

pressants in the specific 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 using the newer antidepressants (SSRIs, SNRIs, RMAOIs, atypical antidepressants) give the possibility of a better psychotherapy approach to the elderly in the Community Care Services.

Pharmacodynamic changes occurring 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 interaction. The principal gain in using those new drugs is few anticholinergic side-effects and the treatment of depression associated with cardio-vascular diseases. Also, importantly, they appear to be safe in overdose.

This study is designed to test whether 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 treatment.

We tried to use some newer antidepressants to treat the depression in 30 patients more than four-six weeks and noticed their response to treatment 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 mentally ill elderly living in the community.

## Tues-P70

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

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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 (delusional) 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 significant 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

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**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 than 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

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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 (delusional) 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) varied. The different combinations of case 1a/b and case 2a-d were randomly assigned and a pair of case 1 and 2 presented to family physicians (FP) by trained investigators in a face to face interview. A standardised interview was performed concerning different aspects of disease management. At the end we also asked the physicians to estimate their own competence in diagnosis and treatment of depression.

170 (77.6%) of all FPs in Kassel and rural surroundings were interviewed during summer 1995. The data may be regarded as representative. In case 1 significantly more physicians considered depression for primary diagnosis than in case 2 (71.8% versus 41.8%). In both cases, about 17% of all physicians would not make a diagnosis. The diagnosis did not correlate to the perception of own competence. In both cases female patients got the diagnosis of depression more often, in case 1 the difference was significant (78.8% versus 63.8%). For differential diagnosis, a variety of disorders was discussed.

In conclusion, in contrast to other studies, primary care physicians seem to think of depression quite often and significantly more in those cases, which are the most frequent in ambulatory care. With regard to the treatment data however, depression recognition is not followed by adequate treatment.

### Tues-P73

#### PSYCHOPATHOLOGY AND FIVE-YEAR SUICIDE RISK IN MAJOR DEPRESSION

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It is widely known that suicide risk is elevated in major depressive disorder compared to the general population. The purpose of this study was to examine which symptoms of major depression are predictors for an elevated risk for suicide in the further course.

280 consecutively admitted inpatients aged 18 to 80 (68.6% female, mean age 44.1 +/- 14.7 years) with unipolar major depression (DSM-III-R) were interviewed at index evaluation with the Polydiagnostic Interview for psychopathology. Case studies of patients that had died from suicide five years after index evaluation were compared to those of patients still alive as well as patients that had died from natural death in regard to psychopathology of the index episode.

During the index episode, patients deceased due to suicide had had significantly more often hypochondriac delusions (but not delusions of impoverishment, guilt or sin), panic attacks, suicidal wishes, thoughts and ideation's than living patients as well as patients that had died from natural causes.

These symptoms do not only elevate the suicide risk during depression, but they seem to also be good predictors for suicide risk in the further course of illness. This should be regarded for suicide prevention in the further course of illness.

### Tues-P74

#### SCHIZOPHRENIC INPATIENTS WITH SUICIDAL THOUGHTS

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Suicidal thoughts may be the first step in a suicidal process. These thoughts are common in depressive patients. However, data on suicidal thoughts in schizophrenics are scarce. The aims of the present study are a. to investigate the prevalence of suicidal thoughts and attempts in a population of schizophrenic inpatients,

and b. to reveal the depressive symptomatology of schizophrenic inpatients with suicidal thoughts. A total of 93 schizophrenic inpatients (male 69%, female 31%) defined according to DSM-IV criteria, representing consecutive admissions to the Eginition Hospital, Psychiatric Department, Athens, from October 1996 to October 1997, were included in the study. All patients were assessed using the Calgary Depression scale for Schizophrenics (CDS) on admission (during the first week). Schizophrenic patients rating 1 or more on the CDS item 8, "suicidality" (N = 19, mean age 31.3 years, Group A) were compared with schizophrenics matched for age and sex and scoring zero on the same item (N = 19, mean age 31.2 years, Group B) in many depressive parameters derived from the rest CDS items. Any suicidal thought during the last 15 days was reported by 19 patients (20.4%). 11.8% reported frequent thoughts of being better off dead or occasional thoughts of suicide, and 6.4% reported deliberate suicide with a plan but made no attempt. 2 subjects (2.2%) had attempted suicide during the last 15 days. All subjects reported the more intense suicidal feelings but also reported the less intense ones. Patients with suicidal thoughts (group A) scored higher than controls (group B) on the following items: depressive mood (2.00 vs 0.89, p = 0.0001), hopelessness (0.89 vs 0.15, p = 0.002), guilty ideas of reference (1.31 vs 0.31, p = 0.006), observed depression (1.52 vs 0.68, p = 0.001). There were no significant differences between the matched groups in terms of the patients' scores on the items of self-depreciation, pathological guilt, morning depression, early wakening.

### Tues-P75

#### RISK FACTORS AND PROFILES IN ATTEMPTED SUICIDE

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Suicidal behavior is ubiquitous yet controversial. Individual instantaneous vulnerability depends on the interplay of personality traits, stressful situations, endurance, and family backgrounds. To determine the prevalence and importance of risk factors in suicidal conduct we studied 203 random suicide attempts (SA) in a general hospital. Semistructured patient and family interviews focusing on quality of life and psychosocial stress scales provided 75 parameters to analyze statistically. The mean age was 31 years old; 58% were females. Quality of life was influenced by both personal and family stressors. Anxiety, sadness, low self-esteem and hopelessness prevailed on "subjective emotional function". The typical profile of a first SA was a young woman with poor socioeconomic and academic status, low self-esteem, irritability and untreated anxiety. The first SA was often triggered by a family or relationship crisis, and the method chosen was the ingestion of various pharmacological agents. Based on a multidimensional analysis model, the absence of impulsivity, personal or family psychiatric history and overdose methods showed significant association with a first SA. Conversely, a previous record of psychiatric disorders, family history of suicidal behavior, impulsive conduct and psychotic symptoms were related to repeated SA and a tendency towards violent procedures. According to our logistic regression model, impulsive behavior and family history of suicidal conduct were the most powerful independent predictors of subsequent suicidal behavior. Risk factors and quality of life may be useful in the evaluation of human behavior and the development of specific treatments and prevention strategies.