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Somatic and psychic presentation of depression in Italian general practice: differences in subjects with comorbid chronic medical conditions

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In General Practice depression is common and disabling. Practitioners may find it difficult to detect: presentation of somatic rather than psychological symptoms is important reason.

Aim: to verify in Depressed Patients (DPs) the chronic diseases and somatic or psychic complaint relation.

Method: 49 General Practitioners recruited one day/week, for 8 months, patients with both non-organic somatic symptoms and psychic ones; then DPs were diagnosed by G.H.Q.-12 and WHO Checklist following ICD-10 criteria. Chi-square, Mann-Whitney or Kruskal-Wallis tests were used for statistical analysis.

Results: 232 subjects with chronic diseases (diabetes, hypertension, chronic obstructive pulmonary disease, cancer, stroke, and heart, liver, and kidney problems) were found; 147 (63.4%;M/F 57/90) with psychic symptoms of depression, 85 (36.6%;M/F 24/61) with somatic symptoms. We did not find differences for sex ($p=0.5$), school degree ($p=0.2$), having a job ($p=0.3$), being a single ($p=0.2$), and depression familiarity ($p=0.14$). We found significant statistical difference between the two groups: age ($p=0.03$), chronic diseases ($p=0.01$), and previous depressive episode ($p=0.001$).

Conclusion: DPs with somatic symptoms are younger than those with psychic ones. Having chronic disease (particularly diabetes and cancer) is predictive for psychic presentation of depression.

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Alexithymia and depression – a one-year follow-up study

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Objectives: To examine the changes in alexithymic features and depressive symptoms during a one-year follow-up in outpatients with diagnosed major depression.

Method: The study population comprised 120 depressive patients (54 M and 66 F). The severity of depression was evaluated with the Hamilton Rating Scale for Depression and with the self-reported Beck Depression Inventory. Alexithymic features were assessed with the self-reported Twenty-Item Toronto Alexithymia Scale (TAS-20) and its three factors.

Summary of the results obtained: Measure of depression decreased significantly during the follow-up. Changes in TAS Factor 1 (difficulty in identifying feelings) and 2 (difficulty in describing feelings) associated with changes in mood, whereas Factor 3 (externally oriented thinking) did not.

Conclusion: When depression alleviates, people resume their capability to recognise their feelings and communicate them to other people.

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A canonical analysis of self-and observer-rated depression symptoms

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This was an exploratory examination of the relationship between individual items on the self-rated Hospital Anxiety and Depression

Scale (HADS) and the observer-rated Hamilton rating scales for depression (HAM-D). Baseline and change of severity of individual items of the HADS depression subscale (HADS-d) and HAM-D were analysed by means of canonical correlation. Data were pooled from 654 patients participating in two randomised, double-blind, placebo and fluoxetine-controlled, studies of venlafaxine in major depression (DSM-IV). Analysis of HAM-D and HADS-d item severity at baseline yielded two pairs of correlated canonical variables (correlation coefficients: 1, 0.44 and 2, 0.29 respectively), the first of which associated depressed-mood, work-and-activities and genital-symptoms on the HAM-D with enjoy-things, cheerful and slowed-down on the HADS-d. Analysis by change over 8 weeks of treatment yielded one pair of canonical variables (1, 0.64), which associated work-and-activities on the HAM-D with cheerful and slowed-down on the HADS-d. Many items of the scales showed poor associations with the canonical variables indicating that the observer-rated and self-rated scales do not measure all of the same aspects of depression.

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Major depression and return to work – predictive factors

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Objectives: To study factors predicting return of working ability in patients suffering from major depression.

Method: Of 161 patients, who had one year earlier participated in a depression study and been unable for work due to a major depression, 145 (90%) were interviewed again and assessed with HAM-D 17 and SOFAS.

Results: At the follow-up 47% were able for work. According to the univariate analysis the following factors were selected for logistic regression analysis: Age, socio-economic status, duration of present episode of depression, duration of sick leave, HAM-D 17, SOFAS, and wishes to get a pension. Shorter duration of sick-leave ($p=0.02$) and lesser severity of depression ($p=0.004$) in men, and lesser severity of depression ($p=0.01$) and lack of wishes to get a pension in women ($p=0.002$), explained return of working ability.

Summary of the results. Return of working ability in major depression was predicted by lesser symptom and disease severity in both genders, and in women also by motivational factors.

Conclusions: Except clinical findings also motivational factors seem to be important in return of working ability.

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The effects of RS-86 on sleep with respect to depression and HLA-type

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In major depression shortening of rapid-eye-movement (REM) sleep latency is regarded as a characteristic biological abnormality. Depressed patients exhibit a more pronounced shift towards an earlier onset of REM sleep, especially, after cholinergic stimulation (cRIT), e.g. with the muscarinic agonist RS-86. To investigate whether REM sleep dysregulation represents a trait marker for major depression we are conducting a study with healthy subjects without any diagnosis of psychiatric disorders, but who are at high risk because of a strong family history of affective disorders. These high-risk probands (HRPs, $n=23$) showed a significant shortened REM latency after cholinergic stimulation compared to control subjects with a negative family history of psychiatric disorders.

To date, 7 of the HRP's developed an affective disorder. These findings suggest that a REM sleep dysregulation not overt under basal conditions may be demasked by cRIT. In an ongoing study we examine REM sleep dysregulation with the cRIT in healthy subjects with respect to the HLA-DR2-system and other biological indicators related to affective disorders, i.e. responsivity of the HPA axis, and the psychometric profile of the subjects.

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Therapeutic sleep deprivation in depression: total sleep deprivation versus late partial sleep deprivation, a review of the literature

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Introduction: Late partial sleep deprivation (PSD) is thought to have a similar antidepressant effect compared to total sleep deprivation (TSD). This opinion is based on the results of only one study and on meta-analytic comparisons. In one of our own studies, we compared TSD and PSD in the same patients in a randomised crossover design and found TSD to be significantly superior with respect to all outcome criteria.

Objective and Method: We conducted a literature search for publications between 1966 and 2000. Response rates as a function of response criteria and clinical features were evaluated for PSD and TSD.

Results: 465 publications were checked for relevance, 194 original papers were reviewed, 66 were included. Response rates according to different response criteria ranged from 37 to 49% for TSD and from 46 to 52% for PSD (n. s.). The more severely depressed and patients with bipolar disorder had a significantly better outcome ($p=0.02$ and 0.013). Response rates based on observer ratings were higher compared to patients' self-ratings ($p=0.033$ for TSD and 0.02 for PSD).

Conclusion: Contrary to our hypothesis we found no difference in antidepressant efficacy between TSD

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Psychology evaluation of patients suffering from nonulcer dyspepsia

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Nonulcer dyspepsia is one of the newer terms used to describe the persistent upper abdominal pain for which no focal or systemic disease can be detected. Our study was an attempt to determine the levels of depression and anxiety and personality profiles among the patients suffering from nonulcer dyspepsia compared with a control group who had proven peptic ulcer disease. All subjects underwent psychological evaluation using Eysenck personality questionnaire, MMPI, Hamilton scale for depression and anxiety. Significantly higher neuroticism, hypochondriasis, anxiety scores were detected in over 64% of patients suffering from nonulcer dyspepsia, compared with 24% of control subjects, while there was difference in levels of depression with higher levels among control subjects. These results suggest that nonulcer dyspepsia is often associated with psychiatry disorders indicating that assessment and treatment of comorbid condition such as anxiety and depression may be of great importance in the treatment of nonulcer dyspepsia. The association with depression which has been found reflects the chronicity of the symptoms and is likely to be consequence of rather than a causal factor for peptic ulcer disease.

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The influence of anxiety – depression syndrome on the evolution of COPD

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Patients with respiratory disease have been reported to have higher than expected rates of depression and anxiety disorders, particularly panic disorders. Dyspnea attack severity is associated with major depression, panic attacks, number of emergency room visits and self-assessment of risk of death. The side effects of antiasthmatic drugs or compulsive overuse of those drugs, in addition diminish psychosocial functioning. We evaluated 30 consecutive subjects with chronic obstructive pulmonary disease (COPD) who attended the Pulmonary Clinic in the beginning and in the end of hospitalization, with standard psychometric instruments employed: Hamilton scale for depression and anxiety. The levels of anxiety and depression were compared depending on the time of investigation (on the start and in the end of hospitalization), as well as with the healthy individuals. The patients with COPD showed significantly higher scores for anxiety and depression at the beginning than in the end of hospitalization, and significantly higher comparing with the control subjects. Such comorbidity probably is a result of a great psychosocial impact of serious chronic disease and the impact of consecutive neurohumoral factors.

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Psychopathological reactions after mastectomy

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Our prospective study was an attempt to explore depression and anxiety among patients that have been undergone total mastectomy for the purpose of breast cancer, and limited resection for the purpose of benign breast disease before and three months after surgery, as well as to compare the results obtained among the patients who had received cholecystectomy. Except standard psychometric instruments employed: Hamilton scale for depression and anxiety, MMPI 201, all patients responded to sexual and marital functioning questionnaire items, devised by the authors. Women with breast cancer showed greater psychological distress in the fields of interpersonal and marital functioning. The levels of anxiety decreased but not significantly, while the levels of depression significantly increased 3 months after total mastectomy. Cancer patients had significantly higher total scores for anxiety and depression before and after surgery comparing with the patients that had been undergone limited breast resection and especially comparing with cholecystectomy subjects, probably due to mixed effects: psychological implications of total mastectomy versus limited breast resection and the influence of cancer on a patient's psychology functioning.