actually increase with disease progression, suggesting that clinicians should attend to sexual concerns throughout the course of PD.

Dementia

P29. Does cognitive recovery after treatment of poststroke depression last? A two-year follow-up of cognitive function associated with poststroke depression

Keen-Loong Chan, Robert G. Robinson, James T. Kosier (University of Iowa, Iowa City, IA; Tan Tock Seng Hospital, Singapore)

Background: Cognitive impairment is common after stroke and may be caused by poststroke depression and/or structural damage to the cerebrum. We examined the changes in cognition over 2 years after remission of poststroke depression (PSD). **Methods:** 12 patients with PSD and cognitive impairment who were selected on the basis of early and sustained remission of their depression were compared with 12 nondepressed stroke patients. Mood and cognition were followed up over 2 years, using the Ham-D and MMSE. **Results:** In patients with early and sustained remission of depression, there was rapid and early improvement of cognitive function, which was maintained over 2 years. For depressed patients, the initial MMSE score of 22.5 ± 3.8 improved to 26.7 ± 3.0 at 3 months and was 25.6 ± 3.3 at 2 years. The magnitude of cognitive impairment due to depression was estimated as –3.4 points on the MMSE. **Conclusions:** Cognitive function, once improved after remission of PSD, is likely to remain stable over the next 2 years in the absence of subsequent reinjury to the central nervous system. Cognitive impairment due to poststroke depression is reversible and can be quantified separately from irreversible cognitive impairment due to other aspects of stroke.

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P30. Open-label trial of guanfacine for symptomatic treatment of frontotemporal dementia

Tiffany W. Chow (Rancho Los Amigos National Rehabilitation Center/University of Southern California Alzheimer's Disease Center, Los Angeles, CA)

Background: Children with attention deficit disorder (ADD) have a frontal dysexecutive syndrome similar to that of most patients with frontotemporal dementia (FTD). Treatment with alpha$_2$ agonists, clonidine or guanfacine, improves attention and concentration ability. Guanfacine has fewer side effects in children with ADD than clonidine. It is possible that guanfacine could also address frontal dysexecutive syndrome in older adults with FTD. **Methods:** 14 adults with FTD syndromes (frontal lobe degeneration and primary progressive aphasias) consented to an open-label trial of guanfacine. Over a 3-month period, subjects took a maximum dose of 1 mg daily. A continuous performance task (A-test), digit span forward and reverse, Stroop C and C-W, Trails A and B, and the Neuropsychiatric Inventory were administered at baseline, 1-month, and 3-month time points. **Results:** Subjects with moderate to advanced illness ($<$111/112 on the Stroop C simple reading task) did not benefit from guanfacine at the 1-mg dose. Improvement in frontal executive function was equivocal, and caregiver distress worsened among those subjects in early to moderate stages. **Conclusions:** Evidence-based treatment for patients with FTD is in great demand from patients and their families. Multicenter trials using different agents or using a higher dose of guanfacine in early stages of FTD may shed more light on treatment options.

P31. A review of the memory stimulation programs in Alzheimer's disease

Éric Grandmaison, Martine Simard (Université de Moncton, Moncton, Nouveau-Brunswick, Canada)

Background: The goal of this work was to qualitatively review the efficacy of the memory stimulation programs used in Alzheimer's disease. **Methods:** MEDLINE and PsycINFO searches were done using the following keywords: memory remediation; memory remediation and dementia; cognitive remediation; cognitive remediation and dementia (and then with "stimulation" instead of "remediation"); vanishing cues; spaced retrieval; errorless learning; cue utilization and AD; visual imagery and AD. **Results:** Six controlled and five randomized controlled studies as well as four studies with multiple single-case experimental design were reviewed. *N* per group ranged from 2 to 33 subjects. Visual imagery, the errorless learning and dyadic approaches, spaced-retrieval techniques, encoding specificity with cognitive support at retrieval, and external memory aids were the memory stimulation programs used alone or in combination in AD. Studies using the space-retrieval techniques (alone or in combination with the errorless learning approach) and the dyadic approach showed the best positive effects and long-term maintenance of the gains up to 6 and 8 months post baseline. **Conclusions:** Preliminary evidence suggests that the errorless learning, dyadic approach, and spaced retrieval techniques, used alone or in combination, are efficacious to stimulate memory in AD. More crossover, randomized, placebo-controlled studies, using larger sample of subjects, are needed.

Support from the Jeanne et J.-Louis Levesque Doctoral Award (E.G.).

P32. Early results of the REVEAL study: risk evaluation and education for Alzheimer's disease

R.C. Green, N. Relkin, P. Whitehouse, T. Brown, S. LaRusse, M. Barber, L. Farrer, L. Cupples, S. Post, L. Ravdin, D. Cisewski, H. Katzen, S. Sami, A. Sadovnick, J. Davis, K. Quaid, J. Woodard (Boston University School of Medicine, Boston, MA)

Background: The REVEAL study is a randomized controlled trial examining the impact of providing risk assessment, including apolipoprotein E (APOE) genotyping, to asymptom-

atic adult children of persons with Alzheimer's disease. **Methods and Results:** 242 REVEAL participants have been enrolled, 181 have attended the introductory educational session, 133 have proceeded through neuropsychology screening and blood draw, 113 have received results disclosure, and 102 have been seen for one or more follow-up visits. Enrolled individuals who chose not to continue through the results-disclosure step cited insurance concerns, and some changed their mind about wanting to learn risk or genotype information. Of those seen for results disclosure, 81 were randomized to receive a personalized risk estimate based on both family history and APOE genotype information. The remaining 32 participants (control group) were randomized to receive a risk estimate based on family history information only. Of those participants who have received APOE results thus far, 37 had a 3/3 genotype, 35 had 3/4, 4 had 2/3, 4 had 4/4, and 1 had 2/4. Participants' reactions to personalized risk estimates were varied and included being upset, having preconceived risk beliefs confirmed, and/or feeling reassured by the information presented. Outcome variables include measures of anxiety, depression, and satisfaction with the risk assessment and counseling protocol, as well as real-world decisions to change retirement planning or insurance coverage. **Conclusions:** Disclosures of APOE genotype and AD risk assessment have been well tolerated thus far. Additional results of early analyses will be presented.

Support from the National Human Genome Institute and NIA.

P33. Differential performance on the Benton Judgment of Line Orientation Test in dementia with Lewy bodies and Alzheimer's disease

Martine Simard, Robert van Reekum, David Myran, Michel Panisset, Sandra E. Black, Morris Freedman (Université de Moncton, Moncton, Nouveau-Brunswick, Canada)

Background: Reports of differential impairments on visual-construction tasks in dementia with Lewy bodies (DLB) and Alzheimer's disease (AD) are sometimes controversial, and visual-perceptual data are lacking (Simard et al, J Neuropsychiatry Clin Neurosci 2000; 12:425–450). The goal of this study was to assess the visual-perceptual performance of subjects with DLB and AD. **Methods:** The Benton Judgment of Line Orientation Test (BJLO) was administered to 8 DLB, 13 AD, and 8 control subjects. An analysis of error types (Ska et al, J Clin Exp Neuropsychol 1990; 12:695–702) was afterwards applied to the results of the BJLO with QO1, QO2, QO3, QO4 (visual attention) errors, as well as VH, IQOV, and IQOH (visual-spatial perception) errors. **Results:** A MANOVA showed significant differences between the three groups on the BJLO total score ($F = 4.09$, df = 2,26, $P < 0.05$) and the number of errors for VH ($F = 5.45$, df = 2,26, $P < 0.05$) and IQOH ($F = 3.83$, df = 2,26, $P < 0.05$). The *t*-test analyses demonstrated that subjects with DLB made significantly more VH ($P < 0.05$) and IQOH ($P < 0.05$) errors than subjects with AD. Compared with control subjects, both patient groups had inferior performance on the BJLO total score. **Conclusions:** Subjects with DLB have more severe visual-perception (VH and IQOH errors) impairments than subjects with AD.

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POSTER SESSION II—TUESDAY, MARCH 12

Neuropsychology

P34. Coping strategies moderate the relationship between cognitive dysfunction and depression in multiple sclerosis patients

Peter A. Arnett, John J. Randolph, Pamela J. Freske (Pennsylvania State University, University Park, PA)

Background: Cognitive dysfunction has been shown to be inconsistently related to depression in multiple sclerosis patients. This inconsistency may be due in part to the influence of moderating factors heretofore unexamined. Patients with speeded attentional deficits commonly associated with MS may be at greatest risk for depression when they also use maladaptive coping strategies, such as those involving disengagement. The current study was designed to test this hypothesis. **Methods:** Correlations between three speeded attentional measures shown to be most sensitive to depression from our prior work (Arnett et al, Neuropsychology 1999; 13:434–436) and a measure of evaluative and mood symptoms of depression (Chicago Multiscale Depression Inventory) were examined separately in MS groups high (upper 30% of sample, $n = 14$) and low (lower 30% of sample, $n = 15$) on a "Disengagement" coping factor defined from the COPE. **Results:** In the high-disengagement coping group, correlations were significant between the depression index and all three speeded attentional measures (*P*-levels from 0.05 to 0.005). None of the same correlations were significant in the low-disengagement coping group. **Conclusions:** Our data show that disengagement coping moderates the relationship between depression and speeded attentional dysfunction in MS. Speeded attentional dysfunction may result in depression in MS only when patients also use maladaptive coping strategies involving disengagement.

P35. Relationship between depression and attentional/memory processes in multiple sclerosis

Samuel T. Gontkovsky, Robin Aupperle, Fatima Shelton, William W. Beatty (University of Oklahoma Health Sciences Center, Oklahoma City, OK)

Background: Adams et al. (Arch Clin Neuropsychol 2001; 16:605–618) recently postulated an indirect association between psychopathology and memory functioning in heterogeneous psychiatric and brain-damaged patient samples, with attentional processes serving as a mediating variable. The present investigation examined this relationship in patients with chronic multiple sclerosis. **Methods:** Participants were 44 patients (mean ± SD: age, 50.6 ± 8.7 years; education, 14.5 ± 2.1 years) diagnosed by neurological examination with MS (mean disease duration, 14.0 ± 8.6 years) who underwent voluntary neuropsychological examination. The Chicago Multiscale Depression Inventory (CMDI) was used to assess depressive