criteria allows qualify psychotic level of depression, which demands principally more intensive therapy than the one used everywhere under continual approach (which falsely identifies intensity and depth of depression). We face here the choice of fundamentally different ways of further development of our subject.

S-05-04

Transcultural specific features of affective disorders in the European North of Russia

A. Bogdanov. *Arkhangelsk, Russia*

There are noticeable differences in frequency of presence and registration of affective disorders in the Ninets population (the Mongoloid Race) in comparison with Russians (the European Race) living in the European North of Russia. Differences in clinical picture, first of all, of depressive syndromes and in their subjective – personal assessment by patients have also been noted. The noted special features refer not only to "pure" affective syndromes, but also to other complicated psychopathological conditions for instance in the framework of schizophrenia. Possible hypotheses and causes of differences in clinical qualifications and statistical registrations of affective disorders among the Nenets´ and the Russians have been discussed. As principal hypotheses one should consider the historic-cultural hypothesis and also adaptive-adjustive one.

S-05-05

Affective spectrum disorders: On the way to unitary concept

V. Krasnov. *Moscow Research Institute of Psychiatry, Moscow, Russia*

Objective: Purpose of this study is to assess of the prevalence of affective spectrum disorders in primary care settings.

Methods: screening questionnaire, semistructured psychiatric interview, SCL-90, Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HARS).

Results: 14,230 adult out-patients from 18 to 55 years in several primary care settings have been screened over six years. 51.3% of the screened out-patients showing different affective (depressive and anxious) disturbances and somatoform disorders. In the majority of cases, the anxiety symptoms overlapped with depression. During the six-year study, 30.3% of the patients were identified with depression by standardized clinical instruments; in 23.9% the HDRS score was 15 or more. At the same time, there were different combinations of depression with anxiety and somatoform disorders-with similar score levels of somatization, depression and anxiety by SCL-90, and HARS score average of about 20. In clinical course, anxiety and/or somatoform disorders usually preceded depression or combined with it at early, and further on were replaced by typical depressive syndrome. Anxiety clearly dominated in only 4.7%, but included background subsyndrome depression in the majority of cases. Separate somatoform disorders without depressive and anxiety features were identified only in rare cases. Treatment with SSRIs and others modern antidepressants has shown significant positive response for both depression and anxiety, as well as for persistent somatoform disorders.

Conclusion: The data have been obtained in favour of the unity concept of a single affective spectrum, which considers anxious-depressive affective disorder with psychovegetative components as a cohesive entity.

Sunday, April 3, 2005

S-09. Symposium: What can we learn from naturalistic observational studies and medication trials in bipolar disorder?

Chairperson(s): Heinz Grunze (Munich, Germany), Eduard Vieta (Barcelona, Spain)
14.15 - 15.45, Gasteig - Lecture Hall Library

S-09-01

E. Vieta. *University of Barcelona Hospital Clinic, Barcelona, Spain*

Objective: To address the issues related to the gap between efficacy and efectiveness in the treatment of bipolar disorder.

Methods: A systematic review of the literature, including all relevant contrlled and naturalistic trials, was conducted.

Results: The management of bipolar disorder has traditionally focused upon the treatment of acute mania and although this is a fundamental aspect of patients' care, other aspects of mood stabilisation, e.g. treatment of depression, have been overshadowed. Most of the problems come when decisions are based only on the potential efficacy of treatments, rather than effectiveness. Efficacy responds to the question: Does a treatment work under ideal conditions?, whereas effectiveness responds to the question: Does a treatment work under the conditions of routine care? The answer to the second question should be more relevant to clinicians. Indeed, the mood-stabilising agent lithium, introduced in 1949 as a treatment for mania is the mainstay of long-term treatment of bipolar disorder and is in widespread clinical use. However, lithium has a slow onset of action and is not very well tolerated, so despite its efficacy, effectiveness is quite low. Of those patients with bipolar disorder who receive treatment, noncompliance with medication is a significant problem. When associated with lithium treatment in particular, noncompliance increases the risk of relapse. The need for well-tolerated agents with efficacy in depression as well as mania, has led researchers to evaluate the potential of a variety of anticonvulsants, antidepressants and antipsychotics as primary or adjunctive, which have proved to be efficacious and generally safer than the older drugs. However, research in this area has basically been conducted for registration purposes, and little is known about the true effectiveness of novel treatments in clinical practice.

Conclusion: There is a gap between research and clinical practice. Large, unbiased open randomised and observational studies are urgently needed to learn more about the true effectiveness of novel treatments for bipolar disorder.

S-09-02

H. Grunze. *LMU Psychiatry, Munich, Germany*

S-09-03

R. Bottlender. *Psychiatrische Klinik der Ludw, München, Germany*

Sunday, April 3, 2005

S-12. Symposium: Stress, glucocorticoids and affective disorders: From bench to bedside

https://doi.org/10.1016/S0924-9338(05)80056-2 Published online by Cambridge University Press