Physician Health, Illness, and Impairment of the American Psychiatric Association has produced this videotape. In two fifteen minute interviews, an emergency physician and a pediatrician describe the stresses in their lives, their symptoms, the process of reaching out for help, how their psychiatrists responded to them, how they responded to treatment, and the reactions of their families and medical colleagues to their illness. Both physicians, who have completely recovered, discuss their fears of recurrence and the stigma associated with psychiatric illness in doctors.

HOW DO GP REGISTRARS LEARN ABOUT DEPRESSION?

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Depression is very common in primary care so it is essential that the subject is adequately covered during GP training. The Defeat Depression Campaign was launched to raise awareness and to improve recognition and management of depression. GPs were a key target audience. Post graduate education is at its most intensive during the Registrar training years, and many of the issues in improving recognition of depression are educational so Campaign literature was specifically prepared for trainees; "Recognition and management of depression in primary care" and "Counselling depression in primary care". Only 40% of GP Registrars work in a senior house officer capacity in psychiatry so many may have to gain their knowledge about depression from vocational training schemes. The study was carried out in 1995, in the fourth year of the Campaign. Questionnaires were distributed (to a random sample of training schemes throughout the UK) by the Vocational Training Scheme Tutors who had agreed to participate. Preliminary findings: a 63% response rate was achieved from GP Registrars, of whom 51% had heard of the Campaign. The most important source of information about depression was undergraduate teaching. Of those who had heard about it very few cited it as an important source of information and only 29% of them regarded it as having improved their ability to manage depression. A need for more training about how to manage depression was clearly expressed by the majority (75%)- despite relatively high levels of confidence in their ability to manage the condition (55%)- but the campaign does not appear to have met this need as well it had been hoped. The Campaign may have to be more vigorously targeted at this audience if it is to achieve its aims although if their levels of confidence are justified they may prove to be too sophisticated for it. Our findings suggest that they will be receptive to more training.

CHARACTERISTICS OF ANXIETY AND DEPRESSIVE DISORDERS (DSM-IV) ASSOCIATED WITH INSOMNIA

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There is a paucity of information regarding epidemiological comorbidity of mental disorders and sleep disorder symptomatology in the general population. The purposes of this study was to evaluate associations with anxiety and depressive pathologies within a subsample of subjects within general population complaining about their sleep.

The current study reports the findings of a large (n = 5,622) representative (80.7% of contacted stratified sample) French cohort. Telephone interviews were performed by 16 lay interviewers using the knowledge based system Eval for sleep disorders and psychiatric diagnoses. This is a previously validated computerized system designed to guide the interviewers during the interview process. A subset of 997 (17.7%) of these subjects was identified who were dissatisfied with the quality and/or quantity of sleep.

The 997 subjects were aged between 15 to 96 years old, 63% were women and 37% men. At the time of the survey, 53% (526/997) of subjects reported taking a prescribed hypnotic (19.8%), anxiolytic (37.2%), antidepressant (6.8%), or other psychotropic (2.6%) drug at least twice a week. In 79% of cases these drugs were prescribed by a general practitioner and by a psychiatrist in 6.8% of cases. In multivariate models, the conditions of: being between 15 and 44 years old, reporting disrupted sleep, having difficulties getting started in the morning ($p < 0.01$), having sleep drunkenness, daily coffee consumption, medical consultation for insomnia problems ($p < 0.05$), and the presence of insomnia problems for more than 5 years ($p < 0.01$) were positively associated to Depressive Disorder with insomnia symptoms. The report of memory difficulties ($p < 0.01$) or decreased efficiency ($p < 0.05$) and smoking daily ($p < 0.05$) were associated to the presence of insomnia related to a Depressive Disorder. Dissatisfaction with sleep duration or shorter sleep duration ($p < 0.01$) and nocturnal awakenings ($p < 0.01$) were positively associated to the presence of insomnia related to an Anxiety Disorder.

The finding that many subjects who report depressive symptomatology seek independent medical treatment for their sleep problems raises the unsettling possibility that many instances of depression go undetected in the general community or are treated without addressing their sleep component.

OVERCONSUMPTION OF ALCOHOL AND DRUGS AMONG SUICIDE ATTEMPTERS

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Although alcohol dependence is a wellknown risk factor for suicidal behaviour, overconsumption of alcohol and drugs are not always investigated.

Methods: 126 patients, 74 women and 52 men, 39 ± 13 years old, who had been admitted to a psychiatric ward after a suicide attempt, were investigated concerning their social background and social support by the Interview Schedule for Social Interaction (ISSI). The patients were especially questioned about periods of overconsumption of alcohol, tranquillizers, or narcotics. Psychiatric diagnostics (DSM-III-R axis I) were performed by two psychiatrists, and among biological tests, platetMAO-activity was measured in 45% of the patients.

Results: 75 patients (60%) reported periods of overconsumption, 60 of alcohol (17 of them in combination with tranquillizers), 13 of tranquillizers only, and 2 of narcotics. Overconsumers of alcohol did not differ in sex, while 12/13 of those with psychotropic overconsumption only were women. Only 21 of the 60 alcohol overconsumers had a diagnosis of alcohol dependence, and 16 of these had concomitant diagnoses; 6 major depression, 4 adjustment disorders, 4 depression UNS, and 2 panic disorders. In comparison with those with no overconsumption, the overconsumers of alcohol were younger (36.6 ± 12 vs 42.6 ± 14 years, $p < 0.05$), less often married (33% vs 53%, $p < 0.05$), and they were less satisfied with deep emotional contacts according to ISSI. Furthermore, they more often had a father who had been treated for psychiatric disorders (49% vs 27%), and mostly alcohol dependence. Previous suicide attempts were more common among those with alcohol overconsumption (50% vs 31%), and they had lower levels of platetMAO activity ($p < 0.05$) than those who had no overconsumption.

Conclusion: Overconsumption is common among suicide attempters, and they have special clinical and social features. It is important to pay attention to previous and present overconsumption, since this is a riskful behaviour for suicide attempters.

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