pressants in the specifical correction of the monoaminic cerebral deficit.

Still, some depressive disorders do not respond to medication. Their resistance may limit the approach to the chemotherapy in the depressive disorders. The limitation of the use of the antidepressants in elderly is do to the numerous physical diseases and the pharmacodynamic changes because of ageing.

These limits as well as the progress obtained by usind the newer antidepressants (SSRIs, SNRIs, RMAOIs, atypical antidepressants) give the possibility of a better psychoterapy approach to the elderly in the Community Care Services.

Pharmacodynamic changes occuring with age have recently been reviewed. It has been noticed that the newer antidepressants are more effective than conventional psychotropic drugs for depression in elderly, because of their decreased toxicity and of a superior tolerability and a low risk of drug interraction. The principal gain in using those new drugs is few anticholinergic side-effects and the treatement of depression associated with cardio-vascular diseases. Also, importantly, they apear to be safe in overdose.

This study is designed to test wether there is any difference in efficacy in management of depressive disorders between newer antidepressants and other classical antidepressants in elderly and, if the moment of illness' onset has some importance in the efficacy of treatement.

We tried to use some newer antidepressants to treat the depression in 30 patients more than four-six weeks and noticed their response to treatetent using the GDS-15 or improvement in Hamilton scores.

The improvement of the mood and behaviour in elderly patients with the newer antidepressants allow their care in the community health or social care services.

In consequently, we could improve the quality of life, of frail and mentaly ill elderly living in the community.

Tues-P70

MANAGEMENT OF SUICIDALITY IN OLD AGE: RESULTS FROM A REPRESENTATIVE SURVEY IN PRIMARY CARE

G. Stoppe*, H. Sandholzer[1], C. Huppertz, H. Duwe, J. Staedt. *Department of Psychiatry, University of Göttingen; [1]Department of General Practice, Medical School, Hannover, Germany*

With a prevalence of about 20% depression is the most common disorder in old age. The rate of suicides is considerably high especially in this age group with a predominance in the male patients. Since most of the elderly are treated exclusively by their family physicians (FP), the following study was designed to investigate the influence of various factors (gender, severity, comorbidity) on disease management.

We designed two written case histories describing mild depression (case 1) and moderate to severe (delusionary) depression (case 2). For each case different versions were used: in case 1 the gender of the patients varied, in case 2 both the gender and the previous history (stroke/hypothyreosis). The different combinations of case 1a/b and case 2a-d were randomly assigned and a pair of case 1 and 2 presented to FP by trained investigators in a face to face interview. A standardised interview was performed. After asking the physicians for informations and diagnostics they would like to get in the respective cases, at the end we also asked directly (cued) whether they would ask the patient for a potential suicidality, and if not, why not. 170 (77.6%) of all FPs in Kassel and rural surroundings were interviewed during summer 1995. The data may be regarded as representative. In both cases nearly no physician considered suicidality uncued (case 1: 2.4%, case 2: 5.9%). Following the direct question, 66.5% of all physicians said that they would ask the patient, and another 10% would do this "later". 22.6% would not ask the patient. Those who would not ask the patient argued, that they would not see a "reason" for this and/or would wait for the patient's initiative and/or feared to "make the patient suicidal" by asking.

The signficant differences between cued and uncued answers point into the direction, that the problem of suicidality in depression is generally known to FP. As far as the results are comparable to the actual situation in primary care however, they point to major problems in dealing with suicidality.

Tues-P71

DIURNAL SLEEP IMPAIRS COGNITIVE PERFORMANCES IN ELDERLY: PHYSIOPATHOLOGIC HYPOTHESIS

R. Tatarelli[1]*, E. Curti[3], P. Del Nero[1], M.C. Gori[2], P. Girardi[1]. *[12]University "La Sapienza", Rome; [1]Department of Psychiatry and Psychological Medicine; [2]Department of Neurological Sciences; [3]Geriatric Medicine Centre "Nomentano", Rome, Italy*

Background: old people are frequently affected by sleep disorders. In clinical practice old people refer to sleep bad, for that concern both quality and hours of sleep.

Aim: the goal of present study is the assessment of the correlation between the type of sleep and the degree of cognitive disease.

Methods: 70 old patients, recovered in a long-term institute, not affected by other disorders or submitted to pharmacological drugs interfering with assessments, have been submitted to semi-structured interview for researching quality and quantity of sleep. The patients have been submitted to Alzheimer's Disease Assessment Scale, also for excluding serious concomitant psychic diseases. The patients have been submitted to a Sleep Questionnaire (SQ) for evaluating quality and quantity of sleep. The caregivers of patients affected by cognitive decline (MMSE score less then 16) have been submitted to the SQ. The sleep has been distinguished in daily and nocturnal sleep.

Results: it has been demonstrated a significative correlation between quality of diurnal sleep and better cognitive performances.

Conclusions: the maintenance of circadian rhythms could be related to the integrity of the cerebral biological oscillators. The tendency to daily sleep could be the expression of the integrity of these cerebral pacemakers, so it could be present only in a first stage of cognitive decline, because in the next stage of dementia the lesion of suprachiasmatic nuclei can express itself by means of the loss of circadian rhythms and day-night inversion of the sleep.

Tues-P72

DIAGNOSIS OF DEPRESSION IN THE ELDERLY IN THE GERMAN PRIMARY CARE SITUATION

G. Stoppe*, H. Sandholzer[1], C. Huppertz, H. Duwe, J. Staedt. *Department of Psychiatry, University of Göttingen; [1]Department of General Practice, Medical School, Hannover, Germany*

With a prevalence of about 20% depression is the most common disorder in old age with a strong impact on quality of life and on physical health. Previous studies revealed a striking underdiagnosis and undertreatment of depression in primary care. The following study was designed to investigate the influence of various factors (gender, severity, comorbidity) on disease recognition and treatment.

We designed two written case histories describing mild depression (case 1) and moderate to severe (delusionary) depression (case 2). For each case different versions were used: in case 1 the gender of the patients varied, in case 2 both the gender and the previous

https://doi.org/10.1016/S0924-9338(99)80520-3 Published online by Cambridge University Press