

Collaborating Centers, Regional Councils, programs and activities in key areas such as prevention, the elderly, drugs, refugees, mental health advocacy and human rights have been strengthened. Two important factors guide WFMH activities, one demographic and the other epidemiological. First of all, the demographic shift in the world population toward a doubling of the population in areas of the world that are already underserved such as Africa and Asia. Secondly, the fact that most psychiatric illnesses are chronic and relapsing renders prevention imperative. Service and policy development in underserved areas together with WHO as well as worldwide prevention in both developed, underdeveloped countries, are some key WFMH priorities. Specific research and implementation projects in prevention, evaluation of care and the development of a culturally and person sensitive knowledge base will be illustrated. This research and implementations is meant to effectively treat patients as well as being responsive to the local conditions contributing to mental illness and empowering the ill individuals toward seeking solutions to their own mental health.

S27-3

THE CONTRIBUTIONS OF THE WORLD PSYCHIATRIC ASSOCIATION TO THE RESOLUTION OF MENTAL HEALTH PROBLEMS

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The World Psychiatric Association (WPA) is the largest international organization in the field of psychiatry. Its 110 members - psychiatric societies in some 80 countries - comprise more than 150 000 psychiatrists. The WPA's goals include the promotion of mental health and support to programmes of prevention and treatment of mental disorders. In pursuing these goals the WPA is developing educational programmes, organizing international meetings and facilitating international collaboration among psychiatrists worldwide. The formulation of consensus statements, position statements and guidelines on key issues of psychiatry is also a constitutional function of the WPA, usually fulfilled in collaboration with other governmental and nongovernmental organizations. The presentation will describe recent activities of the WPA contributing to the resolution of mental health problems worldwide.

S27-4

TACKLING THE GLOBAL BURDEN OF MENTAL DISORDERS

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The overall pattern of health needs across the world is undergoing very major changes. Non communicable diseases are fast replacing infectious diseases and malnutrition as the leading causes of disability and premature deaths in developing countries. Much evidence in the last few years of the massive global public health burden of mental health and related disorders that already exists has resulted in the launch of an UN collaborative initiative, led by WHO, and involving all UN agencies to improve the mental health of the world's underserved population. This initiative, 'Nations for Mental Health', is raising the awareness of the world's policy makers; supporting countries to prepare and implement mental health policies; and promoting international collaboration and technical support between countries about mental health programmes and services.

This talk will describe the progress so far of the initiative, and will discuss the various elements of overall mental health policy, which are needed to tackle disability and death from mental illness.

S27-5

THE GENEVA INITIATIVE ON PSYCHIATRY

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The Geneva initiative on Psychiatry (GIP) of which I am current Chairman, started life as an organisation campaigning against the political abuse of psychiatry in the Soviet union. In around 1991, it changed to campaigning for education. This was partly because of the cessation of political abuse - although this continues occasionally in various parts of the world - but mainly because 'reformers' were beginning to emerge, initially in Kiev, and these required encouragement and practical support. Our approach - a sort of 'talent spotting' of people working in the broad field of 'mental health work' and using information from professional and personal networks rather than 'official channels' - has continued as it began.

Our first meeting of 'Reformers in Psychiatry', in Bratislava (1993) consisted of 40 people from all disciplines, and included relatives' groups and a voluntary help organiser. Now we have some 250 'reformers' on our books - and most of them from 'East Europe'. We have been fortunate in obtaining funding from many large charities and now have some 200 projects, of various sizes, in operation and planning.

Our main aim has been training, in its broadest sense. It was soon clear that we had to take a very long view, more akin to planting forests than to growing vegetables. In particular, a missionary approach was doomed to failure. We needed to create a partnership, a cooperative enterprise.

Some of our successes, failures and future plans will be discussed.

TC28. ICD-10 advanced training seminar II

Chairs: A Bertelsen (DK), J van Drimmelen (WHO, CH)

FC29. Depression – clinical aspects

Chairs: JK Larsen (DK), T Helgason (IS)

FC29-1

RISK FACTORS AND PSYCHOSOCIAL CONSEQUENCES IN DEPRESSION OF OCTO- AND NONA-GENERIANS — RESULTS OF AN EPIDEMIOLOGICAL COMMUNITY STUDY

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In a two-wave community study of Munich, Germany, a representative sample of 402 people older than 85 years was restudied one year later. In the first cross-section a total of 358 (89.1%)

subjects were interviewed. One year later 263 (73.5%) subjects could be reexamined. The subjects were examined by research psychiatrists. Several diagnostic systems were used (GMS-A-Agecat-Computer diagnosis, DSM-III-R Medical Judgement, ICD-10-Medical Judgement).

The probands showed a high prevalence of depression - nearly one quarter of the interviewees. In this extreme age group sex differences in depression were minimal. Depressives were distinctly impaired in daily life. Depressive pro-bands were more often found in institutions than in private households. Depressives were high users of the medical care system, but very rarely treated by specialists. Living in institutions, lower class, need for care and certain specific especially threatening life events (moving, separation of husband or wife) were identified as risk factors for depression.

FC29-2 SYSTEMATIC APPROACH TO THE DEPRESSIONS PROGNOSTIC CRITERIA

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Objective of study was to demonstrate prognostic favorable and unfavorable prognostic computed-syndromes. This research was conducted in 175 severely and moderately depressed patients with bipolar disorders, recurrent depressive episodes and schizo-affective disorders. This group of patients has been examined for the second time after 8–10 years. Four categories were identified among all patients: - patients with favorable prognosis; -those with less favorable prognosis -; -patients with "intermediate" prognosis; -patients with significant social and occupational disabilities due to brain trauma, somatic illnesses, alcohol abuse and dependence. The latter group was excluded from the subsequent analysis. Computer-syndromes of favorable and "intermediate" prognoses were detected from the mathematically analyzed information on the patients: clinic of mental disease, its duration, age, premorbid personality disorders, bothersome heredity, other harmful environmental factors and treatment. Every computed-syndrome was specific to the certain group of patients and was not found as a prognostic criteria in others. Symptom' prognostic significance depended on its dynamic correlation with other ones. Use of computed-syndromes, those reflect the level of severity by the determination of different symptoms' inner interactions, is one of the most important ways to find individual (not group) prognostic criteria.

FC29-3 DISCRIMINATIVE POTENTIAL OF ANTICIPATORY COGNITIONS IN DIFFERENT TYPES OF DEPRESSION

F. Cavaglia*, A. Matos-Pires, F. Arriaga. *Department of Psychiatry, Santa Maria Hospital, Lisbon, Portugal*

The aim of this study is to compare the negative predictions that occur in dysthymia and non-melancholic depression when the occurrence of personality disorders is excluded.

Methods: Subjects with dysthymic disorder (n = 19) and non-melancholic major depressive disorder (n = 20) were selected according to DSM-IV criteria. Personality disorders were ruled out by means of the same diagnostic system. All patients were studied using the Hamilton scales for anxiety and depression (HARS and HRSD), the Beck Depression Inventory (BDI) and the Symptom-Check-List-90-Revised (SCL-90). The "Anticipatory Cognitions Questionnaire" (ACQ) was used for the evaluation of negative predictions.

Results: Measures of anticipatory cognitions provide a clear discrimination between the two groups of depressive patients. The same holds true with the values of depression severity obtained with the HRSD, the BDI and the SCL-90. However, other psychopathological differences between the two groups are scarce. The correlational study between measures of the ACQ and severity measures shows a covariation of statistical significance.

Conclusions: These results suggest that anticipatory cognitions are highly related with depression severity. Remains questionable that negative predictions have some sensitivity and specificity for different types of depression. Anyhow, overall clinical severity surely plays a spurious effect in this kind of investigation. So, in order to clarify the present issue this confoundable variable should be controlled in future studies.

FC29-4 COGNITIVE THERAPY FOR MAJOR DEPRESSION IN PARTIAL REMISSION: PRELIMINARY FINDINGS

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Aims and Methods: In a two-centre collaborative controlled trial, patients in partial remission with residual symptoms after antidepressant medication for major depression were randomly assigned to receive drug continuation alone or cognitive therapy plus drug continuation. Subjects received 18 sessions of cognitive therapy aimed at ameliorating symptoms and preventing relapse. A 20 week treatment phase was followed by a 12 month follow-up phase. Outcome was assessed regarding symptoms, relapse rates, and in relation to predictors from the history, symptoms, cognitions and attributions of illness. Cognition and attribution measures were used to examine mechanisms of effect. The study aims to test a non-pharmacological approach for relapse prevention and a possible specific indication for cognitive therapy in patients not fully responding to drugs.

Results and Conclusions: 330 subjects met the inclusion criteria of which 158 (48%) were entered into the study. 24/144 (17%) completers of the treatment phase met the criteria for relapse. (Relapse was defined as DSM-IV major depression for 4 weeks with two successive HAM-D scores >16). 62/124 (50%) completers of the follow-up phase so far have relapsed or have been withdrawn because of treatment failure. The preliminary results confirm the evidence that in major depression partial remission is a common outcome with a high rate of early relapse. Results testing the principal hypothesis, that cognitive therapy is an effective treatment for this group of patients, will also be presented if available.

FC29-5 EPIDEMIOLOGY OF ANTIDEPRESSANTS

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Purpose: The use of antidepressants has increased very markedly since the introduction of SSRI medications. The effects of this on the sale and prescriptions of psychopharmaca has been studied in Iceland, prescription prevalence as well as contribution of physicians of different specialities to the prescriptions.