S56. Evaluations in functional psychiatric illness

Chairmen: M Philpot, L Gustafson

DEPRESSION, PHYSICAL HEALTH AND DISABILITY IN LATER LIFE: A PRAGMATIC APPROACH BASED ON THE FINDINGS OF THE LONGITUDINAL AGING STUDY AMSTERDAM (LASA)

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The contribution of depression to disability and impaired well-being has been studied primarily in younger adults. In a random community-based sample of older inhabitants of the Netherlands (55–85 years), which was stratified for age and sex, associations of major and minor depression with well-being and disability were studied. Major depression was diagnosed in a two stage screening procedure, using the Center for Epidemiologic Studies Depression Scale as the screenings instrument (n = 3056), and the Diagnostic Interview Schedule as the criterion (study sample, n = 646). Minor depression was defined as all depressive syndromes, not fulfilling diagnostic criteria for major depression. The results suggest that major and minor depression are both associated with well-being and disability, but through different pathways. Although closely related to physical health at all stages of the disablement process, *minor depression* had important independent associations with both disability and well-being. The findings suggest a reciprocal causal model for the contributions of minor depression and physical impairment to disability, leading to a variety of potential intervention strategies. In contrast, *major depression* appears to be quite independent of physical health in its associations with disability and well-being. This suggests that primary treatment of major depression in later life should not be delayed, regardless the presence of comorbid physical conditions.

SHORT EVALUATIONS OF DEPRESSION IN THE ELDERLY: ISSUES FOR GENERAL PRACTICE

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Despite a significant prevalence, doctors in general have a poor knowledge of depression in the elderly and are not skilled in its identification. So depression in the elderly is underdiagnosed and undertreated, particularly in general practice. Explanations for non-recognition might be that many of the symptoms characteristic of a major depressive syndrome according to DSM III-R may have been seen as due to a coexistent physical disorder or because any of the symptoms present in a depressive disorder might have been attributed to ageing itself. Most of the authors consider that the most useful diagnostic tests are screening assessments. The use of assessment scales is not common in general practice. According to the GP's activity, there is a need for brief and easy to administer scales. Some rating scales for depression have been validated in general population then secondarily in the elderly (HDRS, MADRS, BDI, CES-D), but on the other hand, some screening scales are specific of depression in the elderly taking into account biases linked to age and more particularly to somatic items. The Geriatric Depression Scale (GDS) has received increased usage, mainly with the aim of detection, since the 30-item original version was developed (Yesavage et al, 1983). 15-item shortened version was proposed (Sheikh & Yesavage, 1986). Several other short scales are already validated or in progress such as BASDEC, short Zung IDS, 13-item BDI, DGDS and more recently, a 4-item GDS for primary case attenders was developed (D'ath et al, 1994).

French elderly depressives (179) and controls (66) were asked to complete the 30-item GDS (french version) and an other french self-rating scale, the QD2A (Pichot, 1986). In an attempt to devise a french short scale, the data were subjected to logistic regression analysis, multiple regression analysis, item-total Spearman's rank correlation coefficients and finally to mean choice ranks combination method. A 4-item version was generated. This GDS 4 was found to be highly correlated with GDS 30 ($r = 0.84$, $p < 0.0001$) and with QD2A ($r = 0.64$, $p < 0.0001$) and had a high level of internal consistency (KR20 = 0.66). The sensivity and specificity of the GDS 4 were 69% and 80% (cut-off 0/1) and against QD2A were 75% and 75% (cut-off 0/1). Out of the four items, two were common with the D'Ath's 4-item version.

It is concluded that this short scale may be useful in helping GPs and practice staff to identify elderly patients with significant depressive symptoms.

S57. The treatment of sexual abusers

Chairmen: F Beyaert, P Cosyns

TREATMENT OF CHILD-ABUSE IN GERMANY AND AUSTRIA

W. Berner.

Sexual abuse can be a symptom of very different conditions, reaching from pure disregard of impulse-control, to conditions of mental and psychical disorders, like retardation, brain-injuries, antisocial personality disorders and paraphilia proper. Treatment programs and reports on treatment-programs very rarely take these different conditions as limiting factors for follow-up results into consideration. Treatment-follow-up results will be compared with a greater study on recidivism of child-molestation in Canada (Hanson et al. 1993).

Reports on existing programs for child-abusers in forensic departments in Germany will be presented.

TREATMENT OF SEXUAL ABUSERS IN BELGIUM

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Sexual violence against woman (rape) and children (pedophilia), be it in intrafamilial or extrafamilial, is a matter of major concern in Belgium. The public opinion pressure for more harsh punishment of sexual abusers became reality in new laws on rape, pornography and pedophilia. The health care system underwent a parallel evolution stressing the importance of a more human and concerned approach of victims of sexual violence. Only in the nineties sexual offender treatment became acknowledged by the Belgian government as a policy priority. According to the law of April 13th '95, each offender for pedosexual activities is obliged to follow a therapy in case of parole.

There is no evidence that the prevalence of sex offences significantly increased or decreased during the last 15 years.

Sex offenders in prison are on remand, or condemned or "in-

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