sive symptomatology, in particular retardation scores and SCL-90-R scores, as well as impulsivity assessment methods.

ELECTROCONVULSIVE THERAPY — A TREATMENT OF CHOICE IN CONTEMPORARY PSYCHIATRY?

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Recent development in psychiatric care has focused on outpatient interventions and restriction of hospitalization to the most severe cases where community based support, psychotherapy and drug attempts have failed. In Sweden the number of outpatient receptions and day-care units for psychiatric patients have increased in number during the last 10 years. At the same time a new group of antidepressant drugs, the SSRI:s, with less side effects than traditional tricyclic agents has been introduced. Under these circumstances the use of such a biomedical method as the electroconvulsive therapy (ECT) would be expected to play a decreasing role as a treatment alternative.

We investigated in retrospect the use of ECT in our clinics during the last 25 years with special focus on the last five years. Relapse in depressive disorder five years following ECT was studied from the patient records. The number of ECT:s given per year fluctuated between ups in 1971 and 1986 and downs in 1976 and 1991. In contrast there were very small fluctuations over the months of the years, i.e. the seasonality of affective disorders was not reflected in the ECT activity. As expected the majority of treated subjects were women (68%) and the most common diagnoses were melankolia and other forms of depressive illness. The mean number of chocks given per patient was 7 with a range of 2–14. There was no tendency toward a decline in frequency over the last 20 or the last five years. The rate of relapse in a five year period was not related to a low number of chocks given initially but rather to a high number of chocks, indicating that these patients had a depressive disorder which was difficult to treat and refractory to rehabilitation and prophylaxis.

In conclusion, despite successive development of psychosocial programs and improved pharmacological agents ECT remains a treatment of choice for selected patients with severe affective and other syndromes.

SELF-REPORT GENDER DIFFERENCES IN AFFECTIVE DISORDERS

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We have administered the Spanish version of the SCL-90R to a representative sample (n = 570, 299 women and 271 men) of the general population of Tenerife (Canary Islands) and to a sample of 80 outpatients (45 women and 35 men) suffering an affective disorder (ICD-10, F3) in order to evaluate the influence of the variable gender in the scores obtained. The SCL-90R is a self-report questionnaire of 90 items, grouped in 9 primary dimensions, that the patients rate on a five point scale the degree to which they have been distressed by the symptom during the previous week. The instrument also provides three global indexes: the Positive Symptom Total Score (PST), the Positive Symptom Distress Index (PSDI) and the Global Severity Index (GSI). GSI is the most sensitive single numeric indicator of the respondent's psychological distress, combining information on number of symptoms and intensity of distress. PSDI represents a pure "intensity" measure, more or less "corrected" for numbers of symptoms, and additionally tells about the patients style in experiencing distress. PST simply reveals the number of symptoms the respondent endorses to any degree.

Index	General Population			Outpatient Sample		
	Male	Female	Difference	Male	Female	Difference
PST	22.9±13.3	27.4±14.8	p<0.001	59.3±15.4	59.7±16.2	p=0.90
PSDI	1.68±0.47	1.79±0.49	p<0.01	2.11±0.60	2.53±0.59	p=0.002
GSI	0.43±0.30	0.57±0.40	p<0.001	1.42±0.58	1.73±0.71	p=0.05

In the general population, women experience significantly higher number of symptoms than men as well as refer significantly higher intensity in the symptoms that they experience. As we expected, all the global indexes of the outpatient sample registered significantly higher values than general population. In the patients with affective disorders the tendency persists to score higher in the symptoms experienced although the number of symptoms in this sample is almost identical in both sexes. These results confirm a substantial sex difference in the self-perception of minor psychiatric morbidity in our culture.

SOCIODEMOGRAPHIC CHARACTERISTICS OF SUICIDE ATTEMPTERS REFERRED TO THE PSYCHIATRY CLINIC OF A GENERAL HOSPITAL

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One hundred and eleven suicide attempters referred to psychiatry clinic of Ankara Numune Hospital in Turkey, were evaluated by a team of psychiatrists, psychologist and a family physician. A semi-structured interview and a battery of suicidal intent scales were used, besides a sociodemographic characteristics checklist.

The patients were interviewed after a mean time interval of 19.1 hours after their attempt. 73% of the attempters were female and 86.6% were in 15–24 age group. Percentages of married and single individuals were similar (44.2% and 48.6% respectively). Most of the attempters were housewives (45.9%) or students (20.7%). The attempters were predominantly living with their family (85.5%) and they were brought to hospital by them (62.1%). For 72.1% of the attempters, this was their first attempt, and 54.7% had decided to attempt suicide impulsively. Only 16.1% were thinking of suicide for more than 6 months. 88.4% had attempted suicide by taking drug overdose. When stressful life events were investigated, 33.9% had family discordance and 17.8% had emotional difficulties in their relationships. Thirty-three percent of the attempters regretted their attempt, 24.1% were happy that they had survived, but 24.1% were angry for their revival.

Our results were comparable with other prospective studies in similar conditions.

DEPRESSION, HOPELESSNESS AND SUICIDE INTENT IN SUICIDE ATTEMPTS

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112 patients who attempted suicide, included in the study. The objective of the study was to evaluate the relationship of hopelessness, depression and suicide intent. 80 were female and 32 were male. The mean age of the group was 23.10 ± 0.73 (range 15–59). The patients were interviewed in the first 24 hours after their attempt, by a psychiatrist and a psychologist from the team. Hamilton Depression Rating Scale, Hopelessness Scale and Suicidal Intent Scale were given to the patients.

The mean score of Hamilton Depression Rating Scale was 13.5 ± 7.4, Hopelessness Scale 10.4 ± 6.2 and Suicidal Intent Scale was 11.7 ± 6.2. Hamilton Depression Rating Scale and Hopelessness Scale, Hopelessness Scale and Suicidal Intent Scale and Hamilton Depression Rating Scale and Suicidal Intent Scale were significantly correlated. (r = 0.45; r = 0.37; r = 0.39 consequently.)

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