of anxiety at doses of 75 to 225 mg/daily in depressed outpatients with associated anxiety.

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COMPARATIVE EFFICACY OF ONCE-DAILY VENLAFAXINE XR AND FLUOXETINE IN DEPRESSED PATIENTS WITH CONCOMITANT ANXIETY

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This 12-week, multicenter, double-blind, randomized, placebo-controlled study compared the efficacy and tolerability of once-daily venlafaxine XR and fluoxetine in outpatients with depression and concomitant anxiety. Patients met DSM-IV criteria for major depression, had a score of $\geq$20 on the first 17 items of the 21-item HAM-D, and had a Covi score $\geq$ 8. Venlafaxine or fluoxetine were started at daily doses of 75 mg and 20 mg, respectively; these dose levels could be increased to 150 mg and 40 mg on study day 14 and to 225 mg and 60 mg, respectively, on study day 28 if clinically indicated to improve response. One hundred eighteen patients on placebo, 122 on venlafaxine XR, and 119 on fluoxetine were evaluable. The HAM-A total score was significantly ($p < 0.05$) lower vs placebo at weeks 8 and 12 and at final evaluation with venlafaxine XR but only at final evaluation with fluoxetine. At week 12, the HAM-A response rate was 65% with venlafaxine XR, 51% with fluoxetine, and 39% with placebo ($p = 0.037$, venlafaxine XR vs fluoxetine). Significant decreases in HAM-D anxiety somatization, HAM-A psychic anxiety, Covi, and HAD anxiety scores were also observed with both venlafaxine XR and fluoxetine. Overall, the incidence of adverse events and discontinuations was similar with venlafaxine XR and with fluoxetine. Once-daily venlafaxine XR is effective and well tolerated for the treatment of depressed patients with concomitant anxiety and was superior to fluoxetine on measures of anxiety.

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EFFECTIVENESS OF SULPIRIDE VS. MIANSERINE IN TREATMENT OF LATE-LIFE PSYCHOTIC DEPRESSION

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The objective of this study was to establish antidepressant efficacy, tolerability and effect on cognition of sulpiride in treatment of psychotic depression in elderly patients in comparison with mianserine. Sixteen in-patients, (>60 yrs) with diagnosis of Major depression (DSM-III) with psychotic features entered this open trial lasting 6 weeks. The criteria from exclusion from the study were determined. One patient group (n = 8) was treated with sulpiride (200–400 mg/day) and the other one (n = 8) was treated with mianserine (60–90 mg/day). The $HAMD_{21}$ and the CGI-Severity of Illness were used for evaluation of antidepressant effect at the beginning of the study and on 7, 14, 28 and 42 day of therapy. 50% reduction or more from the $HAMD_{21}$ initial score (>20) was taken as a positive result and the CGI score <2. Cognitive performances were assessed by MMSE at baseline, day 28 and day 42 of treatment. Side-effects of the applied therapy were followed using the CGI-T. Laboratory examination and ECG were undertaken. Statistical comparison of the results obtained from this study was performed by Student t test ($p < 0.05$). Three patients in both treatment groups were with drawn from the study due to lack of efficacy and cognitive impairment.

According to the results obtained at the end of this trial, sulpiride showed better antidepressant efficacy and effect on cognitive functions in comparison with mianserin without significant differences in treatment of late-life psychotic depression. Both drugs were well tolerated.

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SEMIOTIC OF DYSTHYMIA IN GENERAL SOMATIC PRACTICE IN WEST SIBERIA

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Clinical-descriptively and catamnestically frequency of separate symptoms of dysthymia has been studied. From 507 in patients in general hospitals 15.6% met criteria of dysthymia according to ICD-10. Total sample constituted 107 patients, 87 (81.3%) women and 20 (18.7%) men. Mean age was 40 $\pm$ 4.4 years. Duration of dysthymia constituted in average 2.8 $\pm$ 1.1 years. The symptoms have shown following frequencies: depressive mood - 100%, appetite disturbances - 57.9%, sleep disturbances - 71%, lack of energy and fatigue - 79.4%. Low self-esteem - 62.5%, disturbances of concentration of attention and difficulty in decision making were observed in 50.5% of patients; feelling of hopelessness - in 67.2%. The most frequent associated symptoms were: hypochondriac fears, phobic reactions, obsessive doubts, reinforcement of sensitivity, "agnosia" of sleep, reflexia, headache, back pain, parasthesia, gastrointestinal and cardiac-respiratory disturbances < inner restlessness, irritability, complaintative, reduced social contact, anxiety.

Four types are allocated typologic of dysthymia: adynamical, somato-vegetatical, coenaesthesiopathycal, thymopathycal.

Complex of genetic, constitutional-biological and psychogenic of the factors and its variables determines clinical manifestation of dysthymic disorder. Adinamical and somato-vegetatical subtypes of dysthymia observed more often with association by psychogenic factors. Coenaesthesiopathycal and thymopathycal subtypes of dysthimia relationship between constitutional personality manifestation vital steam and demonstrate evolution of "characterologic depression".

Research has shown that clinical polymorphism of dysthymia is determined by many factors: by clinical manifestations of mild depression, associated atypical symptoms, quantity and severity degree of previous psychosocial stressors and constitutional-personality factors.

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THE STRUCTURE OF PERFECTIONISM AS THE PERSONAL FACTOR IN DEPRESSION

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Perfectionism has detrimental effects for human life - work inhibition, fear of failure, high self-criticism, feeling of guilt and shame. Perfectionism appears to be a disruptive factor in short-term treatment of depression (Blatt, 1995). The presence of perfectionism in depressives has been articulated in both dynamic (Arieti&Bemporad, 1978) and cognitive perspectives (Beck, 1983). Nevertheless, little is known about its structure and there is still lack of instruments.

Goal: Description of perfectionism structure, elaboration of the instrument to test different components of this personal trait.

Hypothesis: Perfectionism has a complex structure (constellation of traits), which includes the following dimensions: 1) Exessive goals (too high level of aspiration in comparison with possibilities). 2) Polarized "white-black" estimation of results in one's own activities. 3) Persistent comparison with "the most