PAROXETINE IN HYPOCHONDRIASIS; REPORT OF FOUR CASES

D.B. Oosterbaan, C.A. van Boeijen, A.J.L.M. van Balkom, R. van Dijck. *Department of Psychiatry, Vrije Universiteit, Valeriusplein 9, 1075 BG, Amsterdam, The Netherlands*

Pharmacotherapy for hypochondriasis has been investigated only to a very limited extent and to date open studies with fluoxetine and imipramine have been performed. Although hypochondriasis is classified in DSM-IV among the somatoform disorders, a relation with obsessive compulsive disorder is suggested because of the marked similarities in clinical presentation. We are currently conducting an open trial of paroxetine in patients with DSM-IV hypochondriasis without current major depression or concomitant anxiety disorders. To date four patients have completed this 12-week study and we now present the results. At endpoint, all patients were much to very much improved on both the Clinician and Patient Global Impression Scale. Furthermore, at week 12 all patients had a marked decrease of hypochondriacal symptoms as measured by the MEGAH, a well-validated Dutch self-rating scale for hypochondriasis. Paroxetine was administered in a fixed dose escalation schedule from 20 to 60 mg/day, however, in all four patients side effects complicated the dose increase to the target dose of 60 mg/day. Nevertheless, at lower doses where paroxetine was also effective against the hypochondriacal symptoms tolerability was acceptable. These promising initial results will need to be corroborated under double-blind conditions in order to exclude the role of non-specific treatment effects.

PSYCHOSOCIAL FEATURES OF MEN AND WOMEN TREATED IN THE GENERAL HOSPITAL AFTER A SUICIDE ATTEMPT: A COMPARATIVE STUDY

E.E. Pappas [1], S. Yannitsi [2], A. Liakos [2]. [1] *District General Hospital, Ioannina, Greece;* [2] *Dept of Psychiatry, University of Ioannina, Ioannina, Greece*

Method: In a two year period (Oct. '91–Sept. '93), 128 persons (26 men, 102 women) treated in the two general hospitals of Ioannina after a suicide attempt were interviewed by the first author. A semistructured interview and seven self-report questionnaires (Beck's Suicide Intent Scale, Risk-Rescue Scale, Brugha's List of Threatening Experiences, SCL-90-R, Beck's Hopelessness Scale, Moos's Family Environment Inventory) were used. Men and women were compared concerning sociodemographic features, characteristics of the attempt (Intent, Lethality), precipitating and chronic life problems, social support, current psychopathology, psychiatric and family history, etc.

Results: The statistical analysis (Univaried Logistic Regression) showed significant differences between the two subgroups. *Men* are older, live alone, have lower educational level, are unemployed, disabled or retired, show more serious psychopathology and psychiatric history, are under psychiatric treatment and ask for medical help at the period of the attempt. They also use psychoactive substances mostly alcohol, make more dangerous attempts with more serious suicide intent, have a past history of more than one suicide attempt and present more financial, legal, physical and substance abuse problems. *Women* show a higher incidence of family problems and are more sensitive in interpersonal relationship difficulties, experience more stressfull life events in the month before the attempt, use mostly drugs (analgetics) for the attempt and have less serious psychopathology and psychiatric history.

Conclusions: The above described differences must be taken under consideration in the management of suicide attempts in the general hospital. Attention must be given to the men's serious psychopathology and to the women's family environment and interpersonal relationships.

BENEFICIAL EFFECTS OF REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (rTMS) IN DEPRESSION ARE ASSOCIATED WITH NORMALIZATION OF PREFRONTAL HYPOMETABOLISM

A. Pascual-Leone, F. Pallardó. *Consejo Sup. Investigaciones Científicas and Dept. Physiology, Univ. Valencia, Avda. Blasco Ibañez 17, Valencia, 46010 Spain*

Several studies have shown a therapeutic potential of prefrontal rTMS in depression [Kolbinger et al. 1995, George et al. 1995, Pascual-Leone et al. 1996]. In order to better understand the mechanism of action of rTMS, we are investigating the effects of rTMS on prefrontal hypometabolism in depression and their correlation with clinical improvement. Functional neuroimaging studies have demonstrated prefrontal hypometabolism in depression that correlates with the severity of depression [George et al. 1994].

We have studied 6 patients with medication-resistant primary depression (DSM-IV). All were studied off medications. We obtained HMPAO SPECT scans before and after 10 days of daily rTMS applied focally to the left prefrontal cortex in 20 trains of 10 s, 10 Hz, 90% of motor threshold intensity, with 50 s intertrain intervals. Hamilton depression rating scale and Beck inventory were used for clinical rating by a blinded investigator. In all patients we have documented clinical improvement correlated with significant decrease in frontal hypometabolism. All patients tolerated rTMS without complications, no seizures were induced. These results illustrate the mode of action of non-invasive, non-convulsive rTMS in depression and support the notion of a pathophysiological link between frontal dysfunction and depressive symptomatology. Non-convulsive rTMS may develop into a therapeutic tool in primary depression.

ETUDE D'IMPACT D'UNE UNITE MOBILE D'URGENCE PSYCHIATRIQUE

M. Robin, F. Mauriac, F. Pochard, A. Waddington, S. Kannas. *ERIC, EPS Charcot, 30 rue Marc Laurent, 78373 Plaisir cedex, France*

ERIC (Equipe Rapide d'Intervention de Crise) est un service mobile d'urgence médico-psychologique public dont l'objectif est d'offrir une alternative à l'hospitalisation en s'appuyant sur l'entourage du patient. Une équipe constituée d'un médecin et d'un infirmier intervient à la demande de professionnels 24 h/24, 7 jours par semaine. Un suivi de post urgence limité à un mois peut être organisé à domicile, avec si nécessaire une hospitalisation en lit-porte inférieure à 48 heures.

Méthodologie: Une étude d'impact a été réalisée du 10/01/94 au 31/12/94. Nous avons analysé des données concernant l'activité du service, les caractéristiques médico-sociales des patients, la trajectoire de soin.

Résultats: 402 interventions d'urgence ont été réalisées pour 307 patients (137 hommes et 170 femmes), agés de 14 à 80 ans (36.1 ± 12). 70% des patients ont bénéficié d'un suivi en post-urgence d'une durée moyenne de 12 jours (± 10). La plupart des patients (72%) ne sont pas connus des structures de soin publiques, tandis que 42% présentent des troubles psychiatriques depuis plus de 5 ans. Les principaux motifs d'intervention sont: anxiété et dépression (25%), conduites suicidaires (20%), troubles psychotiques (19%), troubles du comportement (14%), alcoolisme (9%), problème social (6%), toxicomanie (3%). Parmi les patients adressés pour une hospitalisation, 67% sont traités à domicile.

Conclusion: ERIC touche une population qui n'a pas accès au système de soin public, et offre effectivement une alternative à l'hospitalisation.

https://doi.org/10.1016/0924-9338(96)89121-8 Published online by Cambridge University Press