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Nýr doktor í læknisfræði

Geðraskanir meðal aldraðra

Þann 31. maí síðastliðinn varði María Ólafsdóttir doktorsritgerð sína við háskólann í Linköping. Ritgerðin heitir **Dementia and Mental Disorders Among the Elderly in Primary Care**. Andmælandi var Anders Wimo við Karolinska institutet í Stokk-hólmi. Hér fylgir enskt ágríp greinarinnar.

The main purpose of the present thesis was to investigate how elderly patients with dementia and mental disorders were managed in primary care. The prevalence of the disease was investigated, to what extent the patients and their disorders were detected and treated and the approach of general practitioners toward patients with dementia.

Patients aged 70 years and above visiting a primary care centre (PCC) in Linköping (N=1225) were examined with a Mini Mental Status Examination (MMSE). In a sub-sample (N=350) a comprehensive neuro-psychiatric examination and an interview with a close informant were conducted. All medical records (N=350) in the PCC were reviewed regarding diagnoses, medication and the number of visits to the centre. Dementia and mental disorders were diagnosed according to DSM-III-R. A postal questionnaire was sent out to all general practitioners (GPs) in Östergötland (N=228) to gain information about their situation and attitudes regarding patients with dementia.

Using the traditional cut off score of 23/24 points in the MMSE, revealed in a considerable under-diagnosing of demented patients in this study, leaving more than 70% of mild cases and 30% of moderate cases undetected. When using a cut-off score of 26/27 a good criterion validity was found. There was excellent agreement between the testing by the social worker at the PCC and the GP in the patient's home.

The prevalence of dementia and mental disorder according to the psychiatric interview was

33% (16% dementia, 17% mental disorders) The frequency of psychiatric symptoms among those with no mental disorder was up to 66%.

Dementia was detected in 25% of cases, depression in 12% of cases and anxiety in 30% of cases. The most common psychiatric diagnosis according to medical records was sleep disorder. Patients with dementia were older, had more other diagnoses as well as medication. Patients with mental disorder had more visits to the PCC.

The GPs underestimated the occurrence of dementia among elderly in PCC. They presented a positive attitude to managing patients with dementia and considered that existing drug therapy justified an active search for patients with dementia in primary care. Assessment of patients' social environment and the organisation of social support were regarded as the most difficult tasks in the management of demented patients.

The prevalence of dementia and mental disorders in an elderly PCC population is high. As the major problem in the management of dementia and mental disorder has been under-detection, MMSE as an opportunistic qualitative screening tool for cognitive function in this group is recommended.

The formation of an effective network, to manage the continuing care of patients with dementia is essential, and a dementia co-ordinator at the PPC would be preferable.



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