Table 1 Sway Correlations to Digit Symbol

Ant/Post (eyes open)	−0.162
Significance (2-tailed)	−0.52
df	16
Ant/Post (eyes closed)	−0.292
Significance (2-tailed)	−0.239
df	16
Lateral (eyes open)	−0.154
Significance (2-tailed)	−0.541
df	16
Lateral (eyes closed)	−0.324
Significance (2-tailed)	−0.19
df	16

shows a higher correlation with eyes shut, rather than eyes open.

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The Cochrane Dementia Group's register of trials: a unique resource for dementia specialists

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Multiple publications arising from the same trial are common and can lead to bias in systematic reviews if these are not identified. The Cochrane Dementia and Cognitive Improvement Group (CDCIG) trial-based Register was developed to organise and maintain reference and trial records for possible inclusion in CDCIG systematic reviews. Records in the Register are organised primarily by trial rather than bibliographic reference.

MEDLINE. EMBASE, PsyINFO, CINAHL and LILACS have been searched over all years available using the group's sensitive search strategy. The abstracts of all references which resulted were read. Those that related to randomised or controlled clinical trials were added to the Register. These searches are updated every six months. Ongoing trial databases like NRR and Clinicaltrials.gov are searched quarterly. Electronic subscriptions to all major journals in the field of dementia ensure that in many cases trial reports are added to the Register well before the twice yearly update searches take place. Hard copies were obtained of all 3000 + references in the CDCIG Register. Initially, a trial record was created for each reference. Major

characteristics of the trial were then coded into fields such as study design, health condition, number of participants, intervention, blinding, main diagnostic criteria, outcome, etc. Later, each reference was checked against existing trial records to make sure it was linked to the appropriate trial.

The result is a comprehensive, up-to-date register of trials in the field of dementia with detailed coding of all major study characteristics. The trial-based register has proved to be a most valuable tool. It helps to cut across salami-sliced publishing. For example, information from conference proceedings and websites which does not appear in published reports is linked to the relevant trial. It greatly reduces the work required by authors in producing systematic reviews. It makes possible extremely focussed searches on coded study fields, thus facilitating research on a wide range of questions. For example, performance of specific outcome measures or the response of particular symptoms can be readily examined across trials. Request for searches are welcome and should be directed to the Coordinator of the Group.

P2:90

The impact of Xiang Gong on depression amongst older adults living in nursing homes: a randomized controlled trial with two arms

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Objective: Depression is common in the aged population, especially those who are living in residential facilities. Sustained approaches that improve their psychological well-being is urgently needed. Xiang Gong, a kind of Qigong, is a feasible and particularly appropriate intervention given the fraility of older adults in residential facilities because it involves dance-like hand movement, can be learned easily and it could be practiced even if the older adults are chair-bounded. Although the beneficial effects of this intervention have been claimed in Chinese literatures, no systematic scientific randomised controlled clinical trials has been conducted. Using a randomised controlled clinical trial with two arms, we aim to assess the effects of the Xiang Gong on the enhancement of psychological well-being in older subjects residing in nursing homes.
Design: Randomized clinical trial with two arms and single blindness.

Materials and Methods: Ten nursing homes in Hong Kong participatedin this study and 40 subjects were randomly assigned to experimental or attentional control groups. The interviwer was blinded to the group assignment of the subjects and CES-D scores were obtained before and after the 10-week intervention period from subjects assigned to experimental (n = 16) and control (n = 21) groups. Subjects in the experimental group were asked to participate in the Xiang Gong session three times per week whereas subjects in the attentional groups were participated in some group recreative and leisure activities.

Results: Results indicated that significant reduction in depressive symptoms reported was found in experimental group comparing with the attentional control group.

Conclusion: This study provides preliminary data to support the beneficial effect of Xiang Gong on psychological well-bing in institutionalized elders.

P2:91

Comorbidity and polipharmacotherapy in dementia: the Re.G.Al. project in Italy

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Relatively few studies have examined the prevalence of comorbid medical condition and polipharmacotherapy in dementia. In this epidemiological longitudinal study we examined the prevalence of comorbidity and drugs use in elderly subjects with cognitive deficits and dementia.

The study employed data collected by the ReGAL Project (Rete Geriatrica Alzheimer – Geriatric Alzheimer Network), in 36 Italian Geriatric memory clinics since January 2001 to June 2003. A total of 2441 patient were considered. Each patient was carefully evaluated according to a standardized protocol. For this study we considered all the anamnestic data regarding comorbidity and drug use. To quantify comorbidity the Cumulative Illness Rating Scale was also used.

The studied population was formed by 1626 females (mean age $77,6 \pm 7,7$ yrs, education $5,4 \pm 3,5$ yrs and MMSE score $18,8 \pm 6,3$) and 815 males (mean age $76,4 \pm 7,5$ yrs, education $7,2 \pm 4,5$ yrs and MMSE score $20,7 \pm 6,5$). Dementia was the most frequent disease observed affecting 77,4% of population (AD 68,8%, VaD and other vascular subtypes 24,5%, other 6,6%). The rest of the studied population was normal (5%), depressed (7,7%), or suffering from Mild Cognitive Impairment (9,9%). Patients with vascular forms of dementia show a more severe comorbidity compared to the other groups ($p < 0,001$) but interestingly there were not differences for comorbidity in VaD group when splitted in iÜ 80 and >80 years.

This is not true when analyzing AD and other demented groups, showing a more significant effect of age in comorbidity. Multivariable regression analysis, showed that specific drugs-such as lipid lowering drugs, new antipsychotics and cholinesterase inhibitors-were underused in the oldest-old subjects, although they were indicated.

Attention to comorbidity and polipharmaco-therapy may offer potential to improve treatment and care for demented patients.

P2:92

Effects of alcohol on neurocognitive function, psychomotor performance and subjective response in Koreans with different ALDH2 genotypes

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Objectives: To evaluate the effects of alcohol on neurocognitive function, psychomotor performance and subjective response in healthy Korean adults with different ALDH2 genotypes.

Methods: A total of 24 males, half with active ALDH2*1/2*1 and the other with inactive ALDH2*1/2*2, was selected through genotyping using restriction fragment length polymorphism. In a double-blind, placebo-controlled cross-over design, each subject consumed $0.5 \, \text{g/kg}$ dose of alcohol, given as a mixture of 40% vodka and orange juice, and placebo(orange juice) on two separate occasions on an average of weekly intervals. Drugs(alcohol and placebo) were consumed over 15 minutes. The blood alcohol concentration(BAC) was measured using a breath analyzer at baseline and at 30, 60 minutes after drinking. P300s were measured at baseline and at 30 minutes following drugs. Vital signs and psychomotor performance[Critical Flicker Fusion Threshold(CFFT), Choice Reaction Time(CRT), Digit Symbol Substitution(DSS)] were measured at baseline and at 60 minutes following drugs.