rent panic attacks differ in thyroid economy from depressed patients without panic.

SAFETY AND TOLERABILITY OF COMBINED SPECIFIC SEROTONIN REUPTAKE INHIBITORS, AND REVERSIBLE MONOAMINEOXIDASE INHIBITOR A (MOCLOBEMIDE)

K. Chaleby, Yf. Semaan, S. Al Sughair. *Section of Psychiatry, Dept of Neurosciences, King Faisal Research Centre, Riyadh 11211, Saudi Arabia*

Moclobemide is a new and a Reversible Inhibitor of Monoamine A (RIMA). It is of benzamide type and contains a morphine-ring as a characteristic part of its structure. Its selectivity and reversibility has contributed to the reduction of risk in combination with serotonergic substances. This enables users of Moclobemide to be given other antidepressants safely and effectively and for patients on other antidepressants to be changed to Moclobemide without significant risk.

All patients received Moclobemide in doses range of 150–900 and average dose of 300 mg 79 patients were on doses between 150–300 mg, 23 on dose range 450–600 mg, and one patient on a dose of 900 mg. 60 patients received a concomitant Fluoxetine in a minimal dose of 20 mg q.d, 23 patients were on concomitant Citalopram in a minimal dose of 20 mg a day, 12 patients were on concomitant Paroxetine in a minimal dose of 20 mg, and 7 patients were on concomitant Fluvoxamine in a minimal dose of 50 mg.

No patient has encountered a significant serotonergic syndrome. Two patients reported symptoms that can be interpreted as such. Side effects observed were similar to the known side effects of SSRIs. No patient had to stop the drugs because of intolerance of side effects, although some have because of lack of significant benefit. The details of side effect profiles of each combination will be discussed, plus a correlative analysis of these side effects to response rate, and other clinical parameters will be pointed out.

D-FENFLURAMINE RESPONSES IN DEPRESSION BEFORE AND AFTER ANTIDEPRESSANT TREATMENT

A.J. Cleare, R.M. Murray, V. O'Keane. *Department of Psychological Medicine, Institute of Psychiatry, De Crespigny Park, London SE5 8AF, England*

Methods: D-Fenthuramine, a specific serotonin releasing agent, was used as a neuroendocrine challenge in 19 subjects with DSM-IIIR major depression. 15/19 were psychotropic drug naive; all were drug free for 3 months. Results were compared before and after antidepressant treatment, and with 19 healthy controls matched for age, sex, weight and phase of menstrual cycle. Prolactin and cortisol responses, calculated as peak responses and area under the curve, were used as an index of functional central 5-HT activity.

Results: Compared to controls, 5-HT mediated prolactin and cortisol responses were both significantly attenuated in the depressed group. Within the depressed group, patients with a history of a suicide attempt had lower cortisol responses than those without. Prolactin responses, but not cortisol responses, rose significantly after antidepressant treatment, irrespective of treatment response. Seven patients received a specific noradrenergic reuptake inhibitor, either desipramine or Org-4428. Analysed separately, these patients also showed a rise in prolactin responses with treatment. Cortisol responses were inversely related to baseline cortisol levels, as were prolactin responses in males only. Montgomery-Asberg Depression Rating Scale scores, Bech Melancholia Scale scores, and 5/8 subscales of the Brief Symptom Inventory (depression, anxiety, phobic, obsessive-compulsive and interpersonal sensitivity) were all inversely correlated to cortisol responses.

Conclusions: These findings provide further support for the 5-HT hypothesis of depression, and re-iterate the role of reduced 5-HT activity in suicide. The importance of hypercortisolaemia in this reduced monoamine activity is suggested by the inverse correlations between 5-HT responses and basal cortisol levels. Finally, antidepressants enhance serotonergic functioning, but this occurs independently of treatment response, and is a property shared by drugs which specifically affect noradrenaline reuptake.

BURDEN OF CARE, PSYCHOLOGICAL DISTRESS AND SATISFACTION WITH SERVICES IN THE RELATIVES OF ACUTELY MENTALLY DISORDERED ADULTS

P.L. Cornwall, J. Scott. *University Department of Psychiatry, Royal Victoria Infirmary, Queen Victoria Rd, Newcastle upon Tyne, NE1 4LP, UK*

Aims and Methods: The study aimed to examine the views of relatives nominated as the 'most significant other person' by acutely mentally disordered patients who were newly referred to either a community based (n = 24) or a district general hospital based (n = 17) psychiatric service. Relatives were asked about their satisfaction with these services, the psychological impact on them of caring for a mentally disordered relative and the levels of subjective and objective burden of care at the time of referral and six months later.

Results and Conclusions: The characteristics of the total sample were similar to those reported in other studies of relatives in terms of participation rate, satisfaction levels, psychological distress and burden of care scores. The findings suggested that the initial severity of an acute psychiatric disorder rather than the type of psychiatric service provided was more strongly associated with objective and subjective levels of burden. At follow-up, psychological distress as measured on the General Health Questionnaire (GHQ) was associated with the objective burden of caring for a relative with psychosis or major affective disorder, but not other conditions. Dissatisfied relatives tended to be those who remained distressed at six months according to GHQ scores or those recording continually high levels of subjective burden on the Burden of Care Schedule. Interventions to reduce subjective and objective burden should be targeted at the group demonstrating persistent stress.

IMPULSIVITY IN A SAMPLE OF DEPRESSED PATIENTS WITH OR WITHOUT SUICIDE ATTEMPTS

E. Corruble, C. Duret, R. Gourevitch, J.D. Guelfi. *Service de Psychiatrie, Hôpital Paul Brousse, 12 Avenue PV Couturier, 94804 Villejuif Cedex, France*

Suicide is a major risk of depression, although it remains difficult to predict. Impulsivity may be a relevant dimension in the prediction of suicide attempts in depressed patients. The main hypothesis being that depressed patients who attempted suicide before admission are more impulsive than depressed patients who did not.

55 newly admitted in-patients fulfilling DSM-III-R criteria for major depressive disorder, with a MADRS score > 20 have been assessed for depressive symptomatology and impulsivity. Among these patients, 17 attempted suicide during the week prior to their admission whereas 38 did not. These two groups have been compared.

For depressive symptomatology, assessment criteria were the Montgomery and Asberg Depression Rating Scale (MADRS, 1979), the Depressive Retardation Scale (DRS, Widlöcher, 1983) and the Symptom Check List — 90 items, revised (SCL-90-R, Derogatis, 1977). The impulsivity assessment criteria were the Baratt Impulsivity Scale (Baratt et al, 1965), a 30 items questionnaire and the Impulsivity Rating Scale (Lecrubier et al, 1995), a 7 items scale.

Results will be discussed regarding suicide attempts, depres-

https://doi.org/10.1016/0924-9338(96)89058-4 Published online by Cambridge University Press