morphology were performed in 28 patients and age-matched controls, 10 for mitochondrial biochemistry and 22 for long-PCR.

**Results:** Decreases of five MAPRs (p<.05, two p<.01) and enzyme ratios (p<.01) were found in patients compared to controls. Deletions of mtDNA were more frequent in patients (p<.05). Non-specific light and/or mitochondrial electron microscopy alterations were detected in 25 patients (89%). Deficiency of stain for the mitochondrial enzyme complex COX was detected in seven patients (25%).

**Conclusion:** The results suggest mitochondrial dysfunction in this selected patient group.

## P11.07
Stability of Karolinska Scales of Personality in chronic Depression

A. Gardner*, T. Hällström. *Karolinska Institutet, NEUROTEC Department, Stockholm, Sweden*

**Objectives:** To investigate if the stability of Karolinska Scales of Personality (KSP) with 15 scales is similar in chronic depression to previous findings in non-psychiatric groups, and to compare mean score levels with two previously reported major depressive disorder groups.

**Method:** 70 patients with chronic subsyndromal depression with interspersed major depressive disorder episodes according to DSM-IV criteria and MADRS scores filled in the KSP twice with a mean interval of 17 months.

**Results:** No test-retest mean score differences were found. No difference in the distribution of test-retest correlations was found in comparison with non-psychiatric groups. Significant mean score increases were found in comparisons with other depressive disorder groups. Normal score 50±10.

|                     | Chronic Depression | Suicide Attempters | Primary Care Depressives |
|---------------------|--------------------|--------------------|--------------------------|
| Patients            | 70                 | 23                 | 163                      |
| Muscular Tension    | 73±12              | 66±14              | 65±14                    |
| Psychasthenia       | 70±14              | 63±16              | 61±11                    |

**Conclusions:** The results indicate high stability of personality traits linked to vulnerability to depression in chronic depression. The mean score differences with other major depressive disorder groups suggest increased somatic and neurocognitive symptoms in chronic depression.

## P11.08
HMPAO-SPECT with computerized brain atlas (CBA) in chronic depression

A. Gardner[1]*, M. Pagani[2], H. Jacobsson[3], G. Lindberg[4], S.A. Larsson[3], A. Wägner[5], T. Hällström[1]. *[1]Karolinska Institutet, NEU-ROTEC Department, Stockholm, Sweden*
*[2]Institute of Neurobiology and Molecular Medicine CNR, Rome, Italy*
*[3]Section for Nuclear Medicine, Department of Hospital Physics, Karolinska Hospital, Stockholm; [4]Karolinska Institutet, Department of Medicine, Stockholm; [5]Karolinska Institutet, Department of Clinical Neuroscience, Stockholm, Sweden*

**Objectives:** To compare HMPAO-uptake at SPECT in patients with chronic subsyndromal depression and interspersed major depressive disorder episodes with controls, and between patients with

and without tinnitus. Neural correlates of tinnitus, which has been reported in 49% of unmedicated depressive patients, have been described.

**Method:** 45 patients (38% males, mean age 51 years) of whom 27 had tinnitus, and 26 healthy controls (38% males, mean age 49 years) were investigated with HMPAO-SPECT using a computerized brain atlas (CBA) automatically assessing 68 volumes.

**Results:** Increased HMPAO-uptake in right frontal areas 9 + 46 (p=.0005) were found in patients in comparisons with controls. At least one HMPAO-uptake alteration above/below control mean±3 SD was found in 88% male and 71% female patients. Decreased HMPAO-uptake was found in tinnitus compared to non-tinnitus patients in "tinnitus-associated" areas (p < 0.00–0.05). HMPAO-uptake alterations in auditory cortex were more frequent in tinnitus patients compared to controls and non-tinnitus patients (p < 0.00–0.05).

**Conclusion:** SPECT utilizing CBA revealed differences between patients with chronic depression and controls suggesting that CBA may be a useful tool in psychiatry.

## P11.09
Clinical aspects of comorbidity of ulcer disease and depressive disorder

T. Zagromova[1]*, N. Kornetov[2], G. Gerlov[3]. *[1]Tomsk Military-Medical Institute; [2]Mental Health Research Institute; [3]Seversk Center of Gastroenterology, Russia*

**Objective:** The aim was to evaluate the frequency of depressive disorders (DD) among patients with ulcer disease (UD), as well as detect possible influence of DD on clinical characteristics of UD. Methods: We have studied 100 patients with relapse of UD by clinical interview, physical examination, endoscopy. DD was assessed with Beck Depression Inventory.

**Results:** DD was detected in 26 patients (26%). That is significantly more frequent as compared to the prevalence of DD in general population. The frequent relapses of UD (more than twice a year) were found in 19% cases with comorbided DD and 5,4% cases without DD (p<0,05). There were found more expressed symptoms of dyspepsia (p<0,05) and the association with progredient development of UD (p<0,001) in the group of patients with DD.

**Conclusions:** The comorbided DD negatively effects such somatic disease as UD. We believe, the clinical integrative approach is necessary in general medicine.

## P11.10
Does change in depression status predict change in hrQoL?

M. Amir[1]*, S. McKenna[2], M. Martin[3], D. Bushnell[3], D. Whalley[2], D. Patrick[4]. *[1]Ben-Gurion University of the Negev, Israel*
*[2]Galen Research; [3]Health Research Associates; [4]University of Washington, USA*

A strong association between depressive symptoms and quality of life (QoL) is well documented in the literature. The objective of the present report was to utilize data from the Longitudinal Investigation of Depression Outcomes (LIDO) study to investigate changes in QoL as correlated with changes in depression status. The sample consisted of all enrolled untreated patients (N = 669) in the six LIDO research sites (Israel, Spain, Australia, Brazil, Russia, U.S.). Using the baseline and 9-month assessment of QoL measures (WHOQOL-Bref, QLDS, SF-12), and measures of depression status at baseline and 9 months (CIDI and CES-D scores), we examined the associations between changes in QoL scores and