

Last, if compared to healthy controls, children and adolescents after cleft lip and palate (CLP) repair were not at risk reporting sleep difficulties; rather, irrespective of the presence of CLP, sleep was affected by psychological strain.

S04.03

Sleep regulation and cognitive performance in elderly subjects with dementia and depression

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In elderly patients who suffer from depressive symptoms and cognitive impairment the clinical decision between the diagnoses of depression and dementia may be difficult. In addition, patients with dementia and depressed patients frequently show a disturbance of sleep. Sleep EEG registration in depression revealed a characteristic sleep EEG profile concerning distinct alterations of sleep architecture and REM-sleep (reduction of SWS, increase and advance of REM-sleep). In dementia polysomnographic assessment has been done less intensively, mainly in patients with dementia of Alzheimer type (DAT). The most significant polysomnographic finding in DAT is a reduction of REM-sleep, which may reflect impaired cholinergic neurotransmission. Therefore, predominantly REM-sleep variables clearly differ between depressed patients and patients with DAT.

In this presentation polysomnographic data and data of cognitive performance in dementia and depression will be reviewed. In addition, own long term studies in patients with different types of dementia and in depressed patients will be presented. The polysomnographic findings of these studies will be discussed with respect to differential diagnosis, prediction of treatment response and the long term course of both diseases. In addition, the results will be related to the current knowledge of the neurochemical and neuroendocrine regulation of sleep.

S04.04

Neuroendocrine and sleep regulation as predictors of illness course and therapy in depression

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Background and Aims: In depression, changes in EEG sleep measures are well documented findings. However, the predictive value of these alterations for treatment and long-term course of depression still warrants clarification. Therefore, we examined whether the previous course of depression, treatment response during antidepressant therapy, and the long-term outcome in follow-up are associated with sleep regulation. Since the hypothalamic-pituitary-adrenocortical (HPA) system may play a crucial role in depression's neurobiology, we evaluated HPA system function as well.

Methods: 15 patients (4 men, 11 women; age 43–59) with depression were enrolled in the study. HPA system assessment using the combined DEX/CRH test and sleep EEG studies were conducted at baseline, after a 6 week antidepressant treatment period (trimipramine), and at follow-up, i.e., after 2–10 years.

Results: The previous clinical course, i.e., the number of episodes until baseline, correlated significantly with EEG sleep measures i.e. sleep continuity values, slow wave sleep (SWS) and REM latency.

During treatment sleep continuity values improved and the correlation with the previous long-term course disappeared. The correlation with SWS persisted. The only sleep EEG marker at baseline predictive for treatment response was REM latency.

In the prospective long-term outcome SWS and REM density variables were related to the occurrence of recurrences. These sleep EEG markers correlated closely with HPA system regulation.

Conclusions: The long-term outcome of depression is related to the sleep EEG pattern: SWS and REM density measures may reflect predictive markers for the long-term course. These markers are associated with HPA system regulation.

Plenary Lecture: Pathways to integrative care in childhood

PL01.01

Pathways to integrative care in childhood

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Mental health care has traditionally been provided within the framework of a verticle mental health services system. Additionally, mental health care is often provided through a variety of agencies or organizations that have a number of different mandates, responsibilities, authorities and accountabilities. These are not well linked with or to each other.

Furthermore, mental health services for children and youth are often not well integrated into adult mental health services. This profusion of confusion regarding mental health care for young people can be much better defined and operationally developed if a model of care based on population mental health care needs and provider mental health care competencies can be applied. This presentation will present the conceptual framework for such a model that allows for mental health care to be intergrated into all levels of health and other systems that provide interventions for young people suffering from a variety of mental health problems.

State-of-the-art Lecture: Physical illness in persons with severe mental disorders

SOA01.01

Physical illness and access to medical services in people with schizophrenia