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FACTORS ASSOCIATED WITH THERAPEUTIC EFFECT OF RISPERIDONE ON PSYCHOPATHOLOGY AND WORKING MEMORY IN SCHIZOPHRENIC PATIENTS

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Risperidone is an atypical antipsychotic drug, therapeutically effective against a broad spectrum of schizophrenic symptoms. The drug favourably influences also cognitive processes such as working memory. The aim of this study was to assess the clinical factors associated with therapeutic effect of risperidone on psychopathology and working memory in schizophrenic patients.

Fifty schizophrenic patients (29 male, 21 female), aged 16–50 (mean 28) years with the duration of illness 0.5–15 (mean 4) years were studied. Therapeutic effect was assessed with Positive and Negative Syndrome Scale (PANSS). Working memory was estimated by neuropsychological tests: Trail Making Test - TMT B, Stroop test - B, Wisconsin Card Sorting Test - WCST: non-perseverative (N-P), perseverative (P) errors and correct categories (CC). All patients were screened for family history of psychiatric illness and for obstetric complications.

The improvement in PANSS total and positive symptoms was better in younger patients and those with shorter duration of the illness. The improvement on negative symptoms was better in patients with family history. The improvement in all PANSS subscales was better in patients with obstetric complications as was the amelioration of spatial working memory measured with TMT B.

The results of this study may suggest better effect of risperidone on psychopathology and working memory in patients with a history of obstetric complications. The duration of illness may be a negative prognostic factor for the effect of risperidone on positive symptoms of schizophrenia.

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FACTORS PREDICTING DEPRESSION AMONG MALE AND FEMALE IN AN ARAB COMMUNITY

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Aim: To examine sex differences in the prevalence of depressive disorders in an Arab community.

Methods: One thousand three hundred-ninety subjects (n = 1390) were systematically sampled from general population in Al-Ain city, United Arab Emirates. All subjects were interviewed and assessed with the modified version of the Composite International Diagnostic Interview (CIDI) and a specially designed socio-demographic questionnaire. The life time male and female prevalence rates were estimated. Subjects were then divided by age, marital status, number of children, recent life events and chronic life difficulties into 12 categories. Sex differences in the rate of depression in each category were also examined.

Results: The life time rates in males and females were 2.$% and 9.5% respectively. The prevalence rates of depression were higher in females in all above categories but such differences reached statistical significance in age category before 55, in the category of single mothers, when the number of children is 4 or more and among those exposed to recent life events. Females were found to be more exposed to chronic life difficulties but only depressed females were significantly more subjected to recent life events.

Conclusion: Sex differences in depression is a robust finding and because such differences were found to be correlated with certain socio-demographic variables, we tend to believe that the origin of such differences is social rather than biological.

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DEPRESSION IN PATIENTS WITH FABRY DISEASE

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Fabry disease (FD) is an X-linked glycosphingolipid storage disease resulting from a deficiency of lysosomal alpha-galactosidase. Ceramide trihexoside is accumulated in vascular endothelium and smooth-muscle cells of various organs. Common clinical features include angiokeratomas and severe pain - episodic painful crises and constant acroparesthesias with burning discomfort in hands and feet secondary to involvement of autonomic nerves. We observed seven patients with FD for depression. The diagnosis of FD was made enzymatically in all patients by measurement of tissue alpha-galactosidase A activity. Five patients (71%) suffered depression and one of these patients committed suicide. Factors contributing to depression in FD may be severe pain which is the most common debilitating symptom.

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NEUROBEHAVIOURAL STUDY OF LONG-TERM PERORAL ADMINISTRATION OF DEHYDROEPIANDROSTERONE IN OLD RATS

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Dehydroepiandrosterone (DHEA, sulfated form DHEAS) which is the major steroid hormone synthetized in adrenals from cholesterol reveals strong age-related decline in blood serum, both in animals and man. DHEA biosynthesis was proved also in the brain where its concentration is even higher than in adrenals, indicating its role as a steroid neurohormone. DHEA *in vitro* enhanced neuronal and glial survival, *in vivo* reduced memory deficit and immune defects in senescent mice and protected hippocampus against degeneration induced by stress released glucocorticoids. Some clinical trials indicated beneficial effects of DHEA supplementation on neurodegenerative processes of aging. The antiglucocorticoid and immunomodulatory activity of DHEA are supposed to be mediated by 7α-hydroxylated derivatives (7α-OH-DHEA). – Presented experiments evaluating the effect of 10 week peroral DHEA treatment in old rats in relation to serum levels of corticosterone and 7α-OH-DHEA were carried out in male rats, strain Wistar, aged 17 months (N = 20). One half received DHEA (10 mg/kg/day) mixed in the standard pellet diet, the other half was fed placebo diet. Final test procedure included: tests of behaviour ("open field"), short-term memory (social recognition), serum levels of 7α-OH-DHEA (free and sulfated) and corticosterone, brain biochemical analysis (monoamine turnover in hypothalamus and striatum, lipid peroxidation in cortex and hippocampus), ascorbic acid concentration in adrenals. – The outcome of DHEA treatment was not homogeneous. Serum levels of free 7α-OH-DHEA and especially the ratio free/sulfated 7α-OH-DHEA divided the treated rats in two groups with different neurobehavioural features. Group A with high ratio did not differ behaviourally from controls, but had less

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ascorbic acid in adrenals.and higher noradrenaline concentration in the striatum. Group B with low ratio revealed enhanced motor activity and emotional reactivity, decrease of serum corticosterone level and lower value of cortical lipid peroxidation; this finding might represent positive effects of DHEA treatment.

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PERSONALITY IN PATIENTS WITH CHRONIC FATIGUE SYNDROME COMPARED TO DEPRESSED PATIENTS

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Chronic Fatigue Syndrome (CFS) has become increasingly recognized as a common clinical phenomenon, that has led to great controversy among clinicans, researchers and patients. CFS is characterized by a sensation of persistent, debilitating fatigue of more than 6 months duration, resulting in a marked reduction in the level of daily activity. It is well known that besides somatic symptoms patients with CFS are frequently depressed. However, the relationship between CFS and major depression remains a matter of debate. We investigated if there was a difference between the personality profile in CFS and depressive patients. The Temperament and Character Inventory (TCI) (Cloninger, 1994) is a battery of tests designed to assess differences among people in seven basic dimensions of temperament (novelty seeking, harm avoidance, reward dependence and persistence) and character (self-directedness, cooperativeness and self-transcendence). It is well established that depressed patients exhibit higher harm avoidance and self-transcendence scores as well as lower self-directedness and cooperativeness scores compared to healthy controls.

We tested if there was a difference between the TCI scales of 19 patients with CFS (6 male; 13 female) and 41 patients with depressive disorder (12 male; 31 female).

First results show that patients with CFS exhibit lower harm avoidance (Mean 19.7, SD 1.7) and higher self-directedness (Mean 31.6, SD 1.8) compared to patients with depressive disorder (Mean 26.2, SD 1.9; Mean 21.6, SD 1.3).

There is some evidence that patients with CFS show a different in TCI profile than patients suffering from depression. However, the impact of the TCI on the diagnosis of CFS has to be further investigated.

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TPQ IN FUNCTIONAL DYSPHONIA

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Functional dysphonia may be defined as a disturbance of vocal behavior without any structural laryngeal lesion or neurological disease to explain the disorder (Andersson & Schalen, 1998). Considering the etiology of functional dysphonia psychological factors are discussed. According Nichol et al. (1993) personality factors may predispose individuals to functional dysphonia. The aim of this study is to investigate the expression of the four dimensions of Cloninger's personality model in patients with functional dysphonia. Sixty-one patients with functional dysphonia (DSM-IV: 300.11) were compared to healthy controls, matched by sex and age, in respect to "novelty seeking (NS)", "harm avoidance (HA)", "reward dependence (RD)" and "persistence (PE)" of the "Tridimensional Personality Questionnaire (TPQ)" (Cloninger, 1991). First results showed that patients with functional dysphonia presented significantly higher scores in HA ($t = 3.85$: $p < 0.001$) than the healthy controls. No other significant differences between patients and controls were found with respect to NS (-1.47; $p = 0.146$), RD ($t = 0.4$; $p = 0.69$) and PE ($t = 0.79$; $p = 432$). These first results seem to emphasize the role of personality in functional dysphonia. Personality factors should be taken into consideration in the diagnostic and therapeutic process of patients with functional dysphonia.

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THE RELATIONSHIP BETWEEN ALZHEIMER'S DISEASE, EARLY-ONSET AND LATE-ONSET DEPRESSION IN THE ELDERLY ASSESSED IN A FAMILY STUDY

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Background: Considerable symptomatic overlap between depression and dementia in old age might be explained by common genetic vulnerability factors.

Study Design: We investigated this hypothesis by comparing the occurrence of both disorders in first-degree relatives of 78 patients with Alzheimer's disease (AD), 74 patients with late-onset depression (age-at-onset > 60 yrs), 78 patients with early-onset depression, 53 subjects with comorbid lifetime diagnoses of both disorders, and 162 population controls. Diagnostic information on their 3002 relatives was obtained from structured direct assessment and family history interviews. The lifetime incidence of major depression and primary progressive dementia (PPD) among the relatives of the various index groups was compared.

Results: The lifetime incidence of PPD was significantly higher in relatives of AD patients and comorbid subjects than in relatives of patients with early- or late-onset depression, or of controls. The lifetime incidence of depression was significantly higher in relatives of patients with early-onset depression, than in relatives of those with AD or in relatives of controls. Lifetime incidence of depression was comparable in relatives of patients with late-onset depression, those with comorbid dementia and depression, and controls. Relatives of late-onset depressives had the most late-onset depression.

Conclusions: The observed patterns of familial aggregation suggest that primary progressive dementia and early-onset depression represent clinical entities with distinct inheritance. Late-onset depression does not share substantial common inheritance with dementia or with early-onset depression, familial risk factors lead to some small but significant clustering of this disorder.

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SLEEP IN OCD: A CORRELATIONAL STUDY

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Introduction: Just a few sleep studies provide information about subjective sleep complaints in anxiety disorders and their relationship with EEG changes. The primary aim of this study is to provide additional data on sleep polysomnography in obsessive-compulsive disorder (OCD) and to evaluate the possible association between clinical and EEG sleep changes. It sounds useful to investigate the predictive value of this clinical measures.

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