

Yet few women are taking up leadership positions in international professional organisations. These organisations aim at e.g.

- improving the care for the mentally ill
- promoting parity in the provision of care to the mentally ill
- preserving the rights of these patients and
- protecting the rights of psychiatrists.

All areas where the input of women may contribute significantly to the outcome of any intervention.

Other key domains relate to:

- the development of ethical standards and procedures how to monitor their observance.
- the growth of educational programs to be offered globally
- the mentorship of junior colleagues or colleagues working in professional isolation

The need to develop strategies to overcome the inner as well as outer obstacles preventing women from due representation in these organisations will be discussed and suggestions for strategies to overcome the obstacles outlined.

### S16.02

Indication and impact of mentoring models

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**Objective:** To stimulate the discussion on the implementation of mentoring models for women in psychiatry.

**Background:** Mentoring is regarded as an important tool in many disciplines and also in medicine to advance the academic careers of young professionals. It has, however, been so far hardly used for supporting young (female) psychiatrists.

**Method:** Different models of mentoring will be presented, and a short review of different studies on mentoring in academic medicine and its success will be given. The Basel experience with a mentoring programme at the University Hospital will be reported as an example.

**Results and Conclusions:** Mentoring can positively influence professional medical careers and can be especially helpful for young women to promote their research career. Special mentoring programmes considering gender specific needs should also be implemented in psychiatry.

### S16.03

Gender and research trends in psychiatry

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**Aims:** To describe the characteristics of psychiatric research and their development over one decade with respect to the researchers' gender as captured in the articles published by three high impact general psychiatric journals.

**Methods:** All articles published in the *American Journal of Psychiatry*, the *British Journal of Psychiatry* and the *Archives of General Psychiatry* in 1994 and 2004 were considered for analysis. Articles were classified as research or non-research articles and further categorised according to a number of variables, including the methodological approach, the field of research, specific topic areas and number of participants studied. For all articles, the gender of the first and all co-authors was assessed as well as the academic degrees of the first and corresponding authors. Descriptive data analysis was performed.

**Results:** Not surprisingly, first authors were significantly more often male than female. The difference declined markedly between 1994 and 2004 but remained highly significant. At the symposium, detailed data on gender specific differences and changes over time in publication patterns will be presented for the first time. Issues to be discussed will include the relationships between gender and specific research fields, study size, the choice of biological or social outcome variables, the reporting of funding sources and more.

**Discussion:** This systematic gender specific analysis of publication trends reflects the status of women at the leading-edge of psychiatric research. It may serve to highlight the impact of recent policies supporting women's careers in research and can act as a baseline for future gender specific monitoring.

### S16.04

Gender-sensitive data and monitoring of international developments in psychiatry

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**Background and Aims:** Results of long-term studies show that businesses' scores for promoting women correlate positively with profitability. This might well be the case also in the field of psychiatric practice and research.

**Methods:** A review of gendered data on psychiatrists and their professional situations in different countries was undertaken.

**Results:** The data base that would allow to assess the role of women in psychiatry and their impact on the developments of this field is fragmentary. Europe has gender-sensitive data for careers in medical sciences with almost one third of researchers being female, but these data cannot be broken down to the level of specific specialities. In most European countries women receive less research grants altogether, but are as successful with their applications as men. Data from the USA show that women faculty fare better in psychiatry compared to medicine overall. Data on gender and psychiatric consultants' subspecialities from the UK indicate an excess of men in almost all fields. However, for most European countries data on gender ratios regarding clinical psychiatrists, researchers and leadership positions are not published.

**Conclusions:** An effort of the AEP Section of Women's Mental Health to gather data from European countries on gender ratios of psychiatrists in different parts of the field and leadership positions on national levels is underway in order to allow comparisons and serve as benchmarks for further efforts towards gender parity in psychiatry. The presentation will include design and feasibility issues of this project as well as first feedbacks.

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## FC01. Free Communications: MOOD DISORDERS

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### FC01.01

Six-year prospective study of major depressive disorder: Remissions, relapses, and the effects of personality disorders

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**Background:** To examine prospectively the natural course of major depressive disorder (MDD) and to test the effects of personality disorders (PDs) on remission and relapse over six-year follow-up.

**Methods:** Subjects were 302 patients (196 women, 106 men) with current MDD at baseline enrollment in the Collaborative Longitudinal Personality Disorders Study (CLPS), a NIMH-funded multi-site study (Yale, Brown, Columbia, Harvard). MDD and psychiatric disorders were assessed with the Structured Clinical Interview for DSM-IV and PDs with the DIPD-IV. The course of MDD was assessed with the Longitudinal Interval Follow-up Evaluation and the course of PDs with the Follow-Along version of the DIPD-IV at 6- and 12-months and then yearly for 6 years. Good inter-rater and test-retest reliabilities were established.

**Results:** Lifetable survival analyses revealed an overall 24-month remission rate of 74% for MDD that differed little by gender but was significantly lower among patients with PDs (range 52% to 81%) than without PDs (89%). Cox proportional hazards regression analyses revealed that MDD patients with co-existing PDs had significantly longer time to remission than did MDD patients without any PD even when controlling for other negative prognostic predictors (psychiatric co-morbidity, dysthymia, gender, ethnicity, early-onset and recurrent MDD, and treatment). Among patients who achieved remission from MDD, the probability of relapse was significantly greater and time to relapse was significantly shorter in patients with PD than without PD.

**Conclusions:** PDs are a robust predictor of slowed remission and accelerated relapse in MDD.

## FC01.02

Long-term outcome of depressive pseudodementia in the elderly

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**Background:** The term depressive pseudodementia has proved to be a popular clinical concept. Little is known about the long-term outcome of this syndrome.

**Aims:** To compare depressed elderly patients with reversible cognitive impairment and cognitively intact depressed elderly patients.

**Methods:** All patients suffering from moderate or severe depression admitted to St Margaret's Hospital, UK as inpatients or day hospital outpatients between January 1, 1997 and December 31, 1999 (n=182) were screened for entry into the study. Eligible patients were divided into those presenting with pseudodementia and those who were cognitively intact and followed up for 5 to 7 years.

**Results:** Seventy one percent four percent of those suffering from pseudodementia had converted into dementia at follow up compared to only 18.2% in the cognitively intact group. The relative risk was 3.929 (95% CI: 1.985 to 7.775) and the 'number needed to harm' 1.88.

**Conclusions:** Reversible cognitive impairment in late-life moderate to severe depression appears to be a strong predictor of dementia. Patients with pseudodementia should probably have a full dementia screening, comprehensive cognitive testing and ongoing monitoring of their cognitive function.

## FC01.03

Depression and HPA-axis dysregulation: A large cohort study

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There is a central belief that depression is associated with hyperactivity of the HPA-axis, resulting in higher cortisol levels. However, results are inconsistent. Our research aim was to determine whether there is an association between depression and cortisol levels in a large cohort, taking into account the use of psycho-active medication. Data are from 447 adults of the ongoing Netherlands Study of Depression and Anxiety. Participants were divided into 3 groups; 243 controls, 134 persons with major depressive disorder (MDD) without psycho-active medication and 100 with MDD with psycho-active medication. MDD was diagnosed using the CIDI interview and cortisol levels were measured in 7 saliva samples, covering a cortisol awakening response, basal evening level and a dexamethasone-suppression test. The 3 groups showed no significant differences in their cortisol awakening response. The mean value for the area under the curve with respect to the increase was 2.3 nmol/l\*h for controls, 2.7 nmol/l\*h for MDD without medication and 2.0 nmol/l\*h for MDD with medication (p=0.77). In addition, basal evening levels and the ratio of morning cortisol before and after taking dexamethasone did not differ between groups. The findings did not change after adjustment for sociodemographics and health indicators. First results of this large cohort study indicate that depression is not associated with altered cortisol levels or difference in suppression after dexamethasone ingestion. Further analyses should explore the association between anxiety or trauma with cortisol values and whether there are certain subgroups of depressed patients with HPA-axis alterations.

## FC01.04

A triallelic serotonin transporter gene, life events and depression

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**Background:** The short allele of the serotonin transporter gene 5' promoter region polymorphism (5-HTTLPR) is reported by A. Caspi and others to be associated with susceptibility to depression and suicidality in response to stressful life events. We examined the relationship of a triallelic 5-HTTLPR polymorphism to stressful life events (SLE) and severity of major depression and suicidality.

**Method:** Mood disorder subjects (N=191) and healthy volunteers (N=125), all Caucasians of European origin, were genotyped for the triallelic 5-HTTLPR polymorphism, two low expressing alleles (LG, S) and a higher expressing LA allele. All subjects underwent structured clinical interviews for DSM IV diagnoses, ratings of psychopathology, stressful life events, developmental history and suicidal behavior. Cerebrospinal fluid (CSF) 5-HIAA was assayed in a subsample.

**Results:** Lower expressing alleles independently predicted greater depression severity and predicted greater severity of major depression with moderate-severe life events compared with the LA allele. No associations with suicidal behavior and CSF 5-HIAA were found.

**Conclusions:** Low expression transporter alleles explain 31% of the variance in major depression severity and increase the impact