

anti-suicidal effect with lithium in mood disorders and clozapine in schizophrenia. A crucial issue for suicide prevention is the ability of society to establish and foster depression awareness campaigns, and to detect and properly treat depression in all health care setting.

### S-02-04

The Nuremberg alliance against depression: Effects on suicidality

D. Althaus, G. Niklewski, A. Schmidtke, U. Hegerl, *Department of Psychiatry, Ludw, Munich, Germany*

**Objective:** Recent studies showed the increasing importance of depressive disorders. Despite good treatment possibilities (pharmacological treatment and psychotherapy) only a minority of patients receive adequate treatment. One of the most dramatic consequences is a big number of suicides. The aim of the Nuremberg Alliance against Depression (NAD) is to establish and to assess the effectiveness of a 4-level intervention program for improving the care of depressed patients.

**Methods:** In 2001 and 2002 a two-year community based intervention program was performed in Nuremberg (480,000 inhabitants). The program comprised four levels: 1. Training of family doctors and support through different materials 2. Public relations campaign informing about depression 3. Cooperation with community facilitators (teachers, priests, local media etc). 4. Support for self-help activities as well as for high risk groups The effects of the two-year intervention on the number of suicidal acts (completed suicides + suicide attempts, main outcome criterion) were evaluated with respect to a one-year baseline (2000) and a control region (Wuerzburg, 270,000 inhabitants).

**Results:** As compared to the control region, a reduction of suicidal acts was observed in Nuremberg during the two-year intervention (2001 vs. 2000: -19.4%;  $p \leq 0.082$ ; 2002 vs. 2000: -24%;  $p \leq 0.004$ ). Considering suicide attempts only (secondary outcome criterion), the same effect was found (2001 vs. 2000: -18.3%,  $p \leq 0.023$ ; 2002 vs. 2000: -26.5%;  $p < 0.001$ ). The reduction was most noticeable for high-risk methods (e.g. hanging, jumping, shooting). Concerning completed suicides there were no significant differences compared to the control region.

**Conclusion:** The NAD appeared to be effective in reducing suicidality. It provides a concept as well as many materials, which are presently implemented in several other intervention regions in Germany and other countries.

Sunday, April 3, 2005

## S-05. Symposium: Affective disorders: Traditional understanding and new approaches in psychiatry of Eastern Europe

*Chairperson(s):* Valery Krasnov (Moscow, Russia), Roman A. Evsegneev (Minsk, Balarus, Belarus)

08.30 - 10.00, Holiday Inn - Room 2

### S-05-01

Borders of depression: Old and new problems of psychiatric diagnosis

V. V. Solojenkin, K. V. Solojenkina, T. A. Nelubova. *Kyrgyz State Medical Academy Head, Dept. of Psychiatry, Bishek, Kyrgyzstan*

**Objective:** Analyses of the diagnostic of the affective disorders in Central Asiatic countries.

**Results:** Empiric analyses of the diagnostic approaches in Central Asiatic countries demonstrates that the usage of Chapters F3 and F4 of ICD-10. for the diagnosis very often keeps the traditional clinic evaluation of endogenous and psychogenical disorders. One meets very seldom the evaluation of the co-morbidity of anxiety and depressive disorders. Construction of the practically obligate combination of anxiety and depression and co-morbidity not only for depression but also for their symptoms for the collateral ones the intersection is characteristic and does not dominate. An intention to follow pedantically the diagnostic criteria of ICD-10. is combined with the psychological analysis which seems rather eclectic. The existing accesses for diagnoses for affective disorders can be considered both like a difficulty of transition from traditional classifications, and like real difficulties that F3 and F4 contain, and theories that are parallel to ICD -10. The conception of distress as one of the leading diagnostic principles in the new classification allows to treat it as a reaction at psychopathological symptoms and mechanisms of their origin. But the co-morbidity of anxiety and depression may be carried out through design of scientific approaches based on biological research of conception of co-morbidity of disorder in all its three variants and co-morbidity of symptom, adaptational psychological analyses of the transformation of anxiety into another psychopathological phenomenon, exploration of phenomenon of the somatisation of affective disorders (F4.5), that represents a very heterogeneous group.

### S-05-02

The variety of depressive disorders in primary care: Case of Belarus

R. A. Evsegneev. *Byelorussian Medical Academy f Postgraduate Training Nivinky, Minsk, Balarus, Belarus*

**Objective:** The purpose of the study was to recognize and to discuss the main reasons of poor recognition of the depressive disorders in the primary care system in Belarus. Method. About 100 cases finally treated in psychiatric hospital in Minsk with recurrent depression and bipolar affective disorder were retrospectively investigated. Results. About 70% of the patients in the past have contacted with primary care system but none of them were diagnosed in a proper way. The objective (i.e. connected with the disorder itself) and subjective reasons (i.e. connected with the doctors skills and views and care system in Belarus) are discussed.

### S-05-03

Criteria of psychotic level of anxiety-depression syndrome

Y. Savenko, L. N. Vinogradova. *Novyi Arbat, Moscow, Russia*

**Objective:** To check up the traditional clinical idea about qualitative differences between "psychotic and non-psychotic" depressive syndrome, in spite of presence of symptoms of deeper registers (because understanding of "psychotic" in the ICD-10. has withdrawn the problem instead of solving it).

**Methods:** Analysis of results of clinical-psychopathological and experimental-psychological research with use of phenomenological.

**Results:** Evaluation of 373 patients with anxiety-depression disorders allowed to show the presence of "psychotic" level of disorganization of psychic activity in the framework of pure affective register and to formulate criteria of differentiation psychotic – non-psychotic" in anxiety depression. Conclusions: Using the worked out

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 effectiveness in the treatment of bipolar disorder.

**Methods:** A systematic review of the literature, including all relevant controlled 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