



## Editorial

Dear Colleagues,

A very warm welcome to the autumn edition of the EAGP Newsletter. The key highlights from this edition is the very successful “3 Days Course” in Leuven, Belgium, that took place in May 2016. Additionally the EAGP is proud to announce the third edition of the Lausanne Summer School in 2017. We already offer you some information in this newsletter. However, further details will be published in the spring newsletter 2017.

Moreover the EAGP developed the collaboration between national associations across Europe and is delighted to welcome the Swedish, Dutch, Belgian and British association as members.

All members are, as always, very welcome to use the newsletter for sharing their research ideas and views and to highlight key issues in Geriatric psychiatry across Europe. We will be looking forward to your ideas and to many interesting contributions for publication in the future editions. We hope you enjoy reading this Newsletter and wish you all an enjoyable winter!

N. Cujai, H. Spanier  
Germany

## Presidential Message



In 2016 we have worked to improve collaboration across Europe and promote high quality education in Geriatric Psychiatry. In early March I attended the UK Old Age Psychiatry Faculty Executive Meeting in Nottingham to encourage them to formally join the EAGP and we discussed the potential mutual benefits across Europe.

In particular they were grateful for the various letters of support from European old age psychiatry organisations to help protect and develop UK Mental Health Services for older people against radical changes. The UK faculty has over 4000 members making it the largest in Europe and I am delighted to tell you that they have now also joined the EAGP.

Later that month I attended the Old Age Psychiatry section meeting of the European Psychiatric Association in Madrid. This was to pursue the possibility of improving links with the EAGP and consider the issues around mutual recognition of training in Europe. As a result of the meeting and EAGP board meeting we agreed to look for Associate status for the EAGP linking it with the EPA more formally.

And in May this year the Dutch and Flemish Geriatric Psychiatry Organisations in collaboration with the EAGP held the first summer school for experienced old age psychiatrists based in Leuven, Belgium. This was an excellent programme and a great success with more than 40 people attending and even a waiting list of disappointed applicants. The organisers, Richard Oude Voshaar and Filip Bouchard are to be congratulated on a fantastic event.

As the year moves on we look forward to the EAGP Annual General Meeting at the Alzheimer Europe conference in Copenhagen in late October and we are in the process of planning a joint congress with the Spanish Psychiatry Geriatric Association in Bilbao in February 2017.

Prof. M. Orrell  
President EAGP

**Save the Date:** 23.02-25.02.2017 SEGP Congress in cooperation with the EAGP



## EAGP- Refresher course 2016

This three day high quality course was a project of the European Association of Geriatric Psychiatry and included lectures about sleep, dementia, depression and anxiety. The aim of the program was to accomplish and consult old age psychiatrists.

To archive a better understanding, those lectures were held in different ways.

It was possible to meet the expert in a session or to join/ take part in a scientifically grounded and case guided discussion.

Furthermore many international experts took part in this course and helped with the With 42 participants and 11 expert speakers, the first edition of the EAGP Refresher course in old age psychiatry (Leuven, Belgium, 26-28 May 2016) was a clear success.

With participants and speakers from the Netherlands (22), Belgium (19), UK (5), Ireland (3), Norway (2), France (1), Portugal (1), Sweden (1) and New Zealand (!)(1), the general comments were as follows:

“Excellent initiative”, “Excellent conference”, “Content very relevant and likely to”, assist in clinical practice”, “Very friendly and helpful organizers”, “You did a brilliant job. Thanks!”, “Please repeat this!”, “Make this course a tradition. Venue Leuven excellent; could be included in ‘European Round’ of other venue.



F. Bouckaert  
Belgium

## EAGP Summer School 2017

For the 3<sup>rd</sup> time, the EAGP will carry out the EAGP Summer School, a 3-day course for junior geriatric psychiatrists

**September 6<sup>th</sup> to 9<sup>th</sup> 2017**

**Lausanne, Switzerland**

Lectures, workshops, case presentations, discussions with international experts on a wide area of psychogeriatric topics will constitute the core of the course together with both formal and informal exchange with peers; a warmly appreciated combination as expressed by former attendees:

[...] “high level of content of such specific areas in psychogeriatrics”

[...] “share experience between people of several countries around Europe”

[...] “I wish to say that this was one of the best courses I ever participated”

Further information

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Prof. A. von Gunten  
Switzerland

## Admission into a Nursing Home: Delay or prevention with the use of a complete support network (CSN)

Becoming older in Germany often leads to admission into a nursing home. In the here described study the aim was to investigate, if a complete support network can contribute to preventing admission into a nursing home. Organizational and financial prerequisites of a CSN were documented.

In the study 32 patients with psychiatric disorders diagnosed according to the International Classification of Diseases 10 (ICD 10, 16 as F00 dementia in Alzheimer disease and 16 as F31–33 bipolar affective disorder, depressive episode and recurrent depressive disorder) were observed over a period of 2 years. The intervention consisted of participation in a defined CSN, which was developed by the Alexian Research

Centre in Krefeld (ARCK). A cooperation of all persons and institutions involved in the care of elderly patients with psychiatric disorders was initiated. An individualized help plan was compiled for each patient. The primary outcome was admittance to a nursing home or remaining at home. The duration of staying at home was measured in days. User satisfaction was assessed with a 5-step Likert scale questionnaire. The steering process and the financial efforts necessary to run the CSN were descriptively evaluated.

At the end of the observation period 28 out of 32 patients were not admitted to a nursing home. During the observational period one patient dropped out, one died and two were admitted to a nursing home. User satisfaction achieved a median score of 5 (very satisfied). No additional funding was necessary to run the CSN.

As a conclusion it can be said that the CSN can prevent admission to a nursing home without needing additional funding and the whole process can be guided by the patient

Prof. Dr. R. Ihl, K. Krah, N. Cujai  
Germany

### **The Swedish Association for Old Age Psychiatry joins the EAGP**

The Swedish Association for Old Age Psychiatry ([www.aldrepsykiatri.se](http://www.aldrepsykiatri.se)) was founded in 1998 by a group of physicians. A major goal was to make old age psychiatry known to the medical care system and to the public. Therefore, the board members wrote many newspaper articles and letters to authorities over the years, and lectured whenever invited. The annual meeting, a one-day symposium – this year “Can dementia be prevented or delayed?” – has become a popular event among members and others, and the annual one-week course for physicians started in 2001 has become an institution for physicians, geriatricians and family doctors.

Publications are essential for lobbyists, so we translated and printed the WHO documents on old age psychiatry at an early stage and distributed it to health care professionals and decision makers. There is now awareness about old age psychiatry, which, however, is not reflected by resources.

Sweden has fewer hospital beds compared to other developed countries in all fields of medicine. Although almost 20 % of the Swedish ten million population is 65 years of age or older, specialized psychiatric services for the elderly are available only in few places, mainly universities, and split between geriatrics and psychiatry. In some areas, psychiatry is responsible for dementia and in others geriatrics is responsible. The split between two specialties and between dementia and other mental disorders has not been the advantage for developing services for the elderly. The Swedish Association for Old Age Psychiatry has published surveys in 2000 and 2009 where we have counted every hospital bed, every department, and every position for old age psychiatry in the country. About half of the scarce resources disappeared between the surveys. In the past year, a few new services have been started.

“Clinical Guidelines for Old Age Psychiatry” was published in Swedish 2013. It is the only text-book in Swedish for physicians and it has been well received. It is available as a book for about 20 € and freely available for reading at [http://www.svenskpsykiatri.se/kliniska\\_riktlinjer.html](http://www.svenskpsykiatri.se/kliniska_riktlinjer.html).

An important goal for the Swedish Association for Old Age Psychiatry was to make it a speciality for physicians. It is likely that the lack of a formal medical speciality made it easier to close down facilities for old age psychiatry. After years of lobbying, we reached this goal in 2015. The specialty is open for specialist of psychiatry or geriatrics and takes 2 ½ additional years of training.

The Swedish Association for Old Age Psychiatry has little money but has worked by fruitful collaboration with other institutions, like the Drug Therapeutic Committee of the Stockholm County Council.

We are very happy to join the European Association for Geriatric Psychiatry.

Karin Sparring Björkstén  
Sweden