CLINICAL AND PERSONALITY CHARACTERISTICS OF SEASONAL AFFECTIVE DISORDER

Rodica Ionescu, Cristina Popescu. *Laboratory of Psychiatric Research, "Dr. Gh. Marinescu" Hospital of Neurology and Psychiatry, Sos. Berceni 10, Bucharest 75622, Romania*

Clinical and personality characteristics of patients with seasonal (SD) and nonseasonal (NSD) depression were compared. Seasonal Pattern Assessment Questionnaire and Structured Interview for the Hamilton Depression Rating Scale (SIGH-SAD) were used. Personality was assessed clinically and psychometrically.

In a sample of 150 depressive patients, 27 cases (18%) met DSM-IV criteria for Seasonal Affective Disorder (SAD) and other 35 cases (23%) reported lifetime seasonal variation, but hadn't recurrences of clinical depression in two consecutive years (P-SAD). The following seasonal patterns were found in the SAD group: winter depression (N = 20), summer depression (N = 5), spring depression (N = 2).

The SD and NSD groups didn't differ on socio-demographic variables, depression history and severity of the index episode. Bipolar forms and normal personality were more frequent in the SD group. The scores on the SIGH-SAD items evaluating atypical symptoms -hypersomnia, overappetite, hyperphagia, carbohydrate craving, weight gain, fatigue and social isolation- were higher in the SD group in comparison to the NSD one, the difference being statistically significant. Full remissions or a change from depression to mania/hypomania occurred more frequently in the SD group compared to the NSD group.

A relationship between seasonal depression and atypical symptom profile, favourable course and normal personality was found.

THE MAIN TENDENCIES OF COURS OF ENDOGENOUS AFFECTIVE PSYCHOSES MANIFESTATED IN CHILDHOOD

Nina M. Iovchuk. *Independent Association of Child Psychiatrists and Psychologists, 23, 28/15, Grusinsky val, Moscow, 123056, Russia*

The issue of cours of affective psychoses in children is not enough developed and needs refinement, though this problem mainly defines the preventive and correctional-educational tactics. The research was aimed at the determination of main tendencies of cours of cyclothymia and circular schizophrenia if they manifestate before the age of 12. *Methods:* prospective and clinical-statistical.

The investigation was based on 237 patients ill with cyclothimia and schizophrenia who was observed dynamically for a long time (over 10 years). The general feature of yearly started affective disorders was the tendency towards prolonged monopolar course — depressive (with reiteration of depressive phases only) or hypomaniac (with the chronicity of hypomaniac mood). In prevailing majority of cases occurred the change from monopolar cours to bipolar one near the age of 10 when the depressive phases was joined up with maniac ones or when the first depressive states arose on the background of chronic hypomania. The second peculiarity was the existence of a distinct long-standing period of active manifestations of the disease, on the conclusion of which we marked a gradual reduction of productive symptoms with the formation of long-term, sometimes probably life-long remission.

The statistical processing of catamnestic material showed the distinct dependence of the age in the moment of the end of active illness period on the age of debute manifestation. By the debute of affective psychosis before the age of 10 come the end of active illness period in adolescence, and by debut in preadolescence — in juvenile age.

COMPARISON OF THE THERAPEUTIC EFFICACY OF ELECTROCONVULSIVE THERAPY IN MEDICATION RESISTANT MAJOR DEPRESSIVE DISORDERS AND SCHIZOAFFECTIVE DISORDERS-DEPRESSIVE TYPE

M. Jasovic-Gasic, C. Crnobaric, V. Kuzmanovic, G. Nikolic-Balkoski. *Institute for Psychiatry, Clinical Center of Serbia, School of medicine, University of Belgrade, Pasterova 2, 11000 Belgrade, Yugoslavia*

Although it is still used a relatively wide spectrum of disorders, medication-resistant major depression is currently the primary clinical indication for electroconvulsive therapy (ECT). Its antidepressant efficacy has been conclusively demonstrated in a series of double-blind studies, rigorously controlled by the use of simulated treatments. The aim of the study was to investigate and compare therapeutic efficacy of ECT in medication-resistant major depressive disorders and schizoaffective disorders-depressive type, according to DSM-IV criteria. 21 patients with major depressive disorders included in study (I group), 13 females and 8 males, age range 31–68 (mean = 48), duration of illness was from 2–30 years (mean = 12.6); and 10 patients with schizoaffective disorders-depressive type (II group), 6 males and 4 females, age range 31–61 (mean = 47.69), duration of illness 3–30 years (mean = 7.9). All patients were resistant on previous antidepressive therapy (I group) and classical neuroleptic therapy (II group). The resistance was defined as lack of satisfactory clinical improvement despite the use of at least two potent antidepressants (I group) and two classical neuroleptics (II group administrated during 3–6 months of acute phase-relapse. The number of applied ECT was 3–12 (mean = 7.6). The therapeutic efficacy of ECT was assessed by using Hamilton Rating Scale for Depression (HRSD), Beck Depression Inventory (BDI), Brief Psychiatric Rating Scale (BPRS) and Clinical Global Impressions Scale (CGI) before and after the ECT treatment. The results showed significantly improvement according to mean change from baseline in score on HRDS, BDI and BPRS after application ECT in both groups. There were no significant differences between therapeutic efficacy of ECT in therapy resistant major depressive disorders and schizoaffective disorders.

PAROXETINE LONG-TERM SAFETY AND EFFICACY IN PANIC DISORDER AND PREVENTION OF RELAPSE: A DOUBLE-BLIND STUDY

R. Judge [1], D. Burnham [2], M. Steiner [2], I. Gergel [2], R. Oakes [2], D. Bailer [2], D. Wheadon [2]. [1] *SmithKline Beecham Pharmaceuticals, Harlow, Essex, UK;* [2] *SmithKline Beecham Pharmaceuticals, Philadelphia, PA, USA*

This is the only published study to assess the role of a selective serotonin reuptake inhibitor (SSRI) in relapse prevention in a double-blind fashion. One hundred and thirty-eight responders from a 10-week, double-blind, placebo-controlled study in patients with DSM-III-R panic disorder [1] were entered into a 6-month extension study to evaluate the long-term efficacy and safety of paroxetine in panic disorder. This study comprised two phases. In the maintenance phase (MP), patients continued on current medication for 3 months, while in the randomisation phase (RP), responders were re-randomised, in a double-blind fashion, to either their current treatment or to placebo for a further 3 months. Of the 138 responders who entered MP (30 placebo, 34 paroxetine 10 mg, 34 paroxetine 20 mg, 40 paroxetine 40 mg), 76% (105 patients) continued to RP (62 placebo, 43 paroxetine combined). During MP, the efficacy of paroxetine (mean frequency of full panic attacks; mean CGI Severity of Illness; % with no full panic attacks or > 50% decrease in attack frequency) remained unchanged relative to the end of the 10-week study. Thirty per cent (11/37) of patients crossing over