PERSONALITY AND SELF ESTEEM IN AFFECTIVE DISORDERS

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The personality model by C.R. Cloninger hypothesized 4 temperament (Novelty Seeking, Harm Avoidance, Reward Dependence, Persistence) and 3 character dimensions (Self-Directedness, Cooperativeness, Self-Transcendence). Former studies have shown differences in personality and self-esteem between bipolar and recurrent unipolar depressed patients in remission. To our knowledge there are no results published so far regarding Cloninger's personality model and its relation to self-esteem in these patient groups.

Our sample consisted of 20 bipolar patients, 20 recurrent unipolar depressed patients and 20 healthy controls (all groups matched for age and sex). Patients were diagnosed in consensus by two experienced psychiatrists according to DSM-IV based on personal interviews, case reports and SADS-L Controls were psychiatrically screened, individuals with first degree relatives affected by psychiatric disorders were excluded. The Temperament and Character Inventory (TCI, C.R. Cloninger, 1993) was used for classification according to Cloninger's personality model. The Rosenberg Self-esteem Scale (M. Rosenberg, 1965) measured self-esteem. Both scales were administered in remission.

With regard to differences between the two patient groups preliminary results of 13 bipolar patients and 10 unipolar patients showed significantly higher scores in the TCI subscale for Persistence in bipolar patients ($p < 0.01$) and a trend to higher scores in Harm Avoidance in unipolar patients ($p = 0.0525$). In addition we found a trend toward lower self-esteem in unipolar patients compared to bipolar patients ($p = 0.0884$). These and further results will be presented.

Results of our study seem to confirm the hypothesis of differences in personality traits between bipolar and unipolar patients and will provide more information about the relation of self-esteem and TCI values.

HEAVY PSYCHIATRIC SERVICE USERS AND THE COMMUNITY CARE PROGRAMME

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Objectives. To identify a group of patients with multiple admissions to a psychiatric hospital, and evaluate the extent of effective psychiatric treatment, clear discharge plans and the presence of a Care Programme approach aimed at managing this vulnerable group of patients.

Methods. The hospital Patient Administration System (PAS) was used to identify all patients admitted seven or more times to the Psychiatric wing of St. James's Hospital, Leeds over a three year period. Administrative indices of hospital contact were recorded, and case notes reviewed to identify primary diagnosis, past psychiatric treatment, current hospital contact and the presence in the records of a clear treatment plan and follow-up as recorded in the last discharge summary, or in a formal Care Programme.

Results. 44 patients who had been admitted 7 or more times made up only 2% of all patients admitted in the three year (2200) yet accounted for 7% of all inpatient days, accounting for 2305 days in hospital between them. Multiple or mixed diagnoses were found in 56%. They spent 18 days in hospital on average compared to a mean of 27 days for admissions to the rest of the unit. Only 34% had been under the care of one consultant.

Conclusions. Administrative systems should be put in place to identify patients with multiple admissions, particularly when these admissions are for short periods of time, or under the care of a number of different consultants. Consistent follow-up needs to be arranged, with a clear Care Programme approach being adopted to offer effective treatment to this vulnerable and high-service utilising group of patients.

THE EFFECTS OF ZIPRASIDONE ON STEADY-STATE LITHIUM LEVELS AND RENAL CLEARANCE OF LITHIUM

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Ziprasidone is a novel antipsychotic agent with combined antagonism at $5HT_{2A}$ and D_2 receptors. An open-label, randomised, placebo-controlled study was conducted to assess ziprasidone's potential to alter the renal clearance and steady-state levels of lithium. A total of 25 healthy male volunteers received oral lithium carbonate (450 mg) twice daily on days 1 to 14, and once in the morning on day 15. Subjects received either ziprasidone 20 mg twice-daily on days 9 to 11 followed by 40 mg twice-daily on days 12 to 15 ($n = 12$), or placebo twice-daily ($n = 13$). Ziprasidone and placebo were administered 2 hours prior to lithium dosing.

Concomitant ziprasidone administration for 7 days was associated with a 0.066 mEq/L (14%) increase in steady-state lithium levels compared with an increase of 0.057 mEq/L (11%) in the placebo group. Renal clearance of lithium decreased by 0.089 L/h (5%) in the ziprasidone group and decreased by 0.151 L/h (10.5%) in the placebo group. These differences between the two groups were neither statistically nor clinically significant. There were no serious or untoward adverse events observed in this study.

PSYCHOSOCIAL CARE FROM THE PATIENT'S PERSPECTIVE

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In psychic illness the patient's perspective is a very important element which, however, is still underestimated. Considering the patient's viewpoint will increase compliance and thus improve treatment. Aiming at quality management by integrating the patient's personal opinion and experience into therapeutic approaches, we interviewed 60 patients of 3 diagnostic groups (affective disorders, schizophrenia, alcohol and drug dependence) on their quantitative as well as qualitative experience with psychosocial institutions. The patients were interviewed individually using a semi-standardized interview. Statistical analysis was performed by SPSS; however, our main interest was devoted to qualitative aspects.

Results: While most of the patients with affective disorders are limited to traditional institutions (i.e. out-patient treatment by psychiatrists and inpatient care in hospital) without requiring further forms of treatment, many schizophrenic patients additionally benefit from 'complementary institutions'. Alcohol and drug addicts have evaluated different forms of psychotherapy as well as semi-professional services.

In summary, the majority of our patients assess the network of psychosocial care in Germany as comprehensive, sophisticated and efficient and thus profit from the variety of different professional and semi-professional services. Nevertheless, our patients offer a multi-

tude of constructive criticism for improving our care system. They emphasize the necessity of eradicating stigmatisation of mentally ill by sharpening consciousness, especially by the mass media. Furthermore, they demand that politicians promote projects for innovative forms of treatment, supporting creative activities and arts in therapy as well as out-patient clubs and psychoeducational and training programs. Especially patients with severe chronic mental illness favour treatment in the form of case management.

Conclusion: The variety of constructive criticism and detailed suggestions from patients deserve being discussed and realized in Germany as well as abroad to improve psychosocial prevention, treatment and rehabilitation.

P3. Neurosis — personality disorders and eating disorders; old age psychiatry

PROSPECTIVE VALIDATION OF THE EBAS-DEP — A SHORT SENSITIVE SCREENING INSTRUMENT FOR DEPRESSION IN THE PHYSICALLY ILL ELDERLY

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The EBAS-DEP is an 8-item depression screening instrument which has previously been shown to perform in very similar fashion to the 21-item instrument from which it was derived. In our retrospective analysis of its performance as a screening instrument for any DSM-III-R depressive state, the instrument was found to have a sensitivity of 91% and a specificity of 72% when applied to 211 subjects in a general and geriatric hospital.

Because this first study was retrospective, non-blinded and possibly subject to incorporation bias, we sought to validate the instrument in a prospective manner using two raters, one a geriatrician who applied the EBAS-DEP and Geriatric Depression Scale (GDS), the second a psychiatrist who interviewed the patients separately with the Canberra Interview for the Elderly Depression Scale (CIE DEP). The psychiatrist derived DSM-III-R depression diagnoses where appropriate from the data collected with the CIE DEP. None of the EBAS-DEP items is the same as any of the CIE DEP items. A convenience sample of patients in a geriatric and general hospital, aged over 65, admitted for the treatment of physical and surgical conditions, was screened.

Patients who did not speak English, were too sick to interview, or who were absent at the time of the interviewers' availability, were excluded from the study. Receiver operator (ROC) curves were constructed to assess performance of the GDS and EBAS-DEP in predicting a DSM-III-R diagnosis of any depressive disorder and also of major depressive disorder.

Of 217 eligible patients, 153 consented to interview. The sample consisted of 63 males and 90 females with a mean age of 75.7 years. Sixteen had a major depressive episode and a further 26 had other DSM-III-R depressive disorders. At its optimal cut point of 3/4 the EBAS-DEP had a sensitivity of 100% and specificity of 82% for the detection of major depressive disorder. At the optimal cut point for the detection of any depressive disorder (2/3) the EBAS-DEP had a sensitivity of 88% and a specificity of 82%. The longer GDS had sensitivity and specificity respectively of 94%/80% and 75%/91% at the usual cut-offs of 10/11 and 13/14 in the detection of major depressive episode and 76%/90% and 52%/97% at the same cut points in the detection of any DSM-III-R depressive disorder. There was no difference between the two instruments in the area under the ROC curve, indicating that instrument was superior to the other in the detection of depression. Both EBAS-DEP and GDS scores were uninfluenced by age, gender or MMSE score.

The EBAS-DEP is a potentially useful screening tool for depression among elderly medical and surgical patients. We advocate further evaluation in primary care.

MANAGEMENT OF RESISTANT DEPRESSION IN OLD AGE

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Different approaches can be associated with the treatment of depression in old age and therapeutic pecimism often can be marked. The aim of this study was to research the efficacy of some of the most used methods of treating resistant depression in elderly at the gerontopsychiatric department of the Medical University-Varna. 50 patients, over 60, meeting the DSM-III-R criteria for a major depressive disorder, assessed as a treatment refractory, entered the study. The Structural Clinical Interview for DSM-III-R and the Hamilton Rating Scale for Depression (HRSD) were used.

Regarding the side-effect profile tricyclic and tetracyclic antidepressants have been the first line pharmacological agents. A wide spectrum of their use, switching antidepressants and combining them have been tried. The combined application of clomipramine and maprotiline has provided success in 70%. Adjunction of lithium to antidepressant regimen has been efficient in 15%. Newer antidepressants such as the selective serotonin reuptake inhibitors (SSRYs), have demonstrated no superior effect but a more favourable side-effect profile when compared with the tricyclics and tetracyclics. Electroconvulsive therapy (ECT) has seemed to be useful, especially when followed by a new antidepressant course (4%). Psychotherapeutic interventions (conversation therapy, activation therapy) have been applied together with the pharmacological treatment.

In conclusion we would like to emphasize that an important prerequisite for a good outcome is the right diagnosis and the adequate therapeutic strategy.

OLD AGE PSYCHIATRY IN WEST CHESHIRE: GPS VIEWS

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West Cheshire NHS Trust serves a population of approximately 27,300 people aged 65 years and over living in the Chester, Ellesmere Port and surrounding rural areas. In the past older people with mental illness were served by approximately three sessions of Consultant time provided by a general psychiatrist. The Trust had advertised for a Specialist Old Age Psychiatrist unsuccessfully and arranged a secondment from mid-November 1995 of an Old Age Psychiatrist for six sessions weekly to develop the service and to recruit two full time Consultants. Part of the remit of the seconded Consultant is to co-ordinate the service and liaise with interested parties.

In order to facilitate this local GPs are being approached to ask for their views about the service and how it should develop. Particular issues are how they would wish to relate to the developing service and how fundholding affects the relationship with the specialist service.

The questionnaire has been developed in a pilot study of a sample of local GPs and the results from this will be presented. The findings are being used to inform service development.