

Second-generation antipsychotic drugs (eg, olanzapine, quetiapine, risperidone, aripiprazole, and ziprasidone) have a reduced incidence of extrapyramidal side effects compared with first-generation neuroleptics, leading to increased use in psychiatric practice. However, some second-generation antipsychotic drugs can increase cardiometabolic risk by increasing risk for weight gain, dyslipidemia, and insulin resistance. Growing evidence, including baseline metabolic data from the CATIE study, indicates that patients with schizophrenia have an increased prevalence of metabolic syndrome (obesity, hypertension, hyperglycemia, dyslipidemia, and hyperglycemia). In CATIE Phase 1 and 2, treatment with different antipsychotic medications is associated with different effects on weight, plasma lipids and risk of hyperglycemia, ranging from clinically significant increases to decreases in metabolic risk. While mortality related to cardiovascular disease is elevated in this patient population, cardiovascular disease risk is under-monitored and under-treated. Current public health efforts aim to increase attention to this at-risk population. Long-term treatment strategies in persons with mental illness should aim to address psychiatric illness as well as key medical comorbidities.

SAT4.03

Toward the reintegration of psychiatry and medicine in patients with mental illness

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Treatment goals in schizophrenia and bipolar disorder are no longer simply the reduction of psychosis and manic or depressive episodes. Today's treatment goals encompass a broader improvement of quality of life and, as much as possible, the return of patients to premorbid levels of functioning. To achieve these wider-reaching goals, patient care must simultaneously address not only patients' psychiatric illness but also their medical problems. In addition to reducing mortality, there are good psychiatric reasons for addressing the physical well-being of patients: the presence of a comorbid physical illness worsens the prognosis of the mental disorder and vice versa. General medical monitoring should form as much a part of the routine management of patients with long-term mental illness as should psychiatric reviews, and any barriers between diagnosis and treatment in these patients should be examined. The care team needs to be expanded beyond the core psychiatric team, and patient access to primary medical care needs to be improved to ensure parity of medical treatment with the general population. As patient function improves, patients and their families can become more involved in self-management and feel empowered to affect their own outcomes.

SAT5 - Satellite symposium: DOPAMINE TRANSPORTER SPECT IN THE DIFFERENTIAL DIAGNOSIS OF DEMENTIA - A NEW CLINICAL TOOL

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SAT5.01

Dementia with Lewy bodies: A comparison of clinical diagnosis, DaTSCAN imaging and neuropathological diagnosis

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Background: Dementia with Lewy bodies (DLB) is a common form of dementia. The presence of Alzheimer's disease (AD) pathology modifies the clinical features of DLB, making it harder to distinguish DLB from AD clinically during life. Our aim was to determine, in a series of patients with dementia in whom autopsy confirmation of diagnosis is available, whether functional imaging of the nigrostriatal pathway improves the accuracy of diagnosis compared to diagnosis by means of clinical criteria alone.

Methods: A SPECT scan was carried out with a dopaminergic pre-synaptic ligand [¹²³I]-2beta-carbomethoxy-3beta-(4-iodophenyl)-N-(3-fluoropropyl) nortropane (FP-CIT) on a group of patients with a clinical diagnosis of DLB or other dementia. An abnormal scan was defined as one in which right and left posterior putamen binding, measured semi-quantitatively, was more than 2 standard deviations below the mean of the controls.

Results: Over a ten year period it has been possible to collect twenty patients who have been followed from the time of first assessment and time of scan through to death and subsequent detailed neuropathological autopsy. Eight patients fulfilled neuropathological diagnostic criteria for DLB. Nine patients had AD, mostly with co-existing cerebrovascular disease. Three patients had other diagnoses. The sensitivity of the FP-CIT scan for the diagnosis.

Conclusions: FP-CIT SPET scans substantially enhanced the accuracy of diagnosis of DLB by comparison with clinical criteria alone.

SAT5.02

Results of a multi-centre study of DaTSCAN in dementia with Lewy bodies

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Clinically based diagnostic criteria for DLB have limited accuracy. The availability of a biomarker to assist with diagnosis would be a major advance. Severe nigro-striatal degeneration and dopamine loss occurs in DLB but not in most other dementia subtypes offering a potential system for a biological marker. In the PDT-301 study, 326 patients with dementia with clinical diagnoses of probable or possible DLB, or non-DLB dementia established by a Consensus panel, had a FP-CIT SPECT brain scan labelling the dopamine transporter (DAT) reuptake site in the striatum. Three readers, blinded to clinical diagnosis, classified the images as normal or abnormal by visual inspection. This study which was conducted across 40 European sites, confirms the high correlation between abnormal (low uptake) DAT activity measured using FP-CIT SPECT and a clinical diagnosis of probable DLB. The diagnostic accuracy is sufficiently high for this to be clinically useful in distinguishing DLB from AD.

SAT5.03

The impact of DaTscan can have on dementia patients: Case studies

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Although good epidemiological data do not yet exist, Dementia with Lewy bodies (DLB) is increasingly recognized as one of the most common causes of dementia after Alzheimer's disease (AD). The identification of DLB has important implications in terms of prognosis and patient management. These patients frequently develop motor,