mostly in the first days after the childbirth. This anxiety could be a natural adaptative mechanism for partum and maternity. In the other hand its well known the relation between depression and pregnancy. In this way, there is a clinical syndrome called Maternity Blues (MB) characterized by a mild depressive mood, temporary, lasting for very few hours to some days and it normally appears between the third and tenth day postpartum day. Revised authors determine its frequency between 50% and 80%. Another more severe syndrome is the postpartum depression shown around the sixth week after childbirth. It possibly has some common factors with MB that could allow us to detect earlier, in this one, those factors that may cause the previous one. The objective of this study is to analyze which are those common factors in order to a better and earlier treatment of postpartum depression.

Methods: Present study tries to evaluate anxiety and depression levels using the Zung's Depression Scale and STAI Scale both in the selfmade mode, in a group of 200 women hospitalized in the Hospital Universitario de Valladolid in the Obstetric Unit. It is a test-retest prospective study in the third day and the third month postpartum. We also analyze 13 factors related to both states.

Results: Up to now we only have the information obtained from the first test: 92% of patients show pathological levels in the Zung's Depression Scale, 18% in the severe range. 98% of patients show normal levels in the STAI Scale for anxiety. More related factors are: age (medium range: 20 to 30 years), first childbirth, unwanted pregnancy and the existence of personal history of psychiatric pathology.

Conclusions: Even the study is not completed we see that most of patients show a mild depression but there are not significant differences between analyzed factors. According to this we could infer that MB would be a normal feature in the early puerperium. Anyway MB demand a selection or restriction of the diagnostic criteria for depressive patters regarding to temporaly and/or severity criteria, according to lasting and intensity of symptoms. Only 2% of patients show pathological anxiety, so perhaps we're using very strict criteria or depressive symptoms mask the anxious ones. There are, however, significant differences between several factors as mentioned above.

ADH/ALDH2 AND DRD2 GENE PCR POLYMORPHISM IN ALCOHOL POLYNESIAN USERS

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Alcohol metabolizing hepatic enzymes have various activity depending on their isoenzyme forms and are genetic targets of susceptibility for alcoholism. It could explain a protective effect of the ADH/ALDH genes (Thomasson et al., 1991; Kono et al., 1995) to safeguard against dependance as it has already been demonstrated in the Polynesian sample (Marshall & Chambers, 1994). In order to examine this hypothesis, we selected a sample in a small isolated archipelago, the French Polynesia, where we could identify racial admixture.

We report here an association with ADH/ALDH and DRD2 polymorphism genes study in three groups (pure polynesian, polynesian/asian, polynesian/caucasian) of severe alcoholics (n = 43) and controls (n = 39) from French Polynesia matched with respect to their ethnical origin.

DEPRESSIVE DISORDERS AMONG OUTPATIENTS WITH GLAUCOMA

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It has been suggested that the topical beta blocking drugs employed to treat glaucoma may cause depression and preliminary research has suggested a high rate of depressive disorder among glaucoma patients.

Consecutive patients attending the Glaucoma Outpatient Clinic of the Royal Victorian Eye and Ear Hospital, aged 65 and over, were interviewed by one rater using the Geriatric Mental Status schedule (GMS). The data were processed by the AGECAT computer programme in order to yield psychiatric diagnoses of eight syndromes at six levels of confidence. In stage 2 of the analysis a main psychiatric diagnosis was produced where appropriate.

One hundred and eighteen consecutive attenders were interviewed and thirty-three percent met AGECAT criteria for depressive disorder at a confidence level of three and above (a level which would usually be felt by psychiatrists to justify treatment for depression). These levels are similar to the 27% frequency of depressive caseness among elderly medical and surgical patients interviewed with the GMS at the Royal Melbourne Hospital, but three times the rate found in the general Liverpool community using the instrument and twice as high as the rates found in the Australian city of Hobart using the same interview techniques. There was absolutely no association between depressive disorder and the use of beta blocking ocular drops and the sample has had considerable statistical power to detect such a difference if indeed there was one.

We conclude that older glaucoma patients are at significant risk of depression which occurs at a rate at least twice that of the general community and at a rate comparable to that seen in elderly patients admitted to a general hospital for medical and surgical treatment. The concomitant use of ocular beta blocking drugs does not appear to confer any increased risk of depressive disorder.

REGULATION OF THE BRAIN CATECHOLAMINE SYSTEM FUNCTIONS AS A BASIS FOR THE PHARMACOLOGICAL TREATMENT OF ALCOHOLISM

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The results of experimental and clinico-biochemical studies show the major role of specific disturbances of the brain catecholamine (CA) system functions in alcohol dependence development. Due to intimate interaction of neurochemical processes CA neurotransmission may be influenced in different ways, for instance: the effect on receptors, enzymes and CA reuptake; the effect via neuropeptides, neurohormones and other neurotransmitter systems (5-HT and GABA), etc.

The pharmacological means of the CA system functions regulation, that have proved to be most effective in our studies, are as follows: (a) low doses of DA receptor agonists (apomorphine and bromocriptine), (b) neuropeptides (cholecystokinin), (c) serotoninergic antidepressants, and (d) plant extracts. Cholecystokinin was most effective when used for the treatment of alcohol withdrawal syndrome, and apomorphine, bromocriptine, serotoninergic antidepressants and some plant extracts, for arresting the pathological craving for alcohol and relapse prevention.

In all cases, the clinical improvement correlated with CA turnover normalization.

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