

subjects were interviewed. One year later 263 (73.5%) subjects could be reexamined. The subjects were examined by research psychiatrists. Several diagnostic systems were used (GMS-A-Agecat-Computer diagnosis, DSM-III-R Medical Judgement, ICD-10-Medical Judgement).

The probands showed a high prevalence of depression - nearly one quarter of the interviewees. In this extreme age group sex differences in depression were minimal. Depressives were distinctly impaired in daily life. Depressive pro-bands were more often found in institutions than in private households. Depressives were high users of the medical care system, but very rarely treated by specialists. Living in institutions, lower class, need for care and certain specific especially threatening life events (moving, separation of husband or wife) were identified as risk factors for depression.

### FC29-2 SYSTEMATIC APPROACH TO THE DEPRESSIONS PROGNOSTIC CRITERIA

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Objective of study was to demonstrate prognostic favorable and unfavorable prognostic computed-syndromes. This research was conducted in 175 severely and moderately depressed patients with bipolar disorders, recurrent depressive episodes and schizo-affective disorders. This group of patients has been examined for the second time after 8–10 years. Four categories were identified among all patients: - patients with favorable prognosis; -those with less favorable prognosis -; -patients with "intermediate" prognosis; -patients with significant social and occupational disabilities due to brain trauma, somatic illnesses, alcohol abuse and dependence. The latter group was excluded from the subsequent analysis. Computer-syndromes of favorable and "intermediate" prognoses were detected from the mathematically analyzed information on the patients: clinic of mental disease, its duration, age, premorbid personality disorders, bothersome heredity, other harmful environmental factors and treatment. Every computed-syndrome was specific to the certain group of patients and was not found as a prognostic criteria in others. Symptom' prognostic significance depended on its dynamic correlation with other ones. Use of computed-syndromes, those reflect the level of severity by the determination of different symptoms' inner interactions, is one of the most important ways to find individual (not group) prognostic criteria.

### FC29-3 DISCRIMINATIVE POTENTIAL OF ANTICIPATORY COGNITIONS IN DIFFERENT TYPES OF DEPRESSION

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The aim of this study is to compare the negative predictions that occur in dysthymia and non-melancholic depression when the occurrence of personality disorders is excluded.

**Methods:** Subjects with dysthymic disorder (n = 19) and non-melancholic major depressive disorder (n = 20) were selected according to DSM-IV criteria. Personality disorders were ruled out by means of the same diagnostic system. All patients were studied using the Hamilton scales for anxiety and depression (HARS and HRSD), the Beck Depression Inventory (BDI) and the Symptom-Check-List-90-Revised (SCL-90). The "Anticipatory Cognitions Questionnaire" (ACQ) was used for the evaluation of negative predictions.

**Results:** Measures of anticipatory cognitions provide a clear discrimination between the two groups of depressive patients. The same holds true with the values of depression severity obtained with the HRSD, the BDI and the SCL-90. However, other psychopathological differences between the two groups are scarce. The correlational study between measures of the ACQ and severity measures shows a covariation of statistical significance.

**Conclusions:** These results suggest that anticipatory cognitions are highly related with depression severity. Remains questionable that negative predictions have some sensitivity and specificity for different types of depression. Anyhow, overall clinical severity surely plays a spurious effect in this kind of investigation. So, in order to clarify the present issue this confoundable variable should be controlled in future studies.

### FC29-4 COGNITIVE THERAPY FOR MAJOR DEPRESSION IN PARTIAL REMISSION: PRELIMINARY FINDINGS

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**Aims and Methods:** In a two-centre collaborative controlled trial, patients in partial remission with residual symptoms after antidepressant medication for major depression were randomly assigned to receive drug continuation alone or cognitive therapy plus drug continuation. Subjects received 18 sessions of cognitive therapy aimed at ameliorating symptoms and preventing relapse. A 20 week treatment phase was followed by a 12 month follow-up phase. Outcome was assessed regarding symptoms, relapse rates, and in relation to predictors from the history, symptoms, cognitions and attributions of illness. Cognition and attribution measures were used to examine mechanisms of effect. The study aims to test a non-pharmacological approach for relapse prevention and a possible specific indication for cognitive therapy in patients not fully responding to drugs.

**Results and Conclusions:** 330 subjects met the inclusion criteria of which 158 (48%) were entered into the study. 24/144 (17%) completers of the treatment phase met the criteria for relapse. (Relapse was defined as DSM-IV major depression for 4 weeks with two successive HAM-D scores >16). 62/124 (50%) completers of the follow-up phase so far have relapsed or have been withdrawn because of treatment failure. The preliminary results confirm the evidence that in major depression partial remission is a common outcome with a high rate of early relapse. Results testing the principal hypothesis, that cognitive therapy is an effective treatment for this group of patients, will also be presented if available.

### FC29-5 EPIDEMIOLOGY OF ANTIDEPRESSANTS

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**Purpose:** The use of antidepressants has increased very markedly since the introduction of SSRI medications. The effects of this on the sale and prescriptions of psychopharmaca has been studied in Iceland, prescription prevalence as well as contribution of physicians of different specialities to the prescriptions.

**Methods:** 1) Official sales figures for the period 1975–1996 and 2) prescriptions to outpatients in Reykjavik during one month in each year 1984, 1989, 1993.

**Results:** The sale of antidepressants increased gradually from 1980 until 1989 where after it increased more steeply, especially from 1993. The one month prescription prevalence increased from 0.7% and 1.2% for men and women, respectively, in 1984 to 1% and 2% in 1993. The increase was especially marked for women aged 65+ years. General practitioners and other non-psychiatric physicians prescribed 60% in 1984 and almost 70% of antidepressants in 1993. The proportion of patients receiving antidepressants from physicians other than psychiatrists increased steeply with age.

**Conclusion:** The increase in prescriptions of antidepressants by general practitioners, especially to the elderly indicates clearly the need for better information diagnosing and treating depressive disorders.

### FC29-6

#### DEPRESSION AND CONCOMITANT ANXIETY IN THE COMMUNITY: APPROACH TO TREATMENT

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Depression and anxiety frequently present together in the general practice setting. Findings from the first large pan-European study of depression in the community, DEPRES (Depression Research in European Society), have exemplified the need for prompt treatment of this comorbidity.

Of a total of 78,463 adults who participated in screening interviews, which used the depression section of the Mini-International Neuropsychiatric Interview, 17% were found to be suffering from depression. A cross-section of those who were depressed, had consulted a healthcare specialist about their symptoms, and agreed to take part ( $n = 1,884$ ) were entered into more intensive interviews, which were designed to assess how depression affects quality of life and functionality, and to evaluate how physicians treat depression. Cluster analysis of the responses clearly identified six patient types with differentiating characteristics.

Patients with 'severe depression with associated anxiety' were most likely to have been depressed for more than 5 years, to have had feelings of low mood and anxiety, panic attacks and suicidal ideation, and to have experienced significant functional disability, in terms of disruption to their relationships, normal activities and paid employment. Prescription of antidepressants, most commonly selective serotonin reuptake inhibitors (SSRIs, 21%) and tricyclic antidepressants (23%), was highest in this cluster; fewer side effects were reported for SSRIs. Nevertheless, over 50% had received no drug therapy and prescription of tranquillisers, which are not effective against depression, was widespread.

Since depression with concomitant anxiety is associated with high morbidity, prompt treatment is needed. The use of an SSRI antidepressant with activity against anxiety symptoms represents an appropriate management option.

### FC29-7

#### VASCULAR DEPRESSION — A CONCISE CONCEPT?

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**Objective:** In some recent papers Alexopoulos et al. (1997) proposed the concept of vascular depression (VD) which is different from the concept of post-stroke depression established by the group of Robinson and Starkstein.

**Methods:** 59 consecutive admitted patients with depression (according to ICD-10 criteria) older than 65 years were investigated by the Hamilton Depression Scale, Mini-Mental-State Exam, and cCT.

**Results:** CT-scan showed vascular lesions in 52.5% of the cases, mostly a microangiopathy (Leuko-araososis). Only 13.6% have a history of stroke. However, the latter developed depressive illness with a great lag to the stroke. Statistical analysis revealed no significant differences of Hamilton depression score, Mini-Mental score or impairment of daily living activities between the cases with and without vascular lesions. However, those without vascular damage had a longer duration of depressive illness.

**Discussion:** Our results showed no differences in psychopathology between cases with and without vascular lesions. Furthermore, the cases with a history of stroke did not develop a typical post-stroke depression. Thus, the concepts of vascular and post-stroke depression needs further confirmation.

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## PL30. Nature and nurture in affective disorder

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### PL30-1

#### NATURE AND NURTURE IN AFFECTIVE DISORDER

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The nature/nurture dichotomy pertains to the origin of features of biological organisms. Nature refers to innate factors, nurture to factors acquired during life. In common parlance the nature/nurture distinction is equated to a sister-dichotomy, the one putting the biological and the psychological in opposite.

Dichotomies are appealing because of their simplicity but often misleading because the real world is seldomly simple, and thus such simplifications lead researchers astray.

The nature/nurture split is a case in point. This viewpoint is elucidated with the group of mood disorders as a paradigm.

The neurobiological abnormalities underlying a depressive syndrome are probably the end result of polygenic processes mutually interacting with a conglomerate of biological and/or psychological factors, operative early in life or later on, after the developmental phase.

The nature/nurture dichotomy is a fallacy and an obstacle for psychiatric research.

- (1) Van Praag, H.M. *Make believes in psychiatry or the perils of progress.* Brunner Mazel, New York, 1992.
- (2) Van Praag, H.M. *Inflationary tendencies in judging the yield of depression research.* *Neuropsychobiology*, In Press.