
PR04. ECNP/AEP SYMPOSIUM

PR04.01

Factors associated to resistant depression

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Background and Aims: Few studies have been conducted looking at clinical features associated to treatment resistant depression (TRD) defined as failure to at least two consecutive antidepressant trials. The objective of this study was to identify clinical and demographic factors associated to TRD in a large sample of depressed patients who failed to reach response or remission after at least two consecutive adequate treatments.

Methods: A total of 702 patients with unipolar major depression were included in the analysis. 346 patients were considered as non resistant. The remaining 356 patients were considered as resistant with a HAM-D-17 score remaining ≥ 17 after 2 consecutive adequate trials. Cox regression models were used to examine the association between individual clinical variables and TRD.

Results: Eleven variables were found to be associated with TRD. Anxiety comorbidity ($p < 0.001$, OR=2.6), comorbid panic disorder ($p < 0.001$, OR=2.6) and social phobia ($p < 0.008$, OR=2.1), personality disorder ($p < 0.049$, OR=1.7), suicidal risk ($p < 0.001$, OR=2.2), severity ($p < 0.001$, OR=1.7), melancholia ($p < 0.018$, OR=1.5), a number of hospitalizations > 1 ($p < 0.003$, OR=1.6), recurrent episodes ($p < 0.009$, OR=1.5), early age of onset ($p < 0.009$, OR=2.0) and non response to the first antidepressant received lifetime ($p < 0.019$, OR=1.6).

Conclusions: Our findings provide a set of eleven relevant clinical variables associated to TRD which can be explored at the clinical level. The statistical model used in this analysis allowed for a hierarchy of these variables (based on the OR) showing that comorbid anxiety disorder is the most powerful clinical factor associated to TRD.

PR04.02

Antidepressants - do they decrease or increase the risk of suicidality?

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Several methodological limitations make it difficult to investigate in randomised, controlled studies whether antidepressants affect (increase or decrease) suicidality. Different kinds of studies (epidemiological, quasi-experimental intervention, naturalistic follow-up, etc.) should therefore also be considered in order to obtain the most comprehensive evidence. Taken together, these different approaches supply reasonable evidence that antidepressants are able to reduce both suicidal ideation and suicide in depressive patients. Data on suicide attempts are not robust enough to draw clear conclusions. Even though there are no

consistent indications from the different study types of a suicidality-inducing effect of SSRIs or antidepressants in adults in general, the principle possibility of such an adverse effect in single cases or in subgroups of patients should be considered carefully. Different mechanisms could principally lead to suicidality-enhancing effects, for example the pharmacological mode of action related to different transmitter systems, to special pharmacodynamic properties like activating/drive-enhancing effects or to side effects like akathisia. Special dispositions of patients, i.e. personality disturbances such as borderline personality disorder, comorbidity, non-response, bipolarity and other factors, should be considered. In everyday clinical practice the discussion about the possible risks of the SSRIs or antidepressants in general should not result in clinicians forgetting the benefits of these drugs, especially their lower lethal toxicity profile. This is a great advantage, especially in cases with severe suicidality where the choice of a less toxic antidepressant helps to avoid the risk of fatality if the patient should misuse the antidepressant for a suicide attempt.

PR04.03

Ten possible explanations for resistant depression

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Patients for whom the diagnosis of depression was established, yet did not respond to adequate treatment are defined as suffering from resistant depression (RD). As 20-30% of depression is resistant, depression subtypes with distinct pathophysiology are considered.

The neurobiological approach to RD aims to identify and characterize these subtypes. Different underlying mechanisms which may play a role in RD include: tolerance ("escape"), a "kindling" type of phenomenon, or no response to begin with. There are several types of underlying pathophysiological mechanisms proposed for RD, including: HPA axis hyperactivity, thyroid abnormality, estrogen in postmenopausal women, lower availability of l-tryptophan to the brain, frontal or parietal perfusion defects, genetic factors, thyroidal abnormalities, a combination of 5HT/HPA axis and brain lesion, 5HT, NA and HPA abnormalities, sleep abnormalities and immunological factors.

In order to gain better knowledge of these mechanisms, studies of RD patients providing a careful evaluation of the HPA axis and of serotonergic and noradrenergic responsivity, as well as evaluation of the thyroid system, are warranted. Tryptophan depletion and NE depletion have proven to be effective tools in the study of depression and might be of particular interest in RD. Brain imaging, pre- and post-treatment, and a dichotomous comparison of changes in brain activity in patients who responded to treatment for RD might be of value. However, these have not yet been studied systematically.

Patients with RD suffer greatly and need to be treated. Various underlying psychobiological abnormalities might assist us in tailoring treatment especially to the patient.

W14. Workshop: NEW METHODS OF EVALUATION IN THE COGNITION IN SCHIZOPHRENIA

W14

New methods of evaluation the cognition in schizophrenia

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This workshop aims to make progress in the knowledge of the cognitive symptoms and their evaluation in the psychotic diseases. Schizophrenia begins in late adolescence causing a derailment of social, educational, and occupational pursuits that extends to the end of life. The psychosocial costs contribute to the extraordinary public health care costs of this illness. Alleviation of the positive symptoms, negative symptoms, depression, and anxiety is insufficient to restore psychosocial status. An improvement in social, educational, and occupational status is dependent on improvement in cognitive status.

Primary Prof. JE Rojo & O. Pino will emphasize the relevant aspects of the neuropsychological evaluation in clinical practice, and relationships between cognitive, clinical, psychosocial status and social performance in patients with psychosis dysfunction.

Although vital to prognosis, cognitive status is often neglected in clinical practice because neuropsychological assessments are expensive and time consuming, and they require considerable expertise. The Screen for Cognitive Impairment in Psychiatry (SCIP) is a 10 to 15 minute assessment of cognitive status developed to encourage routine assessment of cognitive status in clinical practice, and to promote research on the alleviation of cognitive impairments in psychiatric illness. Prof. Purdon will briefly review the rationale for a brief assessment of cognitive status. He will present evidence supporting the comparability of three alternate forms of the SCIP from three Canadian normative samples and one large clinical sample. He will also present evidence supporting the validity of the brief screening tool relative to a comprehensive assessment of neuropsychological status in a large sample of psychiatric inpatients. The primary objective will be to encourage the use of the SCIP in routine clinical practice.

Afterwards, Prof. P. McKenna try to describe the new research strategies and methods of investigation in neuropsychology and schizophrenia, the state of art more novelty and relevant.

S43. Symposium: FEMALE OFFENDER PATIENTS IN EUROPE (Organised by the AEP Section on Forensic Psychiatry)

S43.01

Prevention of neonaticide and abandonment from a prenatal stage in France

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From 1987 to 2002, I followed nine women who killed their baby newborn and nearly ninety women who denied their pregnancy or their delivery in Paris area. A comparison between the clinical findings of the two groups led me to identify prevention strategy at a prenatal stage:

1. Detecting harmful thoughts towards the baby before birth

Among the women who denied or concealed their pregnancy some revealed having negative or violent impulse thoughts against the foetus after the end of pregnancy denial. Some also displayed suicidal impulse thoughts. These harmful thoughts decreased after they spoke out past traumatic sexual abuse, especially if the foetus was the result of rape.

2. Listening and planning the delivery time

Some were not able to content their thoughts and act out them in beating up their abdomen and consequently the foetus. They felt so guilty they avoided planning the delivery time as a consequence. Some have killed their child because they were afraid to explain this to healthcare professionals. They denied the birth and delivered alone.

3. Offering an anonymous welcome if they wish to do so

I observed that to welcome with anonymity before birth increased their care for the future of the newborn.

Literature references

- [1] Bonnet C. *Geste d'amour*. (Gesture of love). Paris: Odile Jacob (Book in French, translated in Croatian); 1990.
- [2] Condom JT. The battered fetus syndrom. Preliminary data on the incidence of the urge to physically abuse the unborn child. *J Ment Dis* 1987;76:722–5.

S43.02

Female offender patients in Germany

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The parental killing of children in the first year after birth, the infanticide, constitutes a complex phenomenon, that seldom occurs. Infanticide has been reported across numerous cultures and throughout history. Children in the first year of life have the highest Risk of becoming a victim of filicide. Studies on infanticide show that mothers who kill their children are frequently psychiatrically disturbed. Depressive as well as psychotic symptoms are with high frequency related to the newborn or to the maternity itself. Although depression is the most common postpartum disorder and may represent a vital danger for the mother and the child. The association between the psychiatric disorder and the infanticide will be usually explained through the maternal psychopathological symptoms. The bonding to the child hasn't often been seen as a central motivational cause for an infanticide. The present case report underlines the importance of a postpartum bonding disorder and its relation to a higher infanticide risk for the child.

S43.03

Clinical and social factors contributing female offending in Russia

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Background: Researches on female offenders have indicated a high degree of psychiatric morbidity among women. The rates of female criminality and the number of females in prisons in Russia are dramatically rising.

Aim of the study: The main purpose of this investigation was to find out origins of crimes in women.

Materials and Methods: A cohort of 53 females with diagnosis of personality disorder was examined by forensic psychiatrists. All