

The relationship between cholesterol and self-harm behaviour can be, in our opinion, considered the epiphenomenon of a complex and still unclear biological modification that occurs somehow in impulsive and suicidal patients.

### Tues-P11

#### SUCCESSFUL PHARMACOTHERAPY OF COTARD SYNDROME WITH REDUCTION OF D<sub>2</sub> RECEPTORS IN BASAL GANGLIA

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A case of "delire de negation", a rare condition described first by Cotard in 1880, is presented here. The syndrome appeared suddenly in a male of 43 years as an acute manifestation of a major depressive disorder. The central symptom was an intense nihilistic delusion with denial of the organs of his body, of his own existence and of all his internal and external world. The regional cerebral blood flow measured by 99mTc-HMPAO-SPECT was normal but the study of the D<sub>2</sub> receptors by 123I-IBZM-SPECT showed a reduction of the striatum uptake of the D<sub>2</sub> receptor ligand bilaterally. The syndrome was successfully treated by a combined therapy with clozapine, fluvoxamine and imipramine. Neurobiological hypothesis explaining the pathogenesis of the disease will be proposed.

### Tues-P12

#### PREDICTIVE POWER OF BECK'S DEPRESSION INVENTORY IN THE GENERAL POPULATION

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The aim of the present paper is to study the predictive power of Beck's Depression Inventory (BDI) for depressive disorders in general population sample.

**Methods:** 1.250 subjects, from 18 to 64 years old, were randomly selected from the Santander (Spain) municipal census. A two-stage method has been used: in the first stage, all individuals selected completed the BDI; in the second, "probable cases" (BDI cut-off  $\geq 13$ ) and a random 5% sample of all respondents were interviewed by psychiatrists using the Schedules for Clinical Assessment in Neuropsychiatry (SCAN), which generates diagnoses of depressive disorders.

**Results:** We can confirm the predictive power of the selected cut-off point (12/13): 100% sensitivity; 98% specificity; 0.73 positive predictive power (PPP); 1 negative predictive power (NPP) and 98% overall diagnostic power. The area under ROC (AUC) was found to be  $0.99 \pm 0.0001$ . There were no statistic differences in terms of sex or age.

**Conclusions:** The BDI is a good instrument for detecting depressive disorders in the general population.

### Tues-P13

#### HEALTH ECONOMICS OF ANTIDEPRESSANTS: A METHODOLOGICAL REVIEW

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In an era of constrained health care financing, clinicians are increasingly faced with considering the economic consequences

in addition to the clinical outcomes associated with initiating a patient on antidepressant therapy. This has increased the demand for health economic studies comparing antidepressant use and associated health care expenditures in clinical practice.

In this study, we review the published health economic literature as it pertains to antidepressants. Our study reveals at least five types of study methods that have been used to conduct health economic evaluations of antidepressant pharmacotherapy: randomized controlled clinical trials, meta-analyses of clinical trials, decision-analytic models, retrospective database studies, and prospective naturalistic economic clinical trials. Each method has certain advantages and disadvantages. Conclusions which are drawn from results consistent across a variety of methods are less subject to criticisms of any one method.

Broadly considered, health economic studies of antidepressants have consistently found differences in clinical practice between the tricyclic antidepressants (TCAs) and the selective serotonin reuptake inhibitors (SSRIs) as well as among the SSRIs. These differences relate to the pattern and duration of antidepressant use as well as total direct health care expenditures. Future health economic research studies in clinical practice should focus on the economic consequences of long-term antidepressant use as well as the impact of antidepressant use on indirect costs such as productivity and absenteeism.

### Tues-P14

#### DOES ST. JOHN'S WORT HAVE AN EFFECT ON AUTONOMIC RESPONSES OF CUTANEOUS CIRCULATION?

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**Intro:** High dosages of *St. John's wort* show a strong impact on patients with mild and moderate depressions as well as on patients with somatoform disorders. By measuring skin blood flow one can observe the influence of autonomic functions on cutaneous vessels. A deep inspiration into the chest causes vasoconstriction followed by dilation. Emphasizing the functional side of this autonomic response, we propose to call it "*voluntary inspiratory constrictor episode*" (VICE). The constrictive phase of such VICEs is mediated via efferent sympathetic nerve fibres, the mechanism of the redilation is suggested to be due to central blocking of sympathetic outflow. The aim of this preliminary study was to evaluate the impact of a treatment with *St. John's wort* on VICEs.

**Methods and Results:** We investigated 25 healthy untreated control subjects and 12 subjects with mild depressions and/or somatoform disorders treated with 900 mg/day of hypericum extract LI 160 (*Jarsin 300*, Lichtwer Pharma, Berlin, Germany) using the PhotoPlethysmoGraphic-technique. VICE-measurements were evaluated off-line by calculating the half time period  $\Delta t_{50\%sup}$ . We found that  $\Delta t_{50\%sup}$  of the *St. John's wort* treated group did differ from those of the control group (mean: 3.2 s versus 4.3 s; SD: 1.2 s/1.9 s).

**Conclusion:** The finding, that the standardized application of *St. John's wort* did lead to shorter redilation phases of VICEs (under tricyclic antidepressants this period is considerably prolonged), suggests that this drug does not increase central sympathetic activation. The tendency of lower mean values for the redilation