paranoid individuals will show normal or high self-esteem on overt measures, whereas covert measures will show hidden feelings of low self-esteem.

**Methods:** The present study used a new methodology that has been widely used in investigations of implicit attitudes, the Implicit Association Test (IAT), to assess covert self-esteem and to test the above prediction. Overt self-esteem was assessed using the Rosenberg Self-Esteem Scale and an adjective self-relevance ratings measure. These measures were administered to 10 patients with acute persecutory delusions, 10 patients with persecutory delusions in remission, and 19 matched healthy control participants.

**Results:** Patients with acute persecutory delusions found covert self-esteem (as assessed using the IAT) than healthy controls and patients with remitted persecutory delusions. On the two measures of overt self-esteem, however, the persecutory deluded group did not differ significantly from the other groups once the effects of comorbid depression had been taken into account.

**Conclusions:** The results of the present study are consistent with a model of persecutory delusions as serving a defensive function. As such, they are consistent with a psychotherapeutic approach to what are perhaps the most frequently observed symptoms of schizophrenia.

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**A factor analytic study in bipolar depression, and response to lamotrigine**

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**Background:** This study aimed to identify and compare factors of a 31-item version of the HDRS (HDRS-31) in large samples of patients with bipolar and unipolar depression, then examine for any responsiveness of such factors to the anticonvulsant agent lamotrigine in the bipolar depressed sample.

**Methods:** This multivariate analytical study was performed on two large depressed samples (one bipolar and the other unipolar) that had been recruited for separate double-blind placebo-controlled trials of lamotrigine. Both studies had very similar designs and assessment tools, the major measures being the MADRS and HDRS-31. To identify the constructs underlying the scale, exploratory factor analyses were applied to the HDRS-31. Treatment responsiveness in the bipolar depressed sample – as indicated by improvement in the total MADRS and HDRS-31, as well as any HDRS factors – was examined using both a mixed-effects analysis and individual time-point t-tests.

**Results:** Seven factors of the HDRS-31 were identified: I – ‘depressive cognitions’, II – ‘psychomotor retardation’, III – ‘insomnia’, IV – ‘hypersomnia’, V – ‘motor retardation’, VI – ‘psychomotor activation’, VII – ‘anxiety’. These factors accounted for 64% of the variance in the total HDRS-31. The first factor, ‘depressive cognitions’, accounted for 28.5% of the variance. Treatment responsiveness was examined for each factor and for the total HDRS-31 using mixed-effects analysis and individual time-point t-tests. The results showed that treatment responsiveness was significant for the total HDRS-31 and for the factors ‘depressive cognitions’, ‘motor retardation’, ‘anxiety’, and ‘insomnia’. The factor ‘psychomotor retardation’ was not significantly responsive to treatment, while ‘psychomotor activation’ showed a small but significant response. The factor ‘motor retardation’ was significant and independent determinants of psychosocial functioning. It is possible that certain aspects of bipolar disease have a greater impact on some functional domains. Possible methodological reasons for the failure to show a relationship with the frequency of depressive episodes are discussed.