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WHITE MATTER LESIONS AND CHRONICITY OF DEPRESSION

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The risk of chronicity of depression depends on both organic and psychosocial factors. Recent reports found white matter hyperintensities detected on T2 weighted MRI scans to be common in elderly patients suffering from major depression. We wanted to know whether these white matter lesions are associated with chronicity of depression. In 1994/5 MRT was performed in 35 depressed patients older than 60 years. We assessed these patients with a standardized psychiatric interview which generated DSM-IV diagnoses. Five years later we investigated 21 of these 35 patients and judged severity of depressive symptoms (HAMD) and the course of the patient's affective symptoms, including whether patients were in remission from their depression currently. The rating of hyperintensities on MRI scans was performed by two experienced, independent neuroradiologists who were blind to both the clinical details and outcome of the patients. White matter lesions can be divided into periventricular hyperintensities (PVH) and deep white matter lesions (DWML). One simple and widely used rating system for assessing PVH and DWML is described by Fazekas et al. (1987). Five years after the index episode, (i.e. 5 years after MRT) HAMD score was significantly higher in the group with moderate/severe PVHs (n = 8) than in the group with absent/slight PVHs (n = 12) (HAMD: 14.9 ± 11.7 vs 3.67 ± 3.0; p = 0.01). We found a significant association between severity of PVH and the course of the patient's affective symptoms (p = 0.001). In the group of moderate/severe PVHs 4 patients showed a chronic course and 3 patients were in no remission from their depression currently, whereas only 1 patient in the group of absent/slight PVHs suffered from dysthymia and no one in this group suffered from major depression. If structural risk factors for chronicity could be identified in geriatric depression, clinicians would be in better position to identify patients who require more rigorous follow-up and intensive long-term therapy.

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PHENELZINE EFFICACY IN REFRACTORY SOCIAL PHOBIA: A CASE SERIES

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(a) Background: Although studies show efficacy of paroxetine, sertraline, clonazepam and moclobemide in social phobia, many patients will not respond to these medications. To my knowledge, nothing is yet published about treatment of nonresponders. Phenelzine is efficacious in social phobia. Though comparative studies are rare, no medication or psychotherapy has been shown to surpass phenelzine efficacy. Phenelzine is a reasonable option to patients who do not respond to other treatments.

(b) Design: I report the outcomes of phenelzine treatment in a series of consecutive patients with social phobia previously unresponsive to adequate pharmacotherapy and psychotherapy. The study naturalistic.

(c) Results: Seven patients were treated with a mean dose of 66 mg phenelzine. There were no serious adverse events. Two patients discontinued due to side effects. All but one patient were classified as responders according to retrospective Clinical Global Impression

ratings. Many patients showed dramatic improvement and regained ability to function in school and work. The majority elected to use the drug on a maintenance basis. One patient discontinued without reemergence of symptoms while premature discontinuation led to relapse in another. Only one patient experienced relapse of social phobia while on maintenance phenelzine therapy.

(d) Conclusions: Even when patients suffering from social phobia do not respond to other treatments, it is possible that they will respond to a trial of phenelzine. All patients with persistent and refractory social phobia should be offered a trial of phenelzine. The side effects and dangers of using phenelzine are more than outweighed by its potential utility in relieving the chronic and disabling social anxiety disorder.

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PSYCHODYNAMIC FACTORS AFFECTING THE COMPLIANCE OF PSYCHIATRIC PATIENT TO MEDICATION

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In the current psychiatric literature the compliance of a psychiatric patient to the medication prescribed is regarded as being affected by two factors: 1) The existence of paranoid features in the patient's personality and 2) The presence of side effects which influence greatly the patient's tolerability towards the medication. It is widely accepted that psychopharmacotherapy plays a decisive and indispensable role in the treatment of psychiatric diseases. The better we understand the factors affecting the compliance to medication of psychiatric patient, the greater the advantage in our effort to establish a therapeutic alliance with him. Psychoanalysis deals predominantly with the factors influencing the interaction between two individuals and thus can provide us with the theoretical framework in order to understand what takes place between a therapist and a patient during the pharmacological treatment. We shall approach this subject from the perspective of narcissism and the object relational theory. From the moment the medication is ingested it does not belong any more in the outer world, it becomes a constituent of the patient's body and inner world and affects his mind. The patient experiences it as a good or harmful internalised object on the basis of his previous experiences and the introduction of this new factor should be taken into consideration in the regulation of his narcissistic homeostasis. From the relational point of view medication is given by one individual to another and so it becomes integrated and follows the vicissitudes of the patient's relatedness to the significant others. The consideration and working through of these factors facilitates in our opinion the establishment of a better therapeutic alliance and improves the patient's tolerability towards the medication.

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MRI IN PATIENTS WITH SOCIAL PHOBIA

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Background: Functional magnetic resonance imaging was used to study changes in cerebral blood oxygenation in patients with social phobia during the Verbal Fluency Task.