of anxiety at doses of 75 to 225 mg/daily in depressed outpatients with associated anxiety.

Tues-P50

COMPARATIVE EFFICACY OF ONCE-DAILY VENLAFAXINE XR AND FLUOXETINE IN DEPRESSED PATIENTS WITH CONCOMITANT ANXIETY

D. Hackett*, A. Desmet, C. White, E. Salinas. *Wyeth-Ayerst Research, Paris, France*

This 12-week, multicenter, double-blind, randomized, placebo-controlled study compared the efficacy and tolerability of once-daily venlafaxine XR and fluoxetine in outpatients with depression and concomitant anxiety. Patients met DSM-IV criteria for major depression, had a score of $\geq$20 on the first 17 items of the 21-item HAM-D, and had a Covi score $\geq$ 8. Venlafaxine or fluoxetine were started at daily doses of 75 mg and 20 mg, respectively; these dose levels could be increased to 150 mg and 40 mg on study day 14 and to 225 mg and 60 mg, respectively, on study day 28 if clinically indicated to improve response. One hundred eighteen patients on placebo, 122 on venlafaxine XR, and 119 on fluoxetine were evaluable. The HAM-A total score was significantly ($p < 0.05$) lower vs placebo at weeks 8 and 12 and at final evaluation with venlafaxine XR but only at final evaluation with fluoxetine. At week 12, the HAM-A response rate was 65% with venlafaxine XR, 51% with fluoxetine, and 39% with placebo ($p = 0.037$, venlafaxine XR vs fluoxetine). Significant decreases in HAM-D anxiety somatization, HAM-A psychic anxiety, Covi, and HAD anxiety scores were also observed with both venlafaxine XR and fluoxetine. Overall, the incidence of adverse events and discontinuations was similar with venlafaxine XR and with fluoxetine. Once-daily venlafaxine XR is effective and well tolerated for the treatment of depressed patients with concomitant anxiety and was superior to fluoxetine on measures of anxiety.

Tues-P51

EFFECTIVENESS OF SULPIRIDE VS. MIANSERINE IN TREATMENT OF LATE-LIFE PSYCHOTIC DEPRESSION

Ž. Stanković. *Institute of Psychiatry, Pasterova 2, 11000 Beograd, Yugoslavia*

The objective of this study was to establish antidepressant efficacy, tolerability and effect on cognition of sulpiride in treatment of psychotic depression in elderly patients in comparison with mianserine. Sixteen in-patients, (>60 yrs) with diagnosis of Major depression (DSM-III) with psychotic features entered this open trial lasting 6 weeks. The criteria from exclusion from the study were determined. One patient group ($n = 8$) was treated with sulpiride (200–400 mg/day) and the other one ($n = 8$) was treated with mianserine (60–90 mg/day). The $HAMD_{21}$ and the CGI-Severity of Illness were used for evaluation of antidepressant effect at the beginning of the study and on 7, 14, 28 and 42 day of therapy. 50% reduction or more from the $HAMD_{21}$ initial score (>20) was taken as a positive result and the CGI score <2. Cognitive performances were assessed by MMSE at baseline, day 28 and day 42 of treatment. Side-effects of the applied therapy were followed using the CGI-T. Laboratory examination and ECG were undertaken. Statistical comparison of the results obtained from this study was performed by Student t test ($p < 0.05$). Three patients in both treatment groups were with drawn from the study due to lack of efficacy and cognitive impairment.

According to the results obtained at the end of this trial, sulpiride showed better antidepressant efficacy and effect on cognitive functions in comparison with mianserin without significant differences in treatment of late-life psychotic depression. Both drugs were well tolerated.

Tues-P52

SEMIOTIC OF DYSTHYMIA IN GENERAL SOMATIC PRACTICE IN WEST SIBERIA

N.A. Kornetov*, M.V. Poleshuk. *Mental Health Research Institute of Tomsk Science Centre of Siberian Branch RAMSci, Tomsk, Russia*

Clinical-descriptively and catamnestically frequency of separate symptoms of dysthymia has been studied. From 507 in patients in general hospitals 15.6% met criteria of dysthymia according to ICD-10. Total sample constituted 107 patients, 87 (81.3%) women and 20 (18.7%) men. Mean age was 40 $\pm$ 4.4 years. Duration of dysthymia constituted in average 2.8 $\pm$ 1.1 years. The symptoms have shown following frequencies: depressive mood - 100%, appetite disturbances - 57.9%, sleep disturbances - 71%, lack of energy and fatigue - 79.4%. Low self-esteem - 62.5%, disturbances of concentration of attention and difficulty in decision making were observed in 50.5% of patients; feelling of hopelessness - in 67.2%. The most frequent associated symptoms were: hypochondriac fears, phobic reactions, obsessive doubts, reinforcement of sensitivity, "agnosia" of sleep, reflexia, headache, back pain, parasthesia, gastrointestinal and cardiac-respiratory disturbances < inner restlessness, irritability, complaintative, reduced social contact, anxiety.

Four types are allocated typologic of dysthymia: adynamical, somato-vegetatical, coenaesthesiopathycal, thymopathycal.

Complex of genetic, constitutional-biological and psychogenic of the factors and its variables determines clinical manifestation of dysthymic disorder. Adinamical and somato-vegetatical subtypes of dysthymia observed more often with association by psychogenic factors. Coenaesthesiopathycal and thymopathycal subtypes of dysthimia relationship between constitutional personality manifestation vital steam and demonstrate evolution of "characterologic depression".

Research has shown that clinical polymorphism of dysthymia is determined by many factors: by clinical manifestations of mild depression, associated atypical symptoms, quantity and severity degree of previous psychosocial stressors and constitutional-personality factors.

Tues-P53

THE STRUCTURE OF PERFECTIONISM AS THE PERSONAL FACTOR IN DEPRESSION

N. Garanian[1]*, A. Kholmogorowa[1], T. Judeeva[1]. [1]*Moscow Research In stitute of Psychiatry, Moscow, Russia*

Perfectionism has detrimental effects for human life - work inhibition, fear of failure, high self-criticism, feeling of guilt and shame. Perfectionism appears to be a disruptive factor in short-term treatment of depression (Blatt, 1995). The presence of perfectionism in depressives has been articulated in both dynamic (Arieti&Bemporad, 1978) and cognitive perspectives (Beck, 1983). Nevertheless, little is known about its structure and there is still lack of instruments.

Goal: Description of perfectionism structure, elaboration of the instrument to test different components of this personal trait.

Hypothesis: Perfectionism has a complex structure (constellation of traits), which includes the following dimensions: 1) Exessive goals (too high level of aspiration in comparison with possibilities). 2) Polarized "white-black" estimation of results in one's own activities. 3) Persistent comparison with "the most

https://doi.org/10.1016/S0924-9338(99)80503-3 Published online by Cambridge University Press

advanced and perfect" others. 4) Fear not to meet exaggerated expectations from significant others; anticipation of disgrace on public. 5) Estimation of every situation even neutral in terms of achievement. 6) Excessive demands from others.

Methods: Original Perfectionism questionnaire, "level of aspiration" test.

Results: 20 patients with dysthymia and recurrent depressive episode (ICD-10) exhibited higher scores at all suscales of Perfectionism Questionnaire. Factor - analitic study of the instrument is continuing. The preliminary findings comfirm the presence of perfectionism in the personality structure of depressed patients. Perfectionism appear to have a coplex structure. In the process of psychotherapy every component described might be view as a target for therapeutic intervention.

Tues-P54

REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS) IN MAJOR DEPRESSION — SHORT-TERM ANTIDEPRESSIVE EFFECTS

B. Weber*, K. Schwarzenau, J. Eckert, B. Gille, P. Fey, J. Fritze, K. Maurer. *Departments of Psychiatry and Psychotherapy, J.W. Goethe University, Frankfurt/Main, Germany*

Recent studies reported that rTMS series to left prefrontal structures had an ameliorating effect on mood in normal volunteers as well as in depressive patients. Up to now there are no studies investigating short-term effects of rTMS on mood in the treatment of depression. In the present evaluative study five drug resistant depressive patients (4 women, 1 man, mean age 42 years), one suffering from a unipolar and four from a bipolar affective disorder (ICD-10) received daily rTMS by a circular coil (diameter 13 cm) of the 'Magstim Rapid' to left frontal structures (20 stimulus trains with a duration of 3.5 sec, stimulus frequency 10 Hz, interstimulus interval 1 min, stimulus intensity equal to motor threshold of the resting right musculus abductor pollicis brevis). Stimulus intensity varied between 60 and 75% of the maximum output of the magnetic stimulator. rTMS was performed as an add-on therapy to a constant standard antidepressive medication with amitriptyline, mianserine or venlafaxine. Preceeding and immediately following each daily rTMS session, which was done between 8.00 and 9.00 a.m., as well as in the evening hours, self assessment of mood was carried out by the Profile of Mood States (POMS), a Visual Analogue Scale (VAS) and a 'Bright-Dark-Scale' (BDS). The development of POMS 'dejection' subscores during the period of daily rTMS was quite fluctuating and not linear. But in all five patients they were found nearly continuously to be decreased following the rTMS sessions. The other scales showed similar but less constant results. In addition to the already known positive long-term effects of rTMS on mood, the presented study shows that rTMS with the above mentioned parameters has beneficial short-term effects on depressive mood.

Tues-P55

COMPLEX TREATMENT OF RESISTANT DEPRESSION

L. Gorobetz*, V. Krasnov, I. Emelyanova. *Moscow Research Institute of Psychiatry, Russia*

The purpose of investigation was to assess acupuncture contribution to antidepressants efficiency. The investigation was also concerned with assessment of psychovegetative and immunological (circulative immune complexrs (CIC) and antitimic antibodies (ATA) indiced alterations in depressive patients under the complex therapy (antidepressants combined with acupuncture). The treatment course of 74 patients (with schizophrenia, circular depression and psychogenous depression) consisted of 12–15 procedures of acupuncture on the background of tricyclic antidepressants injection in daily doses not exceeded 100 mg. Positive therapy dynamics variants were described: a) continuous with reduction of depressive symptoms; b) waweous with enhancing of anxiety. As a rule, stable therapy effect of the complex treatment was associated with certain balances in the vegetative regulation process: sympathycotonia was prevailed, there were also CIC and ATA indices decreasing observed. These correlations may be considered as significant indices of depressive syndrome reduction under the therapy.

Tues-P56

CORRELATION BETWEEN SYMPTOMATOLOGY AND PERSONALITY TRAITS IN DEPRESSIVE PATIENTS

A. Marin. *Psychiatric Clinic of the University of Medicine and Pharmacology, Timisoara, Romania*

A total sample of 50 out- and inpatients whose clinical picture fulfilled the ICD-10 diagnostic criteria for Affective Diseases (F31-F33), with the present episode depressive was assessed. A polydiagnostic approach on depression, based on several international self- and observer-rating instruments completed with a culture specific scale, was considered. The Munich Personality Test (MPT) was applied after the patients recovered from the clinical episode. Correlation between the personality ratings and symptom ratings have been calculated. Personality subscores specifically correlated with different symptom scores. The results suggest a linkage between personality traits and the clinical picture in depressive patients. Some possible psychopathological pathways are going to be discussed.

Tues-P57

THE INTEGRATION OF COGNITIVE AND DYNAMIC APPROACHES IN THE PSYCHOTHERAPY OF EMOTIONAL DISORDERS

A. Kholmogorowa[1]*, N. Garanian[1]. [1]*Moscow Research Institute of Psychiatry, Moscow, Russia*

Experimental-Psychological Rationale for the Integration: The specific sign of depression and anxiety now days is somatization. Somatoform disorders highly correlate with depression and anxiety (Kellner, 1990). The decrease of ability to aware and differentiate emotions was found in patients with somatized emotional disorders (Kholmogorowa, Garanian, 1994). Techniques of CT develop this ability through focusing at the cognitive aspects of emotions. Increased number of stressful life events in family history and personal biography were found in depressive and anxiety-disordered patients. Personality traits (hidden hostility, perfectionism) which prevent the development of therapeutic alliance and compliance were identified (Kholmogorowa, Garanian, 1996). Psychodynamic techniques focus at these traits and relevant past experience. Otherwise, the risk of drop our remains high (Sanderson, 1994).

Theoretical Rationale: Cognitive events and basic assumptions are the main targets of CT (Beck, 1976). Cognitive events as internal processes are related to behavioral paradigm. Basic assumptions as preconscious personal determinants - to dynamic. Focusing at the basic believes inevitably leads to past experience. Therapeutic model connecting current distortions with past experience can not be viewed as cognitive-behavioral (Dobson, 1988), but cognitive-dynamic.

https://doi.org/10.1016/S0924-9338(99)80503-3 Published online by Cambridge University Press