Conclusions: The difference between the efficiency of PAS and PDSS as treatment outcome measure in PD is likely to be a consequence of their different structure. The PAS and PDSS do not measure the same components of PD, and components specifically measured by the PAS (e.g., worries about health) appear more indicative of a therapeutically significant change and/or may be more amenable to such a change than some components measured by the PDSS (e.g., phobic avoidance of physical sensations).

P02.358

MID LIFE WOMEN, DEPRESSION AND SOMATISATION

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Mid life and elderly women receive insufficent medical attention because doctors believe depression and somatisation are normal in the elderly' and because the symptoms are maskedby the coexistence of physical symptoms. Psychosomatic complainsts remain often untreated because of female passivity, and are mistreated with sedating medication. A sociodemographic and psychiatric evaluation (with the H.S.C.L 90) on 1356 psychosomatic patients in 5 european countries showed 2/3 are women with a mean age of 51 and with astenia, dizziness and headache as top symptoms. Multisomatoform disorders is twice as fequently in females. Somatized depression is a major health risk for the mid-life and older women often in co-morbidity with other psychiatric and somatic illness. In mid-life and elderly women the causes of depression psychosomatic syndromes are multifactorial. There is an interplay between biological factors (genetic influences on brain vulnerability, hormonal factors (oestrogen - cortisol) and a strong impact of concomittant physical illnessses (pain, arthritis, heart, cancer. In women sociological factors play a role. Gender aspects of role, ranking, the 'double caring' tasks of women but also economic factors as poverty, violence and victimisation are pivotal. The most important etiological factors are of a psychological nature: a negative self-image, helplessness and behavioural inhibition impeach the development of adequate coping styles. Profiling of risks and protective factors towards psychosomatic illness was conducted in belgian mid-life and older women (29.3% of the Belgian female population is over 55). Vulnerability factors in elderly women are women's socialization and cultural identity which facilitates admittance of symptoms and comprises a tendency to help-seeking behaviour through physical complaints and medicalisation of help-seeking actions. Social risks factors associated with psychosomatic illness are low income, absence of outside work, solitary living conditions and being charged with different caring tasks. Biological risks factors predispone elderly women to multisomatorm disorders, with pain, insomnia, depression, hypertension, backache, varics, cardiovascular, gastro-intestinal and respiratory symptoms being the most recorded. Factors proven protective towards psychosomatic illness are attitudes towards ageing: four health-protective coping styles were identified.

P02.359

TIANEPTINE FOR THE TREATMENT OF MAJOR DEPRESSIVE EPISODE: A DOUBLE-BLIND STUDY VERSUS FLUOXETINE

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This was a multicountry (Czech and Slovak Republics) multicentre study in adults who met DSM-IV criteria for either major depressive episode, major depressive disorder or bipolar disorder, instant episode depression, moderate or severe without psychotic features with or without melancholic features.

For inclusion, candidates were required to have a MADRS score $\geq$ 25. Qualified patients were randomized to receive either tianeptine 37.5 mg/day or fluoxetine 20 mg/day for 6 weeks.

Efficacy and safety assessments were carried out at D1, D7, D14, D28 and D42.

The protocol identified a single primary outcome measure, the change from baseline in MADRS total score. The secondary measures included Clinical Global impression of severity of illness, assessment of anxiety based on COVI scale, acceptability based on AMDP-5 and finally the rate of anxiolytic coprescription.

Results: The study enrolled 188 patients, 87 in the tianeptine group and 91 in the fluoxetine group. The mean ages of patients were 42.7 in the tianpetine group and 40.9 in the fluoxetine group (no significant difference).

At inclusion, the mean MADRS scores were of 29.2 in the tianeptine group and 30.0 in the fluoxetine group (no significant difference).

Over 90% of randomized patients completed the study.

There were no statistical difference between both tianeptine and fluoxetine regarding total MADRS scores. Nevertheless out of separate items statistically significant improvement in favor of tianeptine occurred in item 3 (inner tension) on the level of statistic significance $p = 0.022$, and in item 6 (reduced ability of concentration) on the level of statistic significance $p = 0.045$.

The assessment of the severity of disease (CGI item I) permitted to show a significant difference in favour of tianeptine ($p = 0.031$).

There were no difference of anxiolytic activity according to COVI scores, but in the group of patients receiving tianeptine, the anxiolytic coprescription decreased of 27% whereas 13% in the fluoxetine group.

Finally, according to AMDP-5 scale, there were less appetite disorders in tianeptine group ($p < 0.05$).

Conclusion: This study confirmed that tianeptine is an effective treatment of major depression.

P02.360

DIFFERENCES IN ECHOGENICITY OF SUBSTANTIA NIGRA IN PATIENTS WITH DIFFERENT SUBTYPES OF THE SCHIZOPHRENIC SPECTRUM

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Objective: Schizophrenic patients treated by conventional neuroleptics often develop neuroleptic-induced parkinsonism (NIP). Even with quite similar doses, the extent varies considerably. In parkinson disease, previous transcranial sonography (TCS) findings suggested a correlation of hyperechogenicity with nigrostriatal dysfunction. Investigating the clinical hypothesis of higher incidence of NIP in cycloid psychoses, the current study tested for differences of the substantia nigra (SN) echogenicity in schizophrenic patients on neuroleptic drugs, applying Leonhard's nosology.

Methods: 79 patients suffering from schizophrenic spectrum psychoses (31 cycloid psychosis, 25 non-systematic, 23 systematic schizophrenias) and 22 healthy controls were included. All patients received neuroleptic treatment and underwent transcranial ultrasound examination as well as, by a second investigator, a clinical examination for NIP (EPS). Diagnosis was established independently by two experienced psychiatrists.

Results: The echogenic SN area did neither correlate significantly with the neuroleptic dose nor the duration of illness, but positively with the EPS-score. Moreover, a previous history of NIP

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