history (stroke/hypothyreosis) varied. The different combinations of case 1a/b and case 2a-d were randomly assigned and a pair of case 1 and 2 presented to family physicians (FP) by trained investigators in a face to face interview. A standardised interview was performed concerning different aspects of disease management. At the end we also asked the physicians to estimate their own competence in diagnosis and treatment of depression.

170 (77.6%) of all FPs in Kassel and rural surroundings were interviewed during summer 1995. The data may be regarded as representative. In case 1 significantly more physicians considered depression for primary diagnosis than in case 2 (71.8% versus 41.8%). In both cases, about 17% of all physicians would not make a diagnosis. The diagnosis did not correlate to the perception of own competence. In both cases female patients got the diagnosis of depression more often, in case 1 the difference was significant (78.8% versus 63.8%). For differential diagnosis, a variety of disorders was discussed.

In conclusion, in contrast to other studies, primary care physicians seem to think of depression quite often and significantly more in those cases, which are the most frequent in ambulatory care. With regard to the treatment data however, depression recognition is not followed by adequate treatment.

Tues-P73

PSYCHOPATHOLOGY AND FIVE-YEAR SUICIDE RISK IN MAJOR DEPRESSION

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It is widely known that suicide risk is elevated in major depressive disorder compared to the general population. The purpose of this study was to examine which symptoms of major depression are predictors for an elevated risk for suicide in the further course.

280 consecutively admitted inpatients aged 18 to 80 (68.6% female, mean age 44.1 +/- 14.7 years) with unipolar major depression (DSM-III-R) were interviewed at index evaluation with the Polydiagnostic Interview for psychopathology. Case studies of patients that had died from suicide five years after index evaluation were compared to those of patients still alive as well as patients that had died from natural death in regard to psychopathology of the index episode.

During the index episode, patients deceased due to suicide had had significantly more often hypochondriac delusions (but not delusions of impoverishment, guilt or sin), panic attacks, suicidal wishes, thoughts and ideation's than living patients as well as patients that had died from natural causes.

These symptoms do not only elevate the suicide risk during depression, but they seem to also be good predictors for suicide risk in the further course of illness. This should be regarded for suicide prevention in the further course of illness.

Tues-P74

SCHIZOPHRENIC INPATIENTS WITH SUICIDAL THOUGHTS

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Suicidal thoughts may be the first step in a suicidal process. These thoughts are common in depressive patients. However, data on suicidal thoughts in schizophrenics are scarce. The aims of the present study are a. to investigate the prevalence of suicidal thoughts and attempts in a population of schizophrenic inpatients, and b. to reveal the depressive symptomatology of schizophrenic inpatients with suicidal thoughts. A total of 93 schizophrenic inpatients (male 69%, female 31%) defined according to DSM-IV criteria, representing consecutive admissions to the Eginition Hospital, Psychiatric Department, Athens, from October 1996 to October 1997, were included in the study. All patients were assessed using the Calgary Depression scale for Schizophrenics (CDS) on admission (during the first week). Schizophrenic patients rating 1 or more on the CDS item 8, "suicidality" (N = 19, mean age 31.3 years, Group A) were compared with schizophrenics matched for age and sex and scoring zero on the same item (N = 19, mean age 31.2 years, Group B) in many depressive parameters derived from the rest CDS items. Any suicidal thought during the last 15 days was reported by 19 patients (20.4%). 11.8% reported frequent thoughts of being better off dead or occasional thoughts of suicide, and 6.4% reported deliberate suicide with a plan but made no attempt. 2 subjects (2.2%) had attempted suicide during the last 15 days. All subjects reported the more intense suicidal feelings but also reported the less intense ones. Patients with suicidal thoughts (group A) scored higher than controls (group B) on the following items: depressive mood (2.00 vs 0.89, $p = 0.0001$), hopelessness (0.89 vs 0.15, $p = 0.002$), guilty ideas of reference (1.31 vs 0.31, $p = 0.006$), observed depression (1.52 vs 0.68, $p = 0.001$). There were no significant differences between the matched groups in terms of the patients' scores on the items of self-depreciation, pathological guilt, morning depression, early wakening.

Tues-P75

RISK FACTORS AND PROFILES IN ATTEMPTED SUICIDE

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Suicidal behavior is ubiquitous yet controversial. Individual instantaneous vulnerability depends on the interplay of personality traits, stressful situations, endurance, and family backgrounds. To determine the prevalence and importance of risk factors in suicidal conduct we studied 203 random suicide attempts (SA) in a general hospital. Semistructured patient and family interviews focusing on quality of life and psychosocial stress scales provided 75 parameters to analyze statistically. The mean age was 31 years old; 58% were females. Quality of life was influenced by both personal and family stressors. Anxiety, sadness, low self-esteem and hopelessness prevailed on "subjective emotional function". The typical profile of a first SA was a young woman with poor socioeconomic and academic status, low self-esteem, irritability and untreated anxiety. The first SA was often triggered by a family or relationship crisis, and the method chosen was the ingestion of various pharmacological agents. Based on a multidimensional analysis model, the absence of impulsivity, personal or family psychiatric history and overdose methods showed significant association with a first SA. Conversely, a previous record of psychiatric disorders, family history of suicidal behavior, impulsive conduct and psychotic symptoms were related to repeated SA and a tendency towards violent procedures. According to our logistic regression model, impulsive behavior and family history of suicidal conduct were the most powerful independent predictors of subsequent suicidal behavior. Risk factors and quality of life may be useful in the evaluation of human behavior and the development of specific treatments and prevention strategies.

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