

$p=0,002$ ); lower scores at GDS (PS=24,3±0,81 vs NPS=28,3±1,10  $p=0,002$ ) Comorbidity for general medical conditions, PS and NPS differed significantly in neurologic illness (PS=11,71±2,21 vs NPS=10,21±2,1;  $p=0,012$ ) AT ADL, PS scored significantly lower (PS: 12,01 ±2,01 vs NPS=15,12±2.10;  $p=0,032$ ). Regarding temperamental aspects, no statistically significant.

**Conclusions:** The group PS results characterized by male patients, late onset, higher level of greater in anxious symptomatology, lower scolarity and intellectual disorders: memory and concentration deficit, scores significantly higher in the single subscales of somatization, obsessive-compulsive and psychotic at SCL-90. The subtype with psychotic symptoms presents higher comorbidity for general medical condition, statistically significant for neurologic and severity in disability. Regarding temperamental dimensions, there aren't differences statistically significant.

### P23.10

#### Onset in elderly depressive patients

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**Objective:** The study aimed to evaluate the symptomatic and temperamental differences in patients with diagnosis of Major Depressive Disorder on the basis of Onset.

**Methods:** a sample of 105 patients with a DSM-IV diagnosis of Major Depressive Disorder, were divided into two groups on the basis of onset: Early Onset = <60 years (Early Onset=EO, 62 patients) and Late Onset = >60 years (Late Onset= LO, 43 patients). The patients were assessed by means of HAMD+ atypical symptoms, HAMA, GDS, MADRS, CSDD, ADL, AIDL, BADL, QL-Index, SCL-90, MMS and CIRS for Comorbidity with general medical condition.

**Results:** There was a significant difference in mean age between two groups EO and LO (EO: 55,9±1,8 vs LO: 64,3±2,1;  $p=0,002$ ). EO differs significantly from LO in basis of sex (EO= female: 39.1% vs male: 10.9%; LO= female: 15% vs male 26% on sample of 105 patients). At HAM-A the items phobias and cognitive disorder differ significantly in two groups: (item 3 EO=2,11±1,12 vs LO= 2,14±1,08  $p=0,005$ ; item 5 EO= 1,06±0,59 vs LO=2,42±1,62  $p=0,022$ ). At SCL-90, EO scored significantly higher in the total value of subjective symptomatology (EO= 130,11±22,10 vs LO= 79,5±12,81;  $p=0,011$ ) and in the single subscales of Interpersonal Sensitivity (EO= 11,16±8,05 vs LO=9±5;  $p=0,005$ ), Depression (EO= 21,31±11,5 vs LO= 12,8±7,11;  $p=0,004$ ), Anxiety (EO= 16,21±6,20 vs LO=11,5±6,1;  $p=0,004$ ), Rabies-Hostility (EO=2,12±2,4 vs LO= 6,4±2,1;  $p=0,012$ ). EO showed total score significantly higher at GDS (EO= 27,1±0,2 vs LO=24,2±1,4;  $p=0,005$ ). At HAMD the items of initial insomnia, somatic anxiety, hypochondria and atypical symptoms are significantly different between EO and LO (item 5 EO= 1.34±1.12 vs LO= 1.12±0.21  $p=0,002$ ; item 11 EO= 2.41±1.01 vs LO= 1.21±1.01  $p=0,005$ ; item 15 EO= 2,01±0,48 vs LO= 2.21±1,41  $p=0,005$ ; Total Score "atypical symptoms" EO= 1.14±1.10 vs LO= 1.41±0.18  $p=0,005$ ). Comorbidity for general medical conditions, EO and LO differed significantly in cardiac illness (EO= 12,72±4,36 vs LO= 21,6±4,2;  $p=0,005$ ), respiratory illness (EO= 11,70±4,21 vs LO= 18,4±4,2;  $p=0,005$ ). Regarding temperamental dimensions EO differed from LO in significantly higher scores in Harm Avoidance (EO: 26,4±3,3 vs LO: 24,5±6,2;  $p=0,002$ ), in Novelty Seeking with subitem NS4 (EO=5,9±1.8 vs LO= 3.2±1.2,  $p=0,005$ ); and lower scores in Persistence (EO: 2.8±1,2 vs LO: 4.61±1,2;  $p=0,004$ ).

**Conclusions:** The Patients with early onset result characterized by an higher level of severity in symptomatology, a greater duration of disorder, depressive and anxious symptomatology. LO presents higher intellectual disorders: memory and concentration deficit, comorbidity for general medical condition, total score "atypical symptoms" and rabies-hostility. Regarding temperamental dimensions EO presents significantly higher scores in Harm Avoidance, Novelty Seeking and lower scores in Persistence.

### P23.11

#### Gender differences in geriatric depression

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**Objective:** To evaluate gender differences both in symptomatic and temperamental aspects, comorbidity with general medical condition in elderly depressive patients.

**Methods:** a sample of 61 female (F=58.1%; mean age 62.4±1.2) and 44 males (M=41.9%; mean age 66.1±1.1) consecutively admitted in the Center for the study of Depression Disorder in elderly people of the Psychiatric Clinic of the University of Parma with a DSM-IV diagnosis of Major Depressive Disorder, were assessed by means of HAMD+ atypical symptoms, HAMA, GDS, MADRS, CSDD, ADL, AIDL, BADL, QL-Index, SCL-90, MMS and CIRS for Comorbidity with general medical condition.

**Results:** At HAM-A the items of subjective tension, phobias and cognitive disorder differ significantly in two groups: (item 2 F=1.23±1.10 vs M=1.01±0.42  $p=0,032$ ; item 3 F=1.71±1.11 vs M= 1.10±1.05  $p=0,002$ ; item 5 F=1,02±0,89 vs M=2,72±1,52  $p=0,044$ ). At SCL-90, female patients scored significantly higher in the total value of subjective symptomatology (F=128,14±45,30 vs M=88,5±22,59;  $p=0,012$ ) and in the single subscales of Obsessive-compulsive (F=18,22±7,32 vs M=8,17±2,4;  $p=0,018$ ), Interpersonal Sensitivity (F=12,18±9,07 vs M=10±5;  $p=0,002$ ), Depression (F=22,36±10,5 vs M=15,8±7,2;  $p=0,002$ ), Anxiety (F=19,41±8,22 vs M=12,5±7,2;  $p=0,005$ ), Rabies-Hostility (F=2,5±4,4 vs M=8,4±2,3;  $p=0,026$ ). Women showed total score significantly higher at GDS (F=28,1±0,4 vs M=23,2±1,6;  $p=0,005$ ). At HAMD the items of initial insomnia, somatic anxiety, hypochondria, weight loss, insight are significantly different between female and male patients (item 5 F=1.24±1.11 vs M=1.21±1.02  $p=0,012$ ; item 11 F=1.81±1.21 vs M= 1.20±1.02  $p=0,005$ ; item 15 F=1,01±0,49 vs M=2,22±1,51  $p=0,011$ ; item 16 F=1,22±0,29 vs M=2,32±1,21  $p=0,005$ ; item 17 F=1,61±0,21 vs M=3,21±1,01  $p=0,002$ ). Comorbidity for general medical conditions, male and female patients differ significantly in cardiac illness (F=21,72±5,96 vs M=16,8±4,4;  $p=0,001$ ), respiratory illness (F=21,72±5,96 vs M=16,8±4,4;  $p=0,001$ ) and endocrinologic illness (F=21,72±5,96 vs M=16,8±4,4;  $p=0,001$ ). AT TCI, temperamental dimensions such as Harm Avoidance (HA1: fear of uncertainty vs confidence F=4.22±1,0 vs M=2.21±1,2;  $p=0,010$ ) Reward Dependence total (F=16,6±1,8 vs M=12,1±4,3;  $p=0,007$ ) and single items RD1 (sentimentality vs insensitivity: F=4,4 ±1,5 vs M=3,6±2,3;  $p=0,002$ ), RD3 (attachment vs detachment: F=4,7±1,1 vs M=2,1±1,4;  $p=0,005$ ) were all over-represented in female patients. Character differs between F and M: almost all dimensions of Self directedness were significantly higher in M than in F (Self directedness tot, F: 18,8±2,8 vs M: 26,8±5,2;  $p=0,001$ . Purposefulness vs lack of goal direction, F: 2.1±1. vs M: 2.5±1.0;  $p=0,002$ . Self-acceptance vs self-striving, F: 2.1±1. vs M: 3.2±1.2,  $p=0,002$ ) and Cooperativeness (C total: F=26,32±3,1 vs M=15±4.3;  $p=0,025$ ) was significantly reduced in male patients.