Conclusions: The group of patients characterized by male patients, late onset, higher level of anxiety in symptomatology, lower somatization and intellectual disorders: memory and concentration deficit, scores significantly higher in the single subscales of somatization, obsessive-compulsive and psychotic at SCL-90. The subtype with psychotic symptoms presents higher comorbidity for general medical condition, statistically significant for neurologic and severity in disability. Regarding temperamental dimensions, there aren’t differences statistically significant.

P23.10
Onset in elderly depressive patients
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Objective: To evaluate the symptomatic and temperamental differences in patients with diagnosis of Major Depressive Disorder on the basis of onset.

Methods: A sample of 105 patients with a DSM-IV diagnosis of Major Depressive Disorder, were divided into two groups on the basis of onset: Early Onset = <60 years (Early Onset=EO, 62 patients) and Late Onset = >60 years (Late Onset=LO, 43 patients). The patients were assessed by means of HAMD+ atypical symptoms, HAMA, GDS, MADRS, CSDD, ADL, IADL, BADL, QL-Index, SCL-90, MMS and CIRS for Comorbidity with general medical condition.

Results: There was a significant difference in mean age between two groups EO and LO (EO: 55.9±1.8 vs LO: 64.3±2.1; p=0.002). EO differs significantly from LO in basis of sex (EO= female: 39.1% vs male: 60.9%; LO= female: 15% vs male 26% on sample of 105 patients). At HAM-A the items of initial insomnia, somatic anxiety, hypochondria and intellectual disorders: memory and concentration deficit, scores significantly higher in the single subscales of somatization, obsessive-compulsive and psychotic at SCL-90. The subtype with psychotic symptoms presents higher comorbidity for general medical condition, statistically significant for neurologic and severity in disability. Regarding temperamental dimensions, there aren’t differences statistically significant.

Conclusions: The patients with early onset result characterized by an higher level of severity in symptomatology, a greater duration of disorder, depressive and anxious symptomatology. LO presents higher intellectual disorders: memory and concentration deficit, comorbidity for general medical condition, total score "atypical symptoms" and rabies-hostility. Regarding temperamental dimensions EO presents significantly higher scores in Harm Avoidance, Novelty Seeking and lower scores in Persistence.

P23.11
Gender differences in geriatric depression
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Objective: To evaluate gender differences both in symptomatic and temperamental aspects, comorbidity with general medical condition in elderly depressive patients.

Methods: A sample of 61 female (F=58.1%;mean age 62.4±1.2) and 44 males (M=41.9%;mean age 66.1±1.1) consecutively admitted in the Center for the study of Depression Disorder in elderly people of the Psychiatric Clinic of the University of Parma with a DSM-IV diagnosis of Major Depressive Disorder, were assessed by means of HAMD+ atypical symptoms, HAMA, GDS, MADRS, CSDD, ADL, IADL, BADL, QL-Index, SCL-90, MMS and CIRS for Comorbidity with general medical condition.

Results: At HAM-A the items of subjective tension, phobias and cognitive disorder differ significantly in two groups: item 2 F=2.13±1.10 vs M=1.01±0.42 p=0.032; item 3 F=1.17±1.1 vs M=1.10±1.05 p=0.002; item 5 F=1.02±0.89 vs M=2.72±1.52 p=0.004). At SCL-90, female patients scored significantly higher in the total value of subjective symptomatology (F=128,14±45,30 vs M=88,5±22,59; p=0.012) and in the single subscales of Obessive-compulsive (F=18.22±7.32 vs M=8.17±2.4; p=0.018), Interpersonal Sensitivity (F=12.18±9.07 vs M=10±5; p=0.002), Depression (F=22.36±10.5 vs M=15.8±7.2; p=0.002), Anxiety (F=19.41±8.22 vs M=12.5±7.2; p=0.005), Rabies-Hostility (F=2.5±4.4 vs M=8±2.3; p=0.026). Women showed total score significantly higher at GDS (F=28.1±0.4 vs M=23.2±1.6; p=0.005). At HAMD the items of initial insomnia, somatic anxiety, hypochondria, weight loss, insight are significantly different between female and male patients (item 5 F=1.24±1.11 vs M=1.21±0.22 p=0.012; item 11 F=1.81±1.21 vs M=1.20±1.02 p=0.005; item 15 F=1.01±0.49 vs M=2.22±1.51 p=0.011; item 16 F=1.22±0.29 vs M=2.32±1.2 p=0.005, item 17 F=1.61±0.21 vs M=3.21±1.01 p=0.002). Comorbidity for general medical conditions, male and female patients differ significantly in cardiac illness (F=21.72±5.96 vs M=16.8±4.4; p=0.001), respiratory illness (F=21.72±5.96 vs M=16.8±4.4; p=0.001) and endocrinologic illness (F=21.72±5.96 vs M=16.8±4.4; p=0.001). At TCI, temperamental dimensions such as Harm Avoidance (HA1: fear of uncertainty vs confidence F=4.22±1.0 vs M=2.21±1.2; p=0.010) and Cooperativeness (total: F=2.6±3.1 vs M=15.4±3; p=0.002) was significantly reduced in male patients.