

S22.4

The immune pathophysiology of fibromyalgia and somatoform disorders

M. Maes*, A. Janca, W. Rief. *University Hospital Maastricht, Department of Psychiatry, The Netherlands*

Major depression is accompanied by an activation of the inflammatory response system (IRS), with an increased production of pro-inflammatory cytokines, such as interleukin-1 (IL-1), IL-6 and interferon- α (IFN α). Administration of the latter to animals and humans may induce depression/sickness behavior (psychomotor retardation, anorexia, weight loss, sleep disorders and anhedonia), anxiety and psychosomatic symptoms. Although depression may be causally related to IRS activation, a possible link between IRS activation and somatoform disorders has remained elusive. We found that somatizing disorder is accompanied by significantly lower serum IL-6 values than in normal controls, whereas serum IL-1 receptor antagonist (IL-1RA) concentrations are significantly higher in somatization. Fibromyalgia is characterized by lowered serum IL-6 concentrations and increased serum gp130 (the IL-6 signal transducing molecule). These findings suggest that both fibromyalgia and somatization are not accompanied by activation of the IRS.

On the contrary, both conditions show some signs of immunosuppression. It is concluded that while pro-inflammatory cytokines can play a role in the pathophysiology and etiology of depression, they are probably not involved in the pathophysiology of somatoform disorders.

S22.5

Hypochondria and cognitive therapy

I. Wilhelmsen*. *Institute of Internal Medicine, University of Bergen, Bergen, Norway*

Hypochondria is an annoying disorder, which can be primary, secondary or comorbid. The prevalence of primary hypochondria in population studies is around 1%, the prevalence in medical outpatient clinics is 3–4.5% and in psychiatric outpatient clinics 1%. Several controlled, clinical studies have found positive effect of cognitive-behavioural therapy. If the excessive health anxiety is secondary, it disappears when the primary disorder is treated. Serotonin reuptake inhibitors are found to be effective in primary hypochondria, but randomised, controlled clinical trials of medication is lacking. Traditionally hypochondria was considered a difficult diagnosis to present to the patient and hard to treat. Research has increased our knowledge and understanding of the disease, and structured treatment protocols have led to a well-founded optimism concerning prognosis. In the lecture cognitive-behavioural therapy is explained and exemplified. Central themes in the consultations are the question of life and death, interpretation of subjective somatic symptoms and the ability to make decisions when still in doubt.

S22.6

Epidemiology and primary-care oriented interventions for somatoform disorders

W. Rief*. *University of Marburg, Department of Clinical Psychology and Psychotherapy, Marburg, Germany*

"Unexplained" physical symptoms are a frequent phenomenon. We present data of an epidemiological survey in Germany including more than 2000 representative individuals who have been selected following a random-route procedure, and asking for unexplained

physical symptoms during the last 2 years. Six symptoms have frequencies in the general population of above 10%, with pain symptoms being the most frequent (back pain: 30%). The high frequency of symptoms makes it necessary to develop intervention programmes which are feasible in Primary Care. We present first data of 2 primary care studies, one evaluating the effect of a 1-session (3–4 hour) intervention, the other evaluating the effects of a GPs training package (1 day of training course). The studies included data of 100 (intervention) resp. 200 (GP training) patients with somatoform symptoms. General satisfaction scores of >90% revealed that both approaches were highly accepted from the patients resp. physicians, and are associated with a reduction of insecurity and unnecessary treatment attempts. Further aspects of the interventions will be outlined in the presentation.

S23. Longitudinal studies on psychiatric epidemiology into old age

Chairs: I. Skoog (S), J. Copeland (GB)

S23.1

The Lundby Study – fifty years of psychiatry

P. Nettelbladt¹*, M. Bogren¹, E. Hofvendahl¹, C. Mattisson¹, P. Toråker¹, L. Öjesjö², O. Hagnell¹. ¹*Lund University Hospital, Division of Psychiatry, Sweden*
²*Magn. Huss Clinic, Karolinska University Hospital, Sweden*

Objective: In 1997 Per Nettelbladt and collaborators launched a new re-examination of the Lundby population, previously examined in 1947, 1957 and 1972. This investigation focused on the 1799 probands, aged 40+, still alive on the cut-off date July 1, 1997, and on the 1028 probands who had died since the 1972 field study.

Method: In June 2001 the field work was finished. At present (October 2001) the interviews are being completed with information from other sources (relatives, other key informants, hospital and autopsy records and other official registers) in order to enable us to make the final evaluation according to the DSM-IV, ICD-10 and the Lundby classification system.

Results: As we are now very close to publishing our final data, we refrain from presenting preliminary data at this stage.

Conclusion: The past and present history of the Lundby Study, the methods and the principal fields of investigation will be presented.

S23.2

Longitudinal study on depression in the elderly

A. Beekman*. *The Netherlands*

No abstract was available at the time of printing.

S23.3

Depression from middle age to old age. A 32-year follow-up of women

S. Pálsson*, L. Larsson, E. Tengelin, M. Waern, S. Samuelsson, T. Hällström, R. Dahlgren, N. Beckman, M. Levander, I. Skoog. *Department of Psychiatry, The University Hospital, Landspítali, Reykjavík, Iceland*

Objectives: We aimed to assess the prevalence of depression in elderly women followed for 32 years.