

DEVELOPMENT AND VALIDATION OF THE SPANISH VERSION OF QUALITY OF LIFE IN DEPRESSION SCALE (QLDS)

N. Ramírez¹, N. Giralá¹, S. Cervera¹, S.P. McKenna².

¹ *Departamento de Psiquiatría y Psicología Médica, Clínica Universitaria y Facultad de Medicina, Universidad de Navarra, 31080 Pamplona, Spain;* ² *Galen Research, Manchester M20 8PW, United Kingdom*

Objectives: The aim of this study is to obtain a Spanish version of QLDS, specific quality of life scale for depression, seeking a cultural and conceptual, not only semantic, equivalence.

Method: The original English version of QLDS was considered in two translation panels, bilingual and monolingual, to produce a Spanish version. The resulting version was validated in a sample of 77 depressed patients, according to ICD-10 criteria.

Results: The new version had an adequate internal consistency (Cronbach's alpha = 0.93) and test-retest reliability of 0.75. The latter increased to 0.93 when patients that improved the severity of depression between both assessments were excluded. A very good correlation of QLDS and some subscales of the Nottingham Health Profile were found (0.71–0.76).

Conclusions: 1) Patients found the scale adequate and easy to understand. 2) The version has good psychometric properties. 3) This version of QLDS is appropriate for clinical and research purposes.

SUICIDE IDEATION IN RECENT IMMIGRANTS DURING ACCULTURATION

A. Ponizovsky, S. Safro, Y. Ginath, M. Ritsner. *Talbieh Mental Health Center, 18 Disraeli Str, 91044, Jerusalem, Israel*

The goal of the current study was to estimate the prevalence of suicidal ideation in the Russian immigrant population and its relationships to demographics, emotional isolation, perceived social support, psychological distress and depression. The study population consisted of 400 immigrants (175 males and 225 females) residing in Jerusalem and Ashkelon. Subjects' mean age was 43 ± 15 years. The mean duration of residence in Israel comprised 42 ± 15 months. 64% respondents were employed, 10% unemployed, 18% retired and 8% students. Five self-rating scales were employed: Demographic Inventory (DI), Revised UCLA-Loneliness Scale, Multidimensional Scale of Perceived Social Support, Talbieh Brief Distress Inventory and Beck Depression Inventory. In the DI were included three specific questions for identification of suicidal ideation, its frequency and activity. Results show that the one-month prevalence of suicide ideation in the given population was 16.9 per cent that is higher than in most surveys of suicide ideation in general populations. Active desire to make suicide attempt was reported by 8.8 per cent, and passive suicidal desire was found in 11.3 per cent. No gender differences between suicide ideators and controls were found. Suicide ideation was most frequent among young, socially and emotionally isolated immigrants with lower social support. Suicide ideators were much more distressed than depressed as compared with controls. The results suggest that recent immigrant population is a population "at risk" for suicidal behaviour. This study could be a basis for development of suicide prevention program.

THERAPEUTIC STRATEGIES IN RESISTANT DEPRESSION

M. Roglev. *Chair of Psychiatry, Medical University, 15 V. Aprilov St., 4002 Plovdiv, Bulgaria*

In order to be successful the therapy of resistant depression must be based on the accurate assessment of the factors which lead to the lack

of therapeutic response in patients. A study was carried out in a group of 50 patients with depression who have not achieved remission with the treatment of one antidepressant. The methods include clinical observation and four times assessment with the Hamilton rating scale. The results of the study show that the causes may be summarized in four groups: a) accompanying somatic diseases; b) old age; c) family and social troubles; d) preceding depressive phases.

In order to overcome the resistance to therapy in every patient an individual plan is made. To assess the response of the patient to a particular drug, it must be administered for a sufficiently long period (at least four weeks) and in sufficiently high dosage (which is different in different patients). Co-medication with a second antidepressant, carbamazepine, lithium and valproic acid compounds may solve the treatment problems in many of the patients. Any of these drugs has its own advantages. The choice in any particular case should consider the symptoms of the disease and the response to preceding medication. Infusion therapy in optimal dosage, twice daily or with two antidepressants simultaneously (clomipramine and maprotiline) is efficient in severe depression and stupor. Together with the intensive care for the somatic condition this combination is a successful alternative of electroconvulsive therapy. The administration of cognitive and family therapy solves the psychological problems and quickly removes the need for hospital treatment of the patient.

RELATIVES OF THE MENTALLY ILL IN SOUTH VERONA: LEVELS OF IMPACT, VULNERABILITY, AND ALLEVIATING FACTORS

C. Samele. *St George's Hospital Medical School, Section of Community Psychiatry, Department of General Psychiatry, Jenner Wing, Cranmer Terrace, London SW17 0RE, England*

Aim: The present study sought to determine the extent of impact, the group most vulnerable to impact, and examine factors acting to alleviate impact on relatives of the mentally ill in South Verona, Italy.

Method: Relatives of patients were identified from a Psychiatric Case Register. Interviews were conducted with one relative using a semi-structured schedule.

Results: Forty relatives, of patients diagnosed with psychosis or depressive neurosis, were interviewed. The overall level of impact was low, and linked, in part, to patients continuing to work. Impact on relatives' psychological health, however, was prominent. Despite the availability of comprehensive community psychiatric services for patients, little formal help was available for relatives to discuss their own problems.

Conclusions: Levels of impact on relatives was minimal. Mothers of patients diagnosed with psychosis appeared to be the most vulnerable. Patients in paid employment alleviated otherwise detrimental consequences for both the patient and their family.

SIPonline: A NEW SITE FOR THE ITALIAN PSYCHIATRISTS ON THE INTERNET

A. Siracusano¹, C. Peccarisi², L. De Fiore³, Gaspare Vella⁴. *Press Office of the Italian Psychiatric Society, Via Bradano 3/c, 00199, Rome, Italy;* ¹ *Psychiatric Institute, Second University of Naples, Largo Madonna delle Grazie, 80138, Naples;* ² *Headache Center, Neurological Institute of Milan C. Besta, Via Celoria 11, 20123, Milan;* ³ *Philosophy and Epistemology Department, University of Rome La Sapienza, Via Nomentana 119, 00161, Rome;* ⁴ *SIP Presidency, Institute of Psychiatry and I Chair of Psychiatry, University of Rome La Sapienza, Viale dell'Università 30, 00100, Rome, Italy*

The Italian Psychiatric Society (SIP) now has its own site on the Internet, providing information about the Society, as well as clinical and