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S51. Depressive spectrum disorders

SEASONAL AFFECTIVE DISORDER: A TRUE CLINICAL ENTITY?

P. Grof, D. Fox, M. Alda, B. Ahrens, E. Grof
Royal Ottawa Hospital, 1145 Carling Avenue, Ottawa, Ontario, K1Z 7K4, Canada

Starting from a clinical observation of successful phototherapy of a single bipolar patient, the concept of "seasonal affective disorder" has been rapidly developed during the past eight years. This concept has become very favored among psychiatrists, patients and the popular press, particularly due to the success of phototherapy in selected depressed patients. Some reports have suggested that the disorder is extremely frequent and may trouble as much as 20% of the population.

The entity has not been proven in the generally accepted way, e.g., through epidemiological, clinical, genetic, outcome or treatment studies, yet many psychiatrists and patients already take it for granted. It has even been recommended that the situation is so clear cut that the patients may diagnose and treat themselves. With a concept this popular and having such important practical implications, it is essential to assess its validity. We have earlier collected material on the clinical course of 409 patients with recurrent affective disorder, free of long-term treatment, all hospitalized at least once. Having such material is critical to test the diagnostic criteria for "seasonal affective disorder".

On this clinical material we have tested 1) whether the data on the clinical course support the idea that the patients meeting the criteria of a "seasonal affective disorder" are common; 2) whether the established diagnostic criteria have a predictive validity (i.e., if a patient meets the criteria at one point in time, will the illness continue running a seasonal course subsequently? 3) whether the chronobiological approach offers a better explanation than the seasonal one.

One out of 409 patients met the DSM-III-R diagnostic criteria; this patient experienced only 3 episodes in total. If "seasonal affective disorder" exists in clinical populations, it must be very rare.

NEW TYPES OF AFFECTIVE DISORDERS IN JAPAN ---A CONSIDERATION FROM THE STRUCTURAL-DYNAMIC VIEWPOINT (W.JANZARIK)

Takaaki Abe
Department of Psychiatry, Jichi Medical School, Minamikawachi-Machi, Tochigi-Ken, 329-04, Japan.

Recently new types of affective disorders with specific premorbid personalities have been observed in Japan. They have been classified as "withdrawal depression"(Hirose,T) and "immature (manic-)depressive illness"(Miyamoto,M). They are different in clinical features from classical affective disorders. While patients with withdrawal depression show mild inhibition and withdrawal tendencies from reality (monopolar or bipolar 2), patients with immature (manic-)depressive illness show severe inhibition, yet suffering strong anxiety and irritation, with suicidal tendencies (bipolar 1 or 2). Both of their premorbid personalities are immature and dependent, but the former is less sthenic, the latter more sthenic.

From the structural-dynamic viewpoint, premorbid personalities with affective disorders, including these two types, are described according to the two axes of habitual dynamic level and structure developed by Janzarik. The typus melancholicus has a low habitual dynamic level and a very rigid structure, the premorbid personality with withdrawal depression has a low habitual dynamic level and a less rigid structure, the immodithymia has a high habitual dynamic level and a rigid structure, and the premorbid personality with immature (manic-)depressive illness has a high habitual dynamic level and a less rigid structure. In other words the premorbid personality with withdrawal depression seems to be an abortive type of typus melancholicus, and that with immature (manic-)depressive illness an abortive type of immodithymia.

The increase of such abortive types seems to be attributed to a decline of paternal authority. This change of premorbid personalities may explain the appearance of new types of affective disorders.

DYSTHYMIC DISORDER IN HAEMODIALYSIS PATIENTS

V. Popovic *), J. Popovic **), N. Karan *), A. Radmilovic **)
*) Institue for Psychiatry University Clinical Centre
**) Clinical Institute for Kidney Diseases-Clinical Hospital Centre Zvezdara, Belgrade, Yugoslavia

Patients (pts) on haemodialysis (HD) programme are exposed to many pathologic stressors. They must tolerate numerous restrictions (familial, occupational, diet), medical complications and emergencies, uncertainty about life expectancy etc., all of which could facilitate initiation of dysthymic disorder.
Twenty-one HD pts (10 female, 11 male) aged 33 - 65 years were observed and rated by Hamilton Depression Scale. Three groups were formed (7 pts each) in relationship to the duration of HD treatment. Group I: pts on HD less than 1 year (5,3 $\pm$ 3,6 months), group II: pts on HD from 1 - 3 years (19,6 $\pm$ 4,4 months) and group III: pts on HD more than 3 years (69,6 $\pm$ 29,4 months).

The overall score was 10,7 $\pm$ 4,0. Higher mean score was obtained in group I, i.e. in pts up to 1 year on HD (13,7 $\pm$ 5,6). Groups II and III showed similar results: 8,6 $\pm$ 2,1 and 9,8 $\pm$ 1,2 respectively.

Although pts who were longer on HD (groups II and III) showed better adaptation, i.e. lower scores, the three groups did not differ significantly in scores on the Hamilton Depression Scale.

PSYCHIATRIC MORBIDITY IN GENERAL PRACTICE BY THE DATA OF KAUNAS MEDICAL ACADEMY CLINICS

B Kazilionyte, A Puras, R Serksniene
Psychiatry Clinics of Kaunas Medical Academy, Eiveniu 2, 3007 Kaunas, Lithuania

In the face of the continued growth of mental disorders, psychiatric disorders and symptoms are known to be widely distributed in the general population. Still it is well known, that only proportion of the people with such problems ever get any treatment for them.
In this way the purpose of our study was to detect most common psychiatric disorder in general practice. From January 1, 1993 to December 1, 1993 158 patients with suspected mental disturbances underwent psychiatric consultation in two therapeutic departments of Kaunas Medical Academy Clinics. For remarkable part of these patients (68%) after detail physical examination there was no found only medically unexplained somatic symptoms and if any physical disorders was present, they do not explain the nature and extent of the symptoms and preoccupation of the patient. After careful psychiatric examination (using ISD-9 criteria) of these patients, it was determed they have different mental disorders: panic disorder - 6%, conversion disorder -1%, hypochondriacal disorder - 3%, other somatoform disorders - 3%, depressive disorder - 23%, other - 2%.
According to the results of the first year of the study, it is clear, that depression is the most common psychiatric disorder in medical departments of Kaunas Medical Academy Clinics. Obviously, further studies of this problem are required.

COMPOSITE DIAGNOSTIC EVALUATION OF DEPRESSIVE DISORDERS (CODE-DD)

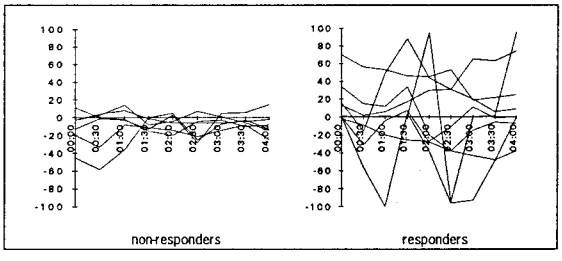
L. Mehilane, K. Rosental, P. Lääne
Department of Psychiatry, University of Tartu, 18 Ülikooli Street, Tartu, EE2400, Estonia.

The aim of study was to evaluate patients with depressive disorders using different diagnostic approaches. The symptoms of depression are individually different and they can be evaluated differently by various doctors. The sample of 78 depressive patients were diagnosed using DSM-III-R, ICD-9, ICD-10 and CODE-DD (Composite Diagnostic Evaluation of Depressive Disorders, Th. A. Ban, 1989). CODE-DD includes 25 different diagnostic systems for diagnosing depressive disorders. According to ICD-9 criteria 68% of patients were diagnosed as depressive neurosis (300.4). Using DSM-III-R criteria came out that 99% of the same patients were diagnosed as Major Depression, Recurrent, Severe. Using CODE-DD the same patients had diagnosis as Endogenous Depressive Illness (34%), Vital Depressive Illness (22%), Pure Endogenous Depressive Illness (12%). The patients received monocourse of an antidepressant (inhibitor of norepinephrine uptake). The results (clinical rating scales, biochemical analyses, electrocardiography, somatic symptoms) were evaluated according to international clinical approbation criteria. The duration of treatment was 6 to 52 weeks.
The comparative analysis of different diagnostic criteria allows us to make conclusion that the exact recognising of the severity of depressive disorders is main premise for their effective treatment.

SUBJECTIVE DAYTIME SLEEPINESS BEFORE AND AFTER SLEEP DEPRIVATION IN DEPRESSIVE PATIENTS

S Volk, S von Nessen, K Georgi, B Pflug
Abteilung für Klinische Psychiatrie II, Johann Wolfgang Goethe Universität , Heinrich-Hoffmann-Str. 10, Frankfurt am Main, Germany

Following sleep deprivation many depressive patients complain of daytime sleepiness. Recently Wiegand et al. (1993) could demonstrate that napping in the morning hours following sleep deprivation result in a high percentage of relapse after definite im-provement of the depressive syndrome. The aim of the present study was to compare subjective daytime sleepiness of responders and non-responders during the morning hours before and after total sleep deprivation (TSD). The following questions were investigated: *Are there differential effects of TSD on daytime sleepiness dependent on the response type ?*
18 patients (12 female, 6 male, mean age: 51.7 ± 12.0 yrs.) suffering from a major depression-melancholic subtype (DSM IIIR-criteria, 1987) gave subjective ratings of sleepiness every 30 min. between 8 a.m. and 12 a.m. before and after TSD on a 100 mm visual analogous scale (0 mm = very tired, 100 mm fully awake). The variability in subjective sleepiness during the morning hours was significantly higher in responders due to sleep deprivation. (Fig. 1).



It can be assumed that the positive effect of TSD is represented in a higher amplitude of this circadian and ultradian controlled variable.

Wiegand et al. (1993); Biol. Psychiatry, 33: 467-476

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