rent panic attacks differ in thyroid economy from depressed patients without panic.

SAFETY AND TOLERABILITY OF COMBINED SPECIFIC SEROTONIN REUPTAKE INHIBITORS, AND REVERSIBLE MONOAMINEOXIDASE INHIBITOR A (MOCLOBEMIDE)

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Moclobemide is a new and a Reversible Inhibitor of Monoamine A (RIMA). It is of benzamide type and contains a morphine-ring as a characteristic part of its structure. Its selectivity and reversibility has contributed to the reduction of risk in combination with serotonergic substances. This enables users of Moclobemide to be given other antidepressants safely and effectively and for patients on other antidepressants to be changed to Moclobemide without significant risk.

All patients received Moclobemide in doses range of 150–900 and average dose of 300 mg 79 patients were on doses between 150–300 mg, 23 on dose range 450–600 mg, and one patient on a dose of 900 mg. 60 patients received a concomitant Fluoxetine in a minimal dose of 20 mg q.d, 23 patients were on concomitant Citalopram in a minimal dose of 20 mg a day, 12 patients were on concomitant Paroxetine in a minimal dose of 20 mg, and 7 patients were on concomitant Fluvoxamine in a minimal dose of 50 mg.

No patient has encountered a significant serotonergic syndrome. Two patients reported symptoms that can be interpreted as such. Side effects observed were similar to the known side effects of SSRIs. No patient had to stop the drugs because of intolerance of side effects, although some have because of lack of significant benefit. The details of side effect profiles of each combination will be discussed, plus a correlative analysis of these side effects to response rate, and other clinical parameters will be pointed out.

D-FENFLURAMINE RESPONSES IN DEPRESSION BEFORE AND AFTER ANTIDEPRESSANT TREATMENT

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Methods: D-Fenthuramine, a specific serotonin releasing agent, was used as a neuroendocrine challenge in 19 subjects with DSM-IIIR major depression. 15/19 were psychotropic drug naive; all were drug free for 3 months. Results were compared before and after antidepressant treatment, and with 19 healthy controls matched for age, sex, weight and phase of menstrual cycle. Prolactin and cortisol responses, calculated as peak responses and area under the curve, were used as an index of functional central 5-HT activity.

Results: Compared to controls, 5-HT mediated prolactin and cortisol responses were both significantly attenuated in the depressed group. Within the depressed group, patients with a history of a suicide attempt had lower cortisol responses than those without. Prolactin responses, but not cortisol responses, rose significantly after antidepressant treatment, irrespective of treatment response. Seven patients received a specific noradrenergic reuptake inhibitor, either desipramine or Org-4428. Analysed separately, these patients also showed a rise in prolactin responses with treatment. Cortisol responses were inversely related to baseline cortisol levels, as were prolactin responses in males only. Montgomery-Asberg Depression Rating Scale scores, Bech Melancholia Scale scores, and 5/8 subscales of the Brief Symptom Inventory (depression, anxiety, phobic, obsessive-compulsive and interpersonal sensitivity) were all inversely correlated to cortisol responses.

Conclusions: These findings provide further support for the 5-HT hypothesis of depression, and re-iterate the role of reduced 5-HT activity in suicide. The importance of hypercortisolaemia in this reduced monoamine activity is suggested by the inverse correlations between 5-HT responses and basal cortisol levels. Finally, antidepressants enhance serotonergic functioning, but this occurs independently of treatment response, and is a property shared by drugs which specifically affect noradrenaline reuptake.

BURDEN OF CARE, PSYCHOLOGICAL DISTRESS AND SATISFACTION WITH SERVICES IN THE RELATIVES OF ACUTELY MENTALLY DISORDERED ADULTS

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Aims and Methods: The study aimed to examine the views of relatives nominated as the 'most significant other person' by acutely mentally disordered patients who were newly referred to either a community based (n = 24) or a district general hospital based (n = 17) psychiatric service. Relatives were asked about their satisfaction with these services, the psychological impact on them of caring for a mentally disordered relative and the levels of subjective and objective burden of care at the time of referral and six months later.

Results and Conclusions: The characteristics of the total sample were similar to those reported in other studies of relatives in terms of participation rate, satisfaction levels, psychological distress and burden of care scores. The findings suggested that the initial severity of an acute psychiatric disorder rather than the type of psychiatric service provided was more strongly associated with objective and subjective levels of burden. At follow-up, psychological distress as measured on the General Health Questionnaire (GHQ) was associated with the objective burden of caring for a relative with psychosis or major affective disorder, but not other conditions. Dissatisfied relatives tended to be those who remained distressed at six months according to GHQ scores or those recording continually high levels of subjective burden on the Burden of Care Schedule. Interventions to reduce subjective and objective burden should be targeted at the group demonstrating persistent stress.

IMPULSIVITY IN A SAMPLE OF DEPRESSED PATIENTS WITH OR WITHOUT SUICIDE ATTEMPTS

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Suicide is a major risk of depression, although it remains difficult to predict. Impulsivity may be a relevant dimension in the prediction of suicide attempts in depressed patients. The main hypothesis being that depressed patients who attempted suicide before admission are more impulsive than depressed patients who did not.

55 newly admitted in-patients fulfilling DSM-III-R criteria for major depressive disorder, with a MADRS score > 20 have been assessed for depressive symptomatology and impulsivity. Among these patients, 17 attempted suicide during the week prior to their admission whereas 38 did not. These two groups have been compared.

For depressive symptomatology, assessment criteria were the Montgomery and Asberg Depression Rating Scale (MADRS, 1979), the Depressive Retardation Scale (DRS, Widlöcher, 1983) and the Symptom Check List — 90 items, revised (SCL-90-R, Derogatis, 1977). The impulsivity assessment criteria were the Baratt Impulsivity Scale (Baratt et al, 1965), a 30 items questionnaire and the Impulsivity Rating Scale (Lecrubier et al, 1995), a 7 items scale.

Results will be discussed regarding suicide attempts, depres-

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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.)