

patients (to 37%). There are not quantitative differences in depressing reaction among patients in the beginning and ending bimonthly rehabilitation. But there are qualitative differences in manifested symptoms. The analysis of results indicates – there is a high, an adverse correlation between heightened intensity of depression and psychological needs: dominance, achievement ($r = -0.64$).

Conclusions: 1. Rehabilitation has a strong influence on debilitation of depressive symptoms. 2. Traits of personality, which can have an influence of retained symptoms of depression are: stronger dominance, achievement and endurance needs. 3. In the course of psychological rehabilitation (of cardiac patients) is necessary to interact on emotional state (symptom of depression) and also form traits of personality (to make stronger some of them), particularly these traits, which can have an influence on auto-regulation of psychosomatic processes among rehabilitated patients.

P11.03

Current comorbidity of DSM-IV MDD in the Vantaa Depression Study

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Background: While numerous studies have documented the high comorbidity of major depressive disorder (MDD) with individual mental disorders, no published study has reported overall current comorbidity with all axis I and II disorders among psychiatric patients with MDD, nor systematically investigated variations in comorbidity by sociodemographic factors, inpatient vs. outpatient status, and number of lifetime depressive episodes.

Method: Psychiatric outpatients and inpatients of Vantaa city, Finland, were prospectively screened for an episode of DSM-IV MDD. Thereby 269 patients with a new episode of MDD were enrolled in the Vantaa Depression MDD Cohort Study. Overall comorbidity was assessed via semi-structured SCAN 2.0 and SCID-II interviews.

Results: The great majority (79%) of patients with MDD suffered from one or more current comorbid mental disorder, including anxiety disorder (57%), alcohol use disorder (25%), and personality disorder (44%). Anxiety disorders had specific associations with axis II clusters and inpatient status. The prevalence of personality and/or substance use disorders varied with gender, in- vs. outpatient status, number of lifetime depressive episodes and type of residential area.

Conclusion: Most psychiatric patients with MDD suffer from at least one current comorbid disorder. Comorbid disorders are associated not only with other comorbid disorders, but also with socio-demographic factors, in- vs. outpatient status, and lifetime number of depressive episodes. The influence of these variations on current comorbidity patterns among MDD patients need to be taken into account of in- treatment facilities.

P11.04

Parental separation at birth and depression in adulthood

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Objective: Early separation of a child from the mother has been considered as a risk factor for developing later depression.

Method: The index cohort consisted of 3020 subjects born in 1945–1965 in Finland and isolated from their family due to tuberculosis in the family into special nurseries, the Christmas Seal Homes immediately after the birth. The average separation

time was seven months. The subjects being alive at January 1, 1971 were identified. For every index subject two reference subjects were chosen; the matching criteria being sex, year of birth and place of birth. The data on depression was obtained from Finnish Hospital Discharge Register by the end of year 1998.

Results: Of the male index subjects 4.2 % and 2.6 % of the reference subjects had been treated in hospital due to depressive episode. In females the respective figures were 3.9 % for index subjects and 3.6 % for reference subjects.

Conclusion: Maybe the early separation from the mother had unfavourable effects on later psychological development in some of the subjects.

P11.05

Prolactin secretion in response to haloperidol challenge in delusional and non-delusional depression

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Certain studies on measures related to central neurotransmitter activity have demonstrated that in delusional (psychotic) depression there is a dopaminergic dysregulation which distinguishes it from non-psychotic depression. A neuroendocrinological method to check the degree of DA receptor responsivity is by measuring the prolactin responses to acute intra-muscular administration of haloperidol. We studied this possibility by applying the haloperidol test in seven delusional and ten non-delusional depressed patients. All patients met DSM-IV criteria for major depressive episode, single or recurrent, with or without psychotic features. After a 3-week washout period, 5mg haloperidol were injected i.m. and blood samples were taken at 0, 30, 60, 90 and 120 minutes. In both trials, significant time effects were observed (elevated prolactin levels, $F=11.36$, $p=0.000$). However, the prolactin responses to haloperidol did not differ significantly between the two patient groups ($F=0.12$, $p=0.97$). These data do not show a difference in D_2 receptor responsivity at least at the hypothalamus-pituitary level, between psychotic and non-psychotic depression.

P11.06

Mitochondrial function in selected major depressive disorder patients

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Objective: To investigate muscle mitochondrial functions in patients with chronic subsyndromal depression with interspersed major depressive disorder episodes and audiological, ocular, and muscular symptoms. Increased occurrence of several physical conditions has been reported in patients with depressive disorders, and various physical conditions and depressive disorder in patients with mitochondrial disorders. Mitochondrial disorders may be due to mutations in nuclear or mitochondrial DNA (mtDNA) and cause impaired production of adenosine triphosphate (ATP), cellular energy.

Methods: Investigations of mitochondrial ATP production rate (MAPR with eight assessments), mitochondrial enzyme activities, long-PCR technique to detect mtDNA deletions, and muscle cell

morphology were performed in 28 patients and age-matched controls, 10 for mitochondrial biochemistry and 22 for long-PCR.

Results: Decreases of five MAPRs ($p < .05$, two $p < .01$) and enzyme ratios ($p < .01$) were found in patients compared to controls. Deletions of mtDNA were more frequent in patients ($p < .05$). Non-specific light and/or mitochondrial electron microscopy alterations were detected in 25 patients (89%). Deficiency of stain for the mitochondrial enzyme complex COX was detected in seven patients (25%).

Conclusion: The results suggest mitochondrial dysfunction in this selected patient group.

P11.07

Stability of Karolinska Scales of Personality in chronic Depression

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Objectives: To investigate if the stability of Karolinska Scales of Personality (KSP) with 15 scales is similar in chronic depression to previous findings in non-psychiatric groups, and to compare mean score levels with two previously reported major depressive disorder groups.

Method: 70 patients with chronic subsyndromal depression with interspersed major depressive disorder episodes according to DSM-IV criteria and MADRS scores filled in the KSP twice with a mean interval of 17 months.

Results: No test-retest mean score differences were found. No difference in the distribution of test-retest correlations was found in comparison with non-psychiatric groups. Significant mean score increases were found in comparisons with other depressive disorder groups. Normal score 50 ± 10 .

	Chronic Depression	Suicide Attempts	Primary Care Depressives
Patients	70	23	163
Muscular Tension	73 ± 12	66 ± 14	65 ± 14
Psychasthenia	70 ± 14	63 ± 16	61 ± 11

Conclusions: The results indicate high stability of personality traits linked to vulnerability to depression in chronic depression. The mean score differences with other major depressive disorder groups suggest increased somatic and neurocognitive symptoms in chronic depression.

P11.08

HMPAO-SPECT with computerized brain atlas (CBA) in chronic depression

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Objectives: To compare HMPAO-uptake at SPECT in patients with chronic subsyndromal depression and interspersed major depressive disorder episodes with controls, and between patients with

and without tinnitus. Neural correlates of tinnitus, which has been reported in 49% of unmedicated depressive patients, have been described.

Method: 45 patients (38% males, mean age 51 years) of whom 27 had tinnitus, and 26 healthy controls (38% males, mean age 49 years) were investigated with HMPAO-SPECT using a computerized brain atlas (CBA) automatically assessing 68 volumes.

Results: Increased HMPAO-uptake in right frontal areas 9 + 46 ($p = .0005$) were found in patients in comparisons with controls. At least one HMPAO-uptake alteration above/below control mean ± 3 SD was found in 88% male and 71% female patients. Decreased HMPAO-uptake was found in tinnitus compared to non-tinnitus patients in "tinnitus-associated" areas ($p < 0.00-0.05$). HMPAO-uptake alterations in auditory cortex were more frequent in tinnitus patients compared to controls and non-tinnitus patients ($p < 0.00-0.05$).

Conclusion: SPECT utilizing CBA revealed differences between patients with chronic depression and controls suggesting that CBA may be a useful tool in psychiatry.

P11.09

Clinical aspects of comorbidity of ulcer disease and depressive disorder

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Objective: The aim was to evaluate the frequency of depressive disorders (DD) among patients with ulcer disease (UD), as well as detect possible influence of DD on clinical characteristics of UD. Methods: We have studied 100 patients with relapse of UD by clinical interview, physical examination, endoscopy. DD was assessed with Beck Depression Inventory.

Results: DD was detected in 26 patients (26%). That is significantly more frequent as compared to the prevalence of DD in general population. The frequent relapses of UD (more than twice a year) were found in 19% cases with comorbid DD and 5.4% cases without DD ($p < 0.05$). There were found more expressed symptoms of dyspepsia ($p < 0.05$) and the association with prodromal development of UD ($p < 0.001$) in the group of patients with DD.

Conclusions: The comorbid DD negatively affects such somatic disease as UD. We believe, the clinical integrative approach is necessary in general medicine.

P11.10

Does change in depression status predict change in hrQoL?

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A strong association between depressive symptoms and quality of life (QoL) is well documented in the literature. The objective of the present report was to utilize data from the Longitudinal Investigation of Depression Outcomes (LIDO) study to investigate changes in QoL as correlated with changes in depression status. The sample consisted of all enrolled untreated patients ($N = 669$) in the six LIDO research sites (Israel, Spain, Australia, Brazil, Russia, U.S.). Using the baseline and 9-month assessment of QoL measures (WHOQOL-Bref, QLDS, SF-12), and measures of depression status at baseline and 9 months (CIDI and CES-D scores), we examined the associations between changes in QoL scores and