

adolescents is needed to determine the most effective length of medication treatment.

Lilly-SAT3-5

SSRIs IN THE TREATMENT OF PMDD: AN UPDATE

M. Steiner. *Department of Psychiatry, McMaster University, St. Joseph's Hospital, Hamilton, Ontario, L8N 4A6, Canada*

The recent inclusion of research diagnostic criteria for premenstrual dysphoric disorder (PMDD) in the DSM-IV recognizes the fact that some women in their reproductive years have extremely distressing emotional and behavioral symptoms premenstrually. Through the use of these criteria, PMDD can be differentiated from premenstrual syndrome which has milder physical symptoms such as breast tenderness, bloating, headache and minor mood changes, as well as from premenstrual magnification which occurs when physical and/or psychological symptoms of a concurrent psychiatric and/or medical disorder are magnified during the premenstruum. Epidemiological surveys have estimated that as many as 75% of women with regular menstrual cycles experience some symptoms of premenstrual syndrome. PMDD, on the other hand, is much less common. It affects only 3 to 8% of women in this group, but it is much more severe and exerts a much greater psychological toll. These women report premenstrual symptoms that seriously interfere with their lifestyle and relationships. The etiology of PMDD is largely unknown but the current consensus seems to be that normal ovarian function (rather than hormone imbalance) is the cyclical trigger for PMDD-related biochemical events within the CNS and other target organs. The serotonergic system is in close reciprocal relationship with the gonadal hormones and has been identified as the most plausible target for interventions. Thus beyond the conservative treatment options such as lifestyle and stress management and the more extreme interventions that eliminate ovulation altogether the serotonin re-uptake inhibitors (SSRIs) are emerging as the most effective treatment options for this population. Results from several randomized placebo-controlled trials in women with PMDD, with predominantly psychological symptoms of irritability, tension, dysphoria and lability of mood, have clearly demonstrated that the SSRIs have excellent efficacy and minimal side effects. More recently several preliminary studies indicate that intermittent (premenstrually only) treatment with SSRIs is equally effective in these women and thus may offer an attractive treatment option for a disorder that is itself intermittent.

The Lundbeck International Psychiatric Institute

Lundbeck-IPI-SAT. Evidence-based medicine in depression

Chairs: H van Praag (NL), N Sartorius (CH)

Lundbeck-IPI-SAT-1

THE DEBILITATING BURDEN OF DEPRESSION

Norman Sartorius. *Hospitiaux Universitaire de Genève, Département de Psychiatrie, 16-18 Bd. de St. Georges, 1205 Genève, Switzerland*

Depressive disorders are a major public health problem. They are frequent and severe in their consequences if left untreated.

Recent studies have demonstrated that people suffering from depressive disorders make up a significant proportion of all those

seeking help from general and primary health care services. Depressive disorders are poorly recognized, and patients suffering from them often exposed to costly somatic examinations and treated for a variety of somatic diseases. Antidepressant treatment is provided to only half of those who were diagnosed as suffering from depression and the doses prescribed are often low.

It is highly probably that the prevalence of depressive disorders will increase in the years to come. The reasons for this include the ageing of the population, the increasing expectancy of life of people who suffer from chronic illness (who often have co-morbid depressive disorders) as well as the extended life expectancy of people suffering from depressive disorders.

There are also some indications that the incidence of depressive disorders is increasing. As a consequence it is of great importance to undertake measures likely to help in the control of depressive disorders. These include additional training for general practitioners and other health workers, the improvement of the undergraduate education about depressive disorders, and the education of the general public.

Lundbeck-IPI-SAT-2

EVIDENCE BASED MEDICINE IN DEPRESSION: THE DIFFERENCE BETWEEN THEORY AND PRACTICE

M. Linden. *Department of Psychiatry, Free University of Berlin, Germany*

There is a large literature on the epidemiology of care which shows many differences between treatment guidelines and routine treatment in depression. Examples are high rates of non-recognition, inappropriate diagnostic specificity, no treatment or application of inadequate drugs, insufficient daily doses of antidepressants, early treatment termination, or insufficient psychological interventions.

Additionally there are large differences between areas or medical specialties in the way how depressive disorders are treated.

The conclusions from such data are twofold: Firstly, physicians must be better trained and informed about available evidence about optimal treatment of depression. Secondly, reasons for this therapist-non-compliance with guidelines have to be studied. Available data suggest, that many guidelines may not be valid for treatment problems in routine care or do not address crucial points in medical decision making.

Lundbeck-IPI-SAT-3

QUALITY IMPROVEMENT IN THE TREATMENT OF DEPRESSION THROUGH EDUCATION

Wolfgang Rutz. *Visby Hospital, Sweden*

In the years 1983–1984, the Swedish Committee for Prevention and Treatment of Depressions (PTD) offered an educational program to all general practitioners (GP:s) on the Swedish island of Gotland. The education has been shown to lead to a significant decrease in inpatient care, morbidity, mortality and costs caused by depressive illness on the island. Unspecific medication decreased and specific antidepressive medication increased.

A scrutinizing of all suicides on Gotland during the 1980:ies showed that the overall decrease in suicides due to the educational program mainly was caused by the decrease in suicides committed by female suicidants with recognized major depression and in contact with general practitioners. This was expected. However, the number of male suicides was almost unaffected by the educational program and the GP:s improved ability to diagnose and treat depressions.

We believe that the reason to this is that male depressive suicides possibly are not reached by the medical health care system. This might be due to men's alexithymic incapacity to ask for help and/or their atypical depressive, acting out, aggressive or abusive behaviour leading to rejection or miss-diagnosis in the health care system. Consequently, underdiagnosis and undertreatment of male depressions exist and may be the explanation to the paradoxical fact that men in Sweden only are half as often depressed but committing suicides up to five times more often than females in Sweden. New sex specific diagnostic and therapeutic tools as well as sex specific research concerning depression and suicidality is needed.

Suggestions concerning the analysis of the suicidal situation in a region are given and a proposal concerning the diagnostic of the male depressive syndrome made. Key issues to be regarded when offering educational proposals aimed at the improvement of the management of depression are described.

Lundbeck-IPI-SAT-4

SHARING RESPONSIBILITY FOR IMPROVED CARE

Robert Hogenboom. *Lundbeck International Psychiatric Institute, Denmark*

The mission of the Institute is to improve the treatment of patients suffering from CNS diseases by providing independent educational seminars, workshops, symposia, treatment tools and publications.

The educational activities are performed in an international setting guaranteeing that the cultural and social differences are incorporated in the activities that give the best guarantee that culture and social differences are served.

The need for continuous education for health care providers and the general public to improve outcome, has been clearly demonstrated by several studies e.g. "the Gotland study". Disability caused by depression and the number of suicides should decrease dramatically once the education has been provided.

Due to this enormous need and the limited resources for continuous educational activities, especially in an international environment, it is the responsibility of all who are involved in the recognition and treatment of depression to strive for improved care.

Lundbeck, a pharmaceutical company specialising in psychiatry, and therefore involved in the treatment of depression, has decided to show its responsibility towards psychiatry by providing substantial resources both in personnel and funds.

To assure that the educational programmes are not biased by company interest, the Lundbeck International Neuroscience Foundation has been founded, which embodies a large board and faculty of well-respected opinion leaders.

The Foundation controls all the activities of the Institute and can initiate, hinder or change programmes, etc. to secure the independence, objectivity and quality of the education provided.

Lundbeck-IPI-SAT-5

WHAT EVIDENCE SHOULD BE PRESENTED THROUGH A CD-ROM PROGRAM?

H.M. Van Praag. *Academic Hospital, Maastricht, The Netherlands*

First the importance of training programs in depression will be stressed. Furthermore, I will discuss the evidence that should be minimally presented in an evidence-based teaching program on depression.

1. Frequency. *Provisio*: Depression rate is high, but might be over-estimated because the border distress/depression is ill-defined.

2. Phenomenology. *Accentuate*: Depressive symptomatology is far from uniform and this might have treatment implications.
3. Comorbidity. *Accentuate*: its enormous research and practical implications.
4. Pathogenesis and etiology. *Accentuate*: the relevance for differential diagnosis and treatment.
5. Course. *Accentuate*: chronic nature of depression and its treatment consequences.
6. Treatment. *Accentuate*: the fundamental importance of combining biological and psychological interventions.

Pfizer Inc.

Pfizer-SAT1. *Trauma *Fear *Panic *Obsession *Impulsivity

Chairs: J Davidson (USA), PH Thomsen (DK)

Pfizer-SAT1-1

TRAUMA

J. Davidson. *Duke University Medical Center, Durham, NC 27710, USA*

The impact of exposure to 'trauma' - or a psychologically distressing event - is frequently underestimated. When the trauma falls outside the range of usual human experience, it can precipitate post-traumatic stress disorder (PTSD), the symptoms of which can last for years. These symptoms include intrusive recollections, emotional numbing and physiological hyperarousal, and have a detrimental impact on daily functioning, work productivity and general quality of life. PTSD has an estimated lifetime prevalence of nearly 8% of the general population and occurs even more frequently in at-risk populations, such as those exposed to combat, assault, serious injury or natural disasters.

Early reports of pharmacotherapy for PTSD were focused on acutely emergent syndromes during World War II. After a hiatus of 3 decades, investigators returned to the topic and reported benefits in combat veterans with the use of monoamine oxidase inhibitors and tricyclic antidepressants, specifically phenelzine, imipramine and amitriptyline.

Later studies have concentrated on serotonergic drugs, and clear evidence exists to support the efficacy of fluoxetine and more recently sertraline in civilians with PTSD. This presentation will examine the impact of trauma, look at who is susceptible to developing PTSD, and ask what the patient should expect from new pharmacotherapy in terms of both symptomatic and quality of life improvements.

Pfizer-SAT1-2

FEAR

J.R. Walker. *University of Manitoba, Manitoba, Canada*

Fear is one of the basic human emotions. In the course of our lives all of us experience fear in some situations. Consideration of the basic fears experienced by humans suggests that one of the most important factors is fear of negative evaluation. This is the fear that underlies social phobia.

Recent interest in social phobia - evidenced by increased numbers of epidemiological and clinical studies - has helped fuel a greater understanding of the disability conferred by this disorder. There is now widespread acknowledgement of the considerable