needs. The presence of such conditions often leads to the involvement of numerous clinicians in the care of these patients. In this symposium we will consider these interactions from a number of perspectives. We will review emerging theories of the pathophysiology of delirium and methods to distinguish delirium from dementia. Additionally, we will examine the possibility that prevention of depression in the medically ill may be possible and improve outcomes using the example of patients being treated for head and neck cancer. Finally, we will consider how to optimize the delivery of services to the older individuals with medical and psychiatric health care needs.

- *Distinguishing delirium from dementia: a comparison of neuropsychiatric profile in delirium, dementia and comorbid delirium and dementia.*
  David Meagher (Ireland)
- *Advances in the pathophysiology of delirium.*
  Alasdair MacLullich (Scotland)
- *Prevention of Depression in Patients Being Treated for Head and Neck Cancer*
  William Burke (United States)
- *The Geriatric Medical Psychiatry Inpatient Unit: The Quintessential Elements of Success.*
  David Folks (United States)

6:15 PM—Evening Satellite Symposium (GE Healthcare)— Concert Hall

9:00 AM—Plenary Session - Multidisciplinary Care—Concert Hall

The at risk brain (vascular risk / prevention)
Peter Passmore (United Kingdom)

The manifestation of dementia due to Vascular Cognitive Impairment / Vascular Dementia (VaD) or Alzheimer's disease (AD) is the result of a lengthy pathological process. As for many chronic diseases, the processes may begin in early adulthood. This is analogous to the cumulative effects of cardiovascular risks. Here the risks of vascular events increase exponentially with the number of risk factors. The importance of vascular influences on development of cognitive impairment and dementia has become more apparent in recent years. This is not unexpected for VaD but it has also become clear that vascular risks are also important epidemiologically in the development of AD. This is particularly the case for mid-life vascular risk. Thus hypertension, hypercholesterolaemia, diabetes mellitus, vascular diseases have all been linked to both forms of dementia. In addition studies have indicated that obesity, physical exercise, dietary factors, smoking and alcohol are also important. Not all of these risks are seen in studies of older patients where in particular data on blood pressure and cholesterol are conflicting. In a similar way to cardiovascular risk prediction, a dementia risk predictor has been produced and validated. The implication of these findings is that reduction of mid-life vascular risk could prevent or at least delay onset of dementia.

There is mixed evidence that this will be the case. The evidence is conflicting for both epidemiological and prospective placebo controlled studies but the problem may lie in the study design and duration of studies in hypertension and hypercholesterolaemia and sometimes in the fact that cognition was a secondary endpoint. There is more concrete evidence for blood pressure interventions after stroke to prevent dementia.

The difficult question of cardiovascular risk management and its effects on cognitive decline in established VaD and in particular AD remains a research priority.

For now many people will have their cardiovascular risks managed for reasons other than the intent of primary prevention of VaD or AD, rather to prevent cardiovascular and cerebrovascular endpoints. The hope is that if this is done appropriately and particularly to meet defined targets for each endpoint, there will be a significant effect on dementia in later life.

Impact of falls in psychogeriatric populations.
RoseAnne Kenny (Ireland)
Overview was not available at time of publication.

Depression and Anxiety in the Nursing Home
Jacobo Mintzer (United States)

Depression is a common and disabling disorder among nursing home patients. The impact of depression on mortality among nursing home patients is still a matter of controversy. Some studies have shown that the presence of depressive symptoms was associated with increased mortality of people living in nursing homes. Other studies failed to confirm this finding, especially those studies comparing people suffering from major depression to those that did not. The goals of this presentation are to review the available literature on the issue and present the results from the Amsterdam and Groningen Elderly Depression Study (AGED). The AGED study included 14 nursing homes, incorporating 696 nursing home patients. The study focused on the evaluation of depressive symptoms as well as the assessment of the presence or absence of the diagnosis of major depression and other physical and mental conditions. In addition to discussing the results of this study in light of the literature we will discuss some of the implications of these findings for the treatment of depression in nursing home residents.

10:30 AM—Poster Presentations - 10 April 2008—Clyde Room

11:30 AM—Symposium - Alcohol Services for Older People—Concert Hall

Co-Chairs: Henry O'Connell (Ireland) and Anand Ramakrishnan (United Kingdom)

Alcohol use disorders are common in older people and are associated with considerable impairments in physical, psychological, cognitive and social health and well-being. These problems also frequently go undetected, misdiagnosed or inadequately treated for a number of reasons, including presentations in older people that are atypical or masked by other medical or psychiatric conditions, the use of inappropriate screening or diagnostic instruments that are geared towards younger people, and an element of therapeutic nihilism, whereby older people are less likely to be actively treated or referred on to specialist services. Furthermore, the ageing of populations worldwide means that the absolute number of older people with alcohol use disorders is on the increase. All of these factors in combination means that alcohol use disorders in older people are likely to become an increasingly important public health problem in future years. Management can be divided into the primary and secondary prevention measures, aimed at the prevention of onset or worsening of existing alcohol use disorders. Such measures include regulating alcohol availability and increasing public awareness of the many dangers of alcohol use in all age groups. Treatment of established alcohol use disorders in older people is complex, because of an increasing level of comorbid health problems and general frailty, and a dearth of evidence on the best therapies, both pharmacological and psychological, for detoxification and abstinence promotion. In this symposium, a number of speakers will present data on the epidemiology, aetiology, treatment and prognosis of alcohol use disorders in older people, and provide suggestions as to future directions for the development of alcohol treatment services for this vulnerable and increasingly important population.

- *The epidemiology of alcohol use and alcohol use disorders in older people*
  Henry O'Connell (Ireland), Conor Farren (Ireland)
- *Organisation of alcohol services for older people.*
  Anand Ramakrishnan (United Kingdom)

11:30 AM—Free Communication - Psychological / Non-pharmacological Issues—Lansdowne

- *GPS Technology for Wandering Behaviour in Community-dwelling People with Dementia: A Study of the Acceptability and Impact on Carers.*
  Eleanor Bantry White (United Kingdom)
- *Children's misdiagnosis of Death Anxiety in their parents. Does it influence non-disclosure of information?*
  Gary Sinoff (Israel)
- *Sexuality, Sexual Orientation and Intimacy in Alzheimer's disease: Current Service Responses and Future Needs.*
  Derek Beeston (United Kingdom)
- *Pre-operative psychological distress, cognitive status and post-operative delirium in surgery ward.*
  Rabih Chattat (Italy)
- *An overview of quality of life measurement in dementia.*
  Carla Schölzel-Dorenbos (The Netherlands)
- *The Need-YD study: How do caregivers of patients with young onset dementia perceive the period prior to diagnosis?*
  Marjolein de Vugt (Netherlands)
- *Cognitive and Behavlioural Iinterventions for Carers of people with Dementia*
  Myrra Vernooij-Dassen (The Netherlands)
- *Towards an integrated Cognitive Prosthetic for People with Mild Dementia; a user centered approach*
  Rose-Marie Droes (The Netherlands)

11:30—Workshop - Testamentary Capacity and Undue Influence—Dodder A

Co-Chairs: Sanford Finkel (United States) and Paul Divall (United Kingdom)

With aging societies and the increased wealth of elderly in many societies, the posthumous distribution of wealth to the baby boomer generation will be of unprecedented magnitude. Further, in most societies traditional inheritance plans—e.g., to the oldest son—are no longer operative. Finally, as people in all countries live longer, the potential for illnesses, such as dementias, have the potential to interfere with testamentary and other capacities. Such illnesses also render the older person more vulnerable to “undue influence”. The modern day concepts regarding testamentary capacity emanates from 19th century thought in England, based on the Banks vs. Goodfellow case. There exists a dearth of information, which integrates this traditional thinking with modern day research, such as cognitive screens, dementia and functional staging, and the differences in cognitive impairment in various dementias. Thus, case law and modern day research stand side by side, but, in the scientific literature, rarely touch. This IPA Task Force addresses the issues of contemporaneous and retrospective review, international variations and risk factors for undue influence.

- *Contemporaneous assessment of testamentary capacity*
  Kenneth Shulman (Canada), Carmelle Peisah (Australia), Jeremiah Heinik (Israel)
- *Assessment of Competence in Dementia in Europe. An initiative of the European Dementia Consensus Network (EDCON).*
  Gabriela Stoppe (Switzerland), Lienhard Maeck (Switzerland), Barry Reisberg (United States)
- *Cultural and geographic influences at testamentary capacity and competence of the elderly*
  Horácio Firmino (Portugal)
- *An international perspective on undue influence.*
  Carmelle Peisah (Australia)
- *Final Discussion*

1:15 PM—Lunchtime Satellite Symposium (Lundbeck) — Concert Hall

3:00 PM—Plenary Session - Biological Psychiatry—Concert Hall

Advances in Bipolar Disorders in Older Adults
Kenneth Shulman (Canada)

This overview will highlight features of bipolar disorder (mania) that are unique to older adults, especially late-onset disorders. This will include a review of genetics, clinical course and neurologic comorbidities. The study of bipolarity in late-life raises questions about the classification of manic syndromes and a proposal for sub-classification will be presented including the concept of vascular mania. The latter category will be reviewed in the context of the complex relationship between cerebrovascular disease, stroke and mania. Treatment with mood stabilizers poses special challenges in old age and this review will focus primarily on the use of lithium carbonate as an orphan drug which has great potential for toxicity but also therapeutic benefit including neuroprotection. Special comorbid medical considerations for lithium include renal function, neurotoxicity and hypothyroidism. Controversies regarding the relationship of suicide risk to treatment with lithium will be reviewed as well as the controversy surrounding lithium and chronic renal disease. Finally, an overall approach to the management of late-life bipolar disorder will be presented from a clinician’s perspective.

Early Detection of Dementia
Harald Hampel (Ireland)

In this presentation, the conceptual framework of current multimodal biomarker research to aid early detection and prediction of clinical and pre-symptomatic AD is reviewed, as well as validation efforts with established mono- versus emerging multicenter data related to a range of core feasible neurochemical, as well as neuroimaging markers of AD and potential applications of these techniques in future clinical practice and in clinical studies, particularly with respect to early diagnosis, patient stratification, classification, prediction, as well as monitoring of disease progression in trials of disease-modifying therapies.

Geriatric Psychiatry - Ripe for Pharmacological Innovation?
Roger Bullock (United Kingdom)

This plenary talk will discuss how geriatric psychiatry has positioned itself in the spectrum of medical care and how the emergence of drugs for Alzheimer's disease have altered that relationship. It will then consider how the next new batch of drugs may impact on our current services and speculate on the potential impact that this will have in the further development of the field.

4:45 PM—Symposium - Epidemiological Studies in Depression, Developments from the EURODEP Studies—Concert Hall

Co-Chairs: Raimundo Mateos (Spain) and Ken Wilson (United Kingdom)

The Eurodep Study was one of the first studies exploring the epidemiology of depression in older citizens of the European Union. This symposium brings together some of the studies that have emerged from this important consortium. We explore current trans-European epidemiology, cohort studies from Sweden, studies from our host country; Ireland and studies looking at the epidemiology and phenomenology of depression in Parkinson's disease.

- *Is depression in later life more prevalent in Latin European Countries; A report from the SHARE project*
  Raimundo Mateos (Spain)
- *Depression in older people; birth cohort differences, major risk factors and outcomes. Results from the Gothenburg Studies.*
  Ingmar Skoog (Sweden)
- *Depression In Parkinson's disease-the PROMS-PD study*
  John Hindle (United Kingdom)
- *Worries in older people an extension of the Eurodep Study*
  Jeannette Golden (Ireland)

4:45 PM—Free Communication – RCPsych, Faculty of Old Age Psychiatry Presentation Award—Lansdowne

- *Poor attentional function is associated with subsequent cognitive decline in non-demented Parkinson's disease patients independent of motor phenotype*.
  John-Paul Taylor (United Kingdom)
- *Psychiatric Outpatients for Older Adults - Highly Regarded by Users and Carers, but Irreplaceable?*
  Rashi Negi (United Kingdom)
- *Non-Pharmacological Treatment of Behavioural and Psychological Symptoms in Dementia (BPSD) within Continuing Care facilities: a staff training initiative.*
  Miriam Kennedy (Ireland)
- *Prevalence and Correlates of Psychotic Disorder and Psychotic Symptoms in Community Dwelling Elderly*
  Aoife Ni Chorcorain (Ireland)
- *Quality of life, social networks and psychosis in Irish community dwelling older people.*
  Aoife Ni Chorcorain (Ireland)

4:45 PM—Symposium - Learning from Users and Carers—Concert Hall

Co-Chairs: Susan M. Benbow (United Kingdom) and Maurice O'Connell (Ireland)

Greater patient choice and more personalised care are themes of various policy initiatives in health and social care (e.g. Department of Health, 2005a; Department of Health, 2005b). The National Service Framework (NSF) for Older People (Department of Health, 2001) includes a standard on patient-centred care, and the NSF for Mental Health (Appleby, 2004) includes a standard on carer support. Tew, Gell & Foster (2004) have looked at the involvement of users and carers in education, emphasising that they offer distinct but complementary perspectives from one another (and from health and social care staff). The involvement of both users and carers is essential if health and social care services are to develop partnership working with people and their families who are using their services. This symposium will examine different ways in which professional staff learn from users and carers.

- *Learning from users and carers at a national level: the Faculty of Old Age Psychiatry Consumer Group*
  Sarah Black (United Kingdom)
- *Walking the path together: an important teaching role for users and carers*
  Susan Benbow (United Kingdom), Kathleen Morgan (United Kingdom)
- *Dementia Caring - A personal perspective*
- *Younger Onset Dementia - a personal story.*
  Maurice O'Connell (Ireland)

6:15 PM—Evening Satellite Symposium (Elan) — Concert Hall

9:15 AM—Workshop - Training in Old Age Psychiatry—Concert Hall
Co-Chairs: Horácio Firmino (Portugal) and Gregory Swanwick (Ireland)

The aims of this workshop are to:

Examine new technologies and teaching methods (interactive presentations, use of film, internet use, and distance learning / assessment) through demonstration of practical examples and discussion of their effectiveness.

Address RCPsych initiatives which are two-fold: i) Encouraging psychiatrists (not necessarily Old Age Psychiatrists) and training them especially in developing countries to recognize dementia, depression and other common problems in elderly and to treat them effectively. ii) To start/facilitate training in Old Age Psychiatry both at undergraduate and post graduate level.

Begin the development of a framework for training in Old age Psychiatry for Europe.

Provide an interactive forum for trainees, trainers and key stakeholders from across the region.

Build on the focus group on training in Old Age Psychiatry which was formed at the IPA congress in Osaka.

- *Royal College Of Psychiatrists training initiatives.*
  Anand Ramakrishnan (United Kingdom)
- *International Psychogeriatric Association training initiatives.*
  Horácio J. Firmino (Portugal)
- *New technologies and teaching methods.*
  Gregory Swanwick (Ireland); Sinead Murphy (Ireland)

9:15 AM—Free Communication - Service Delivery / Policy—Lansdowne

- *Effectiveness of nonpharmacological interventions in delaying the institutionalization of patients with dementia: a meta-analysis.*
  Anouk Spijker (The Netherlands)
- *Prevention is better than cure: how the United Kingdom's Criminal Records Bureau can reduce the prevalence of elder abuse by improving recruitment decision-making.*
  Nageen Mustafa (United Kingdom)
- *An integrated approach to dementia: a clinical and economic evaluation.*
  Claire Wolfs (The Netherlands)
- *An in-home geriatric programme for vulnerable community-dwelling older people improves the detection of dementia in primary care.*
  Marieke Perry (The Netherlands)
- *Which Cognitive Tests Are Validated for Detection of Dementia by General Practitioners? A Pooled Analysis of 35 Primary Care Studies.*
  S Malladi (United Kingdom)
- *International comparison of medication prices : A survey report of the Mental Health Economics Task Force of IPA*
  Guk-Hee Suh (South Korea)
- *Effects of Community Occupational Therapy on Self-Perceived Performance and Satisfaction in Dementia Patients and Their Caregivers: A Randomized Controlled Trial.*
  Maud Graff (The Netherlands)

9:15 AM—Symposium - Biomarkers in Mild Cognitive Impairment—Dodder A
Co-Chairs: Harald Hampel (Ireland) and Declan McLoughlin (Ireland)

- *Pathogenesis of Alzheimer's disease: A Molecular Rationale for Biomarker Discovery*
  Declan McLoughlin (Ireland)
- *Development of Biochemical Markers of Alzheimer's disease.*
  Harald Hampel (Ireland)
- *Assessment of Beta-secretase (BACE1) Levels in Cerebrospinal Fluid for Prediction of Alzheimer's disease*
  Michael Ewers (Ireland)
- *WGA Binding Glycoprotein as a New Diagnostic Biomarker for Early Stage of Alzheimer's disease*
  Katsuya Urakami
- *The Potential of CSF Tau to Differentiate Geriatric Depression from Early (Preclinical) Alzheimer's disease*
  Johannes Pantel (Germany)

11:00 AM—Plenary Session - Social Connection in Older People—Concert Hall
Brian Lawlor (Ireland)

Social connection is a key determinant of physical and mental health in older people. Using data from studies in community dwelling elderly in Dublin, this presentation will illustrate the important association between the quality of social engagement in older people and the level of depression, loneliness and quality of life that they experience. Enhancing social connection on an individual or population basis may offer opportunities to improve mental health outcomes in older people

11:30 AM—Plenary Session - Debate: Old Age Psychiatrists Should Stick to Dementia—Concert Hall

- FOR: Roger Bullock (United Kingdom)
- AGAINST: Peter Connelly (United Kingdom)

12:30 PM—Closing Remarks—Concert Hall
Presenters Brian Lawlor and Greg Swanwick, Organizing Committee Co-chairs

Overcoming everyday challenges in Alzheimer's Disease.*[1]

*Moderate to Severe Alzheimer's Disease.[2]

Meaningful Patient Benefits

- Maintains memory and language.[3]
- Maintains ability to perform everyday tasks such as eating, dressing and toileting.[1]
- Delays the emergence of agitation and aggression.[4]

Abbreviated Prescribing information: For full prescribing information refer to the Summary of Product Characteristics. **Name:** Ebixa® **Active Substance:** Memantine Hydrochloride. **Indication:** Treatment of patients with moderate to severe Alzheimer's Disease. **Dosage & Administration:** Treatment should be initiated and supervised by a physician experienced in the diagnosis and treatment of Alzheimer's dementia. Therapy should only be started if a caregiver is available who will regularly monitor drug intake by the patient. Orally as tablets (10 mg) or solution (10 mg/g). Maintenance dose is 20mg, (10mg twice daily) taken with or without food. Treatment starts with 5mg (half a tablet or 10 drops) in the morning for a week; the 2nd week 5 mg (half a tablet or 10 drops) twice daily; the 3rd week 10mg (one tablet or 20 drops) in the morning and 5mg (half a tablet or 10 drops) in the afternoon or evening and the 4th week 10mg (one tablet or 20 drops) twice daily. Moderate renal impairment 5mg (half a tablet or 10 drops) twice daily, if well tolerated after 7 days increase dose to 10 mg twice daily. Severe renal impairment - dose is 15 mg twice daily. Mild-moderate Hepatic impairment- no dose adjustment. Severe hepatic impairment – no data available. Children & Adolescents: Not recommended. **Contraindications:** Hypersensitivity to the active substance or any of the excipients. **Pregnancy and Lactation:** Pregnancy: Memantine should not be used in pregnant women unless clearly necessary. *Lactation:* Memantine should not be used in women who are breastfeeding. **Special Warnings and Precautions for use:** Not recommended for patients with severe renal impairment. Caution is recommended in patients suffering from epilepsy. Caution is advised in patients with raised urine pH as this may elevate plasma levels. Clinical data are limited on patients with myocardial infarction, uncompensated congestive heart failure and uncontrolled hypertension and patients with these conditions should be closely supervised. Avoid concomitant use of NMDA antagonists e.g. amantadine, ketamine or dextromethorphan. Avoid use in patients with sugar intolerance. **Interactions:** Effects of L-Dopa, dopaminergic agonists and anticholinergics may be enhanced. Effects of barbiturates and neuroleptics may be reduced. Effect of concomitant treatment with antispasmodic agents e.g. dantrolene and baclofen may be modified. Plasma levels of cimetidine, ranitidine, procainamide, quinidine, quinine and nicotine may be increased. Excretion may be altered when memantine and hydrochlorothiazide are co-administered. Concomitant use of NMDA antagonists-amantadine, ketamine or dextromethorphan should be avoided. Close monitoring of prothrombin time or INR is advisable for patients treated concomitantly with oral anticoagulants. **Adverse reactions:** Most commonly (≥1/100 and <1/10) headache, somnolence, hypertension, constipation and dizziness. Uncommon reactions (≥1/1000 and ≤1/100): fatigue, fungal infections, confusion, hallucinations, venous thrombosis/thromboembolism, vomiting, gait abnormal. Very rare (≤1/10,000): seizures. Isolated cases of pancreatitis and psychotic reactions have been reported in post-marketing experience. Alzheimer's disease has been associated with depression, suicidal ideation and suicide. In post-marketing experience these events have been reported in patients treated with memantine. **Overdose:** Symptomatic treatment. **Elimination:** Mainly in unchanged form via the kidneys. **Administration:** Orally as tablets 10mg or solution 10mg/g. **Legal Category:** POM.
Marketing Authorisation Holder: H.Lundbeck A/S, 9 Ottiliavej, DK-2500, Valby, Denmark. **Marketing Authorisation Numbers:** EU/1/02/219/005 Ebixa 10mg/g Oral drops solution-50g bottle. EU/1/02/219/006 Ebixa 10mg/g Oral drops solution-100g bottle. EU/1/02/219/007 Ebixa Tablets 10mg, 28 pack size. EU/1/02/219/008 Ebixa Tablets 10mg, 56 pack size. Further information may be obtained from: Lundbeck (Ireland) Ltd., 7 Riverwalk, Citywest Business Campus, Citywest, Dublin 24. **Date of Preparation:** December 2007

References: 1.Doody et al. Dement Geriatr Cogn Disord 2004; 18:227-232. 2. Ebixa Summary of Product Characteristics.

DEMENTIA UPDATE

An approved Satellite Symposium at the IPA 2008 European Meeting

Date: Wednesday April 9, 2008

Venue: RDS Concert Hall

Time: 13.45-14.45

Chairpersons:

Professor Raymond Levy

Professor of Old Age Psychiatry & ex President of the IPA

Professor Brian Lawlor

Consultant Psychiatrist in Old Age Psychiatry

Lunch will be available before the symposium at 13.00

Programme:

"Treatment approaches in Lewy body disease"
Professor IG McKeith, Clinical Director, Institute for Ageing and Health

"Treatment for Alzheimer's across the disease spectrum"
Professor Alistair Burns, Professor of Old Age Psychiatry

GE Healthcare

Dopamine transporter SPECT in the differential diagnosis of dementia

An approved Satellite Symposium at the IPA 2008 European Meeting

Date Wednesday 9 April 2008
Venue Concert Hall
Time 18:30-20:00

Refreshments will be provided following the symposium

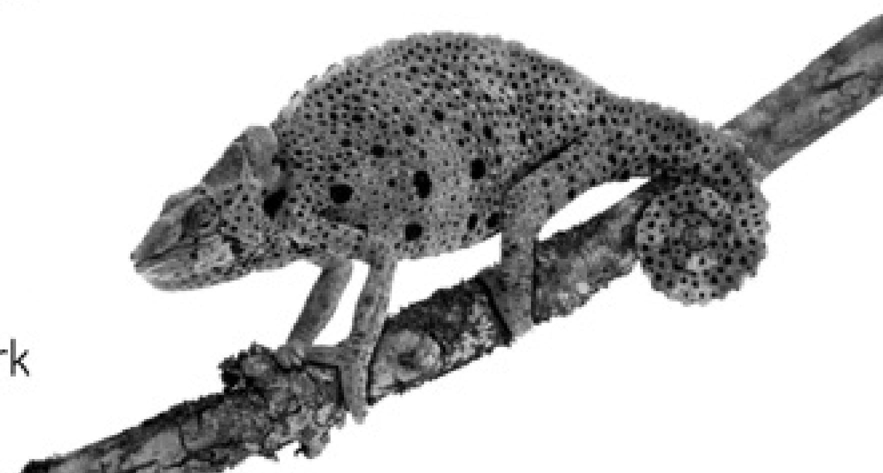
Chairperson
Professor Ian McKeith *Newcastle, UK*

Programme

Predictive diagnostic accuracy of ^{123}I -FP-CIT SPECT in possible dementia with Lewy bodies: a 12 month follow-up study
Professor John O'Brien *Newcastle, UK*

Dementia with Lewy bodies: A comparison of clinical diagnosis, FP-CIT SPECT imaging and AUTOPSY in 22 cases
Dr Zuzana Walker *London, UK*

Practical application of ioflupane(^{123}I)
Professor Philippe Robert *Nice, France*



GE imagination at work

PRESCRIBING INFORMATION DaTSCAN™ ioflupane (^{123}I) Please refer to full national Summary of Product Characteristics (SPC) before prescribing. Indications and approvals may vary in different countries. Further information available on request. **PRESENTATION** Vials containing 185 MBq or 370 MBq ioflupane (^{123}I) at reference time. **INDICATIONS** Detecting loss of functional dopaminergic neuron terminals in the striatum. i) in patients with clinically uncertain Parkinsonian Syndromes in order to help differentiate Essential Tremor from Parkinsonian Syndromes related to idiopathic Parkinson's Disease (PD), Multiple System Atrophy (MSA), Progressive Supranuclear Palsy (PSP). DaTSCAN is unable to discriminate between PD, MSA and PSP. ii) to help differentiate probable dementia with Lewy bodies (DLB) from Alzheimer's disease. DaTSCAN is unable to discriminate between DLB and Parkinson's disease dementia. **DOSAGE AND METHOD OF ADMINISTRATION** DaTSCAN is a 5% (v/v) ethanolic solution for intravenous injection and should be used without dilution. Clinical efficiency has been demonstrated across the range of 111-185 MBq; do not use outside this range. Slow intravenous injection (15-20seconds) via arm vein is recommended. Appropriate thyroid blocking treatment must be given prior to and post injection of DaTSCAN. SPECT imaging should take place 3-6 hours after injection of DaTSCAN. DaTSCAN is not recommended for use in children or adolescents. For use in patients referred by physicians experienced in the management of movement disorders/dementia. **CONTRAINDICATIONS** Pregnancy and hypersensitivity to the active substance or any of the excipients. **WARNINGS AND PRECAUTIONS** Radiopharmaceuticals should only be used by qualified personnel with appropriate government authorisation and should be prepared using aseptic and radiological precautions. DaTSCAN is not recommended in moderate to severe renal or hepatic impairment. Contains 5% volume ethanol, up to 197mg per dose, harmful for those suffering from alcoholism. To be taken into account in high-risk patients e.g. liver disease or epilepsy. **INTERACTIONS** Consider current medication. Medicines that bind to the dopamine transporter may interfere with diagnosis; these include amfetamine, benzatropine, buproprion, cocaine, mazindol, methylphenidate, phentermine and sertraline. Drugs shown during clinical trials not to interfere with DaTSCAN imaging include amantadine, trihexyphenidyl, budipine, levodopa, metoprolol, primidone, propranolol and selegiline. Dopamine agonists and antagonists acting on the postsynaptic dopamine receptors are not expected to interfere with DaTSCAN imaging and can therefore be continued if desired. **PREGNANCY AND LACTATION** Contraindicated in pregnancy. Information should be sought about pregnancy from women of child bearing potential. A woman who has missed her period should be assumed to be pregnant. If administration to a breast feeding woman is necessary, substitute formula feeding for breast feeding for 3 days. **UNDESIRABLE EFFECTS** No serious adverse effects have been reported. Common side effects include headache, vertigo and increased appetite and formication. Exposure to ionising radiation is linked with cancer induction and a potential for hereditary defects and must be kept as low as reasonably achievable. Intense pain on injection has been reported uncommonly following administration into small veins. **DOSIMETRY** Effective dose from 185 MBq is 4.35 mSv. **OVERDOSE** Encourage frequent micturition and defecation. **MARKETING AUTHORISATION HOLDER** GE Healthcare Limited, Amersham Place, Little Chalfont, Buckinghamshire, HP7 9NA, UK. **CLASSIFICATION FOR SUPPLY** Subject to medical prescription. **MARKETING AUTHORISATION NUMBERS** EU/1/00/135/001 (2.5ml) and EU/1/00/135/002 (5.0ml). **DATE OF REVISION OF TEXT** 4 February 2008 **UK Price** £391/185MBq.

Information about adverse event reporting can be found at www.yellowcard.gov.uk.
Adverse events should also be reported to GE Healthcare.

GE Healthcare Limited, Amersham Place, Little Chalfont,
Buckinghamshire, England, HP7 9NA.
www.gehealthcare.com

© 2008 General Electric Company – All rights reserved.
GE and GE Monogram are trademarks of General Electric Company.

DaTSCAN is a trademark of GE Healthcare Limited.

2-2008 JB3065/OS INTL ENGLISH/UK

Abbreviated Prescribing Information Exelon 4.6mg/24h Transdermal patch. Exelon 9.5mg/24h Transdermal patch. Note: Before prescribing, please read full prescribing information. **Presentation:** Exelon Patch 4.6mg/24h contains 9mg rivastigmine. The release rate is 4.6mg/24h. Exelon Patch 9.5mg/24h contains 18mg rivastigmine. The release rate is 9.5mg/24h. **Indication:** Symptomatic treatment of mild to moderately severe Alzheimer's dementia. **Dosage and Administration:** Treatment should be initiated and supervised by a physician experienced in the diagnosis and treatment of Alzheimer's dementia. A caregiver should be available to regularly administer and monitor the treatment. Initiation and re-initiation of therapy should start with one Exelon Patch 4.6mg/24h. It may be increased after a minimum of 4 weeks to one Exelon Patch 9.5mg/24h each day. Patients treated by Exelon capsules or oral suspension with a maintenance dose of 3mg/day or 6mg/day may be switched to Exelon Patch 4.6mg/24h. Patients on a dose of 9mg/day or higher may be switched to 9.5mg/24h transdermal patch. A minimum of 4 weeks of treatment and good tolerability with the previous dose should be observed before titrating up to higher doses. Transdermal patches should be applied once a day to clean, dry, hairless, intact healthy skin on the upper or lower back, upper arm or chest, in a place which will not be rubbed by tight clothing. It is not recommended to apply the transdermal patch to the thigh or to the abdomen. The transdermal patch should not be applied to skin that is red, irritated or cut. Reapplication to the exact same skin location within 14 days should be avoided. The transdermal patch should be pressed down firmly until the edges stick well. It can be used in everyday situations, including bathing and during hot weather. No dose adjustment is necessary for patients with renal impairment. **Contraindications:** Known hypersensitivity to rivastigmine, other carbamate derivatives, or other excipients used in the formulation. **Precautions/ Warnings:** If treatment is interrupted for longer than several days, treatment should be re-initiated with Exelon 4.6mg/24h. Gastrointestinal adverse effects such as nausea and vomiting can occur at initiation of therapy and shortly after dose increase. Patient's weight should be monitored during therapy with Exelon Patch as they may lose weight. As with other cholinomimetics, caution is recommended in patients with sick sinus syndrome or conduction defects (sino-atrial block, atrio-ventricular block), with gastroduodenal ulcerative conditions or patients predisposed to these conditions, with a history of asthma or pulmonary disease, patients predisposed to urinary obstruction and seizures. Caution in patients with clinically significant hepatic impairment and in patients with body weight below 50 kg. The safety of Exelon Patch is not established in pregnant and lactating women. Not recommended in children. Contact with the eyes should be avoided after handling Exelon transdermal patches. **Interactions:** Caution in case of concomitant use with cholinomimetic drugs, anti -cholinergic medications, succinylcholine-type muscle relaxants during anaesthesia. **Adverse Reactions:** Common: vomiting, nausea, anorexia, urinary tract infection, decreased appetite, anxiety, depression, insomnia, delirium, syncope, rash, headache, diarrhoea, dyspepsia, abdominal pain, fatigue, asthenia, weight decrease, pyrexia, application site reactions i.e. erythema, pruritus, irritation, oedema, dermatitis. Uncommon: Bradycardia, gastric ulcers, extrapyramidal symptoms. **Pack Sizes:** Cartons containing 30 sachets and each sachet contains one transdermal patch. **Legal Category:** POM. **Marketing Authorisation Numbers:** EU/1/98/066/019-022, EU/1/98/066/023-026. **Date of API Preparation:** October 2007. **Full prescribing information available from:** Novartis Ireland Limited, Beech House, Beech Hill Office Campus, Clonskeagh, Dublin 4. Tel: 01-2601255. **Reference 1.** Lefevre G. *et al.*, Clin Pharmacol & Ther 2007 http://www.nature.com/clpt/journal/vaop/ncurrent/abs/6100242a.html; jsessionid=F0B2A556ADDBF8FFF430B539C55C24B3 [accessed 3.12.2007]. **Date of Preparation:** March 2008. N00308148

Optimal Efficacy and Tolerability with

Rivastigmine Transdermal Patch[1*]

FIRST-LINE treatment for mild to moderately severe Alzheimer's Dementia

* versus rivastigmine capsules

Help us to hold on as long as we can.

Prescribers are recommended to consult the Summary of Product Characteristics before prescribing, particularly in relation to side-effects, precautions, and contra-indications. Further information is available from the product license holder: Shire Pharmaceuticals Limited, Hampshire International Business Park, Chineham, Basingstoke, Hampshire, RG24 8EP, UK. Tel: 01256 894000. Reminyl is a registered trademark of Shire Pharmaceutical Development Limited in the UK. POM **Reference: 1.** Reminyl XL Summary of Product Characteristics, July 2005. **Date of preparation:** March 2008. UK/REM/07/0096 Shire

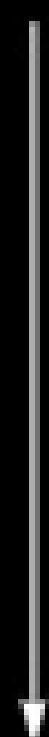
Adverse events should be reported to the Yellow Card Scheme. Information about adverse event reporting via this scheme can be found at www. yellowcard.gov. uk. Adverse events should also be reported to Shire Pharmaceuticals Ltd on 01256 894000.

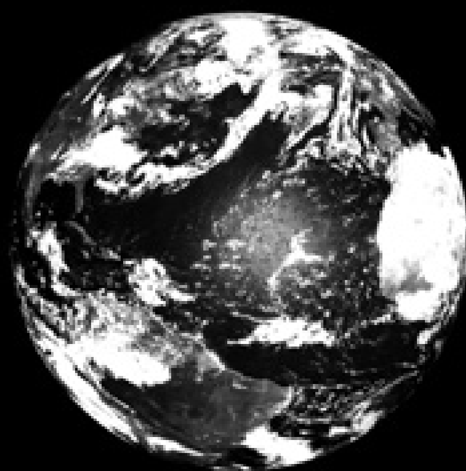
Galantamine helps keep them together.

Galantamine is licensed for the symptomatic treatment of mild to moderate dementia of the Alzheimer type.[1]

Please check your delegate bag for a memory stick containing the IPA 2008 European Meeting Abstract Book, kindly sponsored by Shire Pharmaceuticals Ltd.

you are here...





...thankfully, so are we.

Ovation Global DMC connects you to people and places so you can express your message creatively, unambiguously and seamlessly all around the world. We intimately know the places, venues and locations that match your creative and practical requirements and our people there can help to open all the doors so that it's just like working in your own backyard.

So next time you need some fresh ideas for your meeting, incentive, conference or event, get in touch with us and we'll make it happen!

Making *it* Happen

www.ovationdmc.com

Working to change the course of Alzheimer's disease

MYRIAD®

Myriad Pharmaceuticals, Inc.

is proud to be an

IPA

Corporate

Partner

IPA

14th International Congress
International Psychogeriatric Association
...Better Mental Health for Older People

Path to Prevention
Montréal, Canada
1-5 September 2009

In conjunction with:

Canadian Academy of Geriatric Psychiatry

Canadian Coalition for Seniors' Mental Health

2008 IPA European Meeting
8-11 April 2008
Website: www.ipa-online.org

Corporate Partner:

MYRIAD
Myriad Pharmaceuticals, Inc.

Gold Sponsors:

Silver Sponsors:

Satelite Sponsors

GE Healthcare

International Psychogeriatric Association
...Better Mental Health for Older People