

- The effect of reproductive life – especially childlessness, menstruation, unwanted pregnancy, the puerperium, and the menopause
- The problem of combined suicide & filicide (mitnehmen)
- The effect of maternal suicide on families
- The effect of the combined pressure of childbearing and careers in working women

### IS01.03

#### SUICIDE IN MEN

J. Wälinder\*, W. Rutz, Z. Rihmer, P. Pestaloty. *Department of Psychiatry, Sahlgrenska University Hospital, Mölndal, Sweden*  
*Mental Health, WHO, Copenhagen, Denmark*  
*National Institute of Psychiatry and Neurology, Budapest, Hungary*

Is there an under recognised male depressive disorder? An educational program on depressive disorders, given to general practitioners on the Swedish island of Gotland resulted in a statistically significant reduction of the suicide rate among women, while the rate of suicide among men was virtually unaffected. Further analysis showed the profile of depression among men to differ from that among women, the male pattern typically being more characterised by irritability, aggressiveness, acting out and antisocial behaviour, alcohol abuse and reduced impulse control and stress tolerance. There seems to be a familiar predisposition to mood disorders, suicide and alcoholism. This syndrome is not easily recognised and is to our experience seldom properly treated. There are current data to support the notion that this male depressive syndrome may be related to a central serotonin dysregulation and hypercortisolemia. According to our observations the new subtype of depression suggested by van Praag and described as a stress-precipitated, cortisol-induced, serotonin-related and anxiety/aggression driven illness seems to be of interest when discussing the male depressive syndrome described by us. Is the current concept of an overrepresentation of depressive illness in women simply an artefact due to inadequate diagnostic traditions or ...?

### IS01.04

#### SUICIDE IN THE ELDERLY

E.D. Caine. *USA*

There is a looming demographic imperative that requires vigilant attention from health care providers, families, and governmental agencies. In most societies, the suicide rate rises substantially in later life. Given the rapid growth of elderly populations in many countries, there is a high probability that there will be a dramatic global increase of the mortality burden from suicide. This presentation considers the challenges faced by those countries and their care providers that seek to reduce the frequency of suicide in later life. While suicide should be preventable, there are no reproducible research findings that describe successful elder suicide prevention programs. The presentation will review what is known about completed suicide in later life. Our research, similar to that of others, reveals that approximately 75% of elders have diagnosable Axis I psychopathology, in contrast to 90% of younger populations. Two-thirds of diagnosed elders have late-onset depression. Despite these findings, families and physicians miss the suicidality of many individuals during the days and months before death. Recent findings point to the contribution of individual personality characteristics, in addition to psychiatric, physical illness, and social factors. The presentation will consider directions for future research, outline initial recommendations for

developing suicide prevention programs, and propose individual and social indicators to evaluate these efforts.

---

## S19. Psychotherapy and neuroplasticity

---

*Chair: F.A. Henn (D)*

---

### S19.01

#### PSYCHOTHERAPY AND CELLULAR FUNCTION

J. Aldenhoff

No abstract was available at the time of printing.

### S19.02

#### PSYCHOTHERAPY AND NEUROIMAGING: EFFECT OF COGNITIVE AND BEHAVIOURAL THERAPY ON ORBITOFRONTAL-SUBCORTICAL CIRCUITS IN OBSESSIVE-COMPULSIVE DISORDER

F. Hohagen

No abstract was available at the time of printing.

### S19.03

#### SPET STUDIES ON OUTCOME OF TREATMENT BY PSYCHOSOCIAL INTERVENTIONS IN DEPRESSION AND HYSTERICAL PARESTHESIA

J. Lehtonen<sup>1</sup>\*, J. Kuikka<sup>2</sup>, H. Viinamäki<sup>1</sup>, J. Tiihonen<sup>3</sup>, M. Husso-Saastamoinen<sup>2</sup>. <sup>1</sup>*Departments of Psychiatry;* <sup>2</sup>*Clinical Physiology; University Hospital of Kuopio;* <sup>3</sup>*Niuvanniemi Hospital, 70211 University of Kuopio, Finland*

The usefulness of brain imaging methods in the follow-up of treatment outcome in various psychiatric disorders is poorly known. We studied 20 patients with the DSM III R depressive disorder (confirmed by SCID) treated by unspecific supportive psychotherapy at baseline and after 6 months. Six of the patients used anxiolytic or hypnotic drugs, the others were drug naive. Furthermore, in a case/control study we followed up the outcome of one year dynamic psychotherapy of a young adult male drug naive patient with a depressive and impulse control disorder compared with a control patient suffering from a similar disorder but not motivated for any treatment. The sample of patients treated by unspecific supportive psychotherapy showed significant changes in the SPET data only on the level of the right thalamus. However, the index patient of the case/control pair treated by dynamic psychotherapy displayed 30–40% increase of serotonin transporter levels in prefrontal, thalamic and midbrain areas during the follow-up achieving the levels of age-matched healthy controls (n = 5), whereas the untreated patient continued having lowered serotonin transporter levels as compared to his respective age-matched controls (n = 5). In another case study on a patient with hysterical paresthesia symptoms showing abnormal frontal and somatosensory cerebral blood flow distribution in SPET while symptomatic, we found normalisation of the flow distribution as a function of symptom disappearance during a follow-up time of 6 weeks.