

morphology were performed in 28 patients and age-matched controls, 10 for mitochondrial biochemistry and 22 for long-PCR.

Results: Decreases of five MAPRs ($p < .05$, two $p < .01$) and enzyme ratios ($p < .01$) were found in patients compared to controls. Deletions of mtDNA were more frequent in patients ($p < .05$). Non-specific light and/or mitochondrial electron microscopy alterations were detected in 25 patients (89%). Deficiency of stain for the mitochondrial enzyme complex COX was detected in seven patients (25%).

Conclusion: The results suggest mitochondrial dysfunction in this selected patient group.

P11.07

Stability of Karolinska Scales of Personality in chronic Depression

A. Gardner*, T. Hällström. *Karolinska Institutet, NEUROTEC Department, Stockholm, Sweden*

Objectives: To investigate if the stability of Karolinska Scales of Personality (KSP) with 15 scales is similar in chronic depression to previous findings in non-psychiatric groups, and to compare mean score levels with two previously reported major depressive disorder groups.

Method: 70 patients with chronic subsyndromal depression with interspersed major depressive disorder episodes according to DSM-IV criteria and MADRS scores filled in the KSP twice with a mean interval of 17 months.

Results: No test-retest mean score differences were found. No difference in the distribution of test-retest correlations was found in comparison with non-psychiatric groups. Significant mean score increases were found in comparisons with other depressive disorder groups. Normal score 50 ± 10 .

	Chronic Depression	Suicide Attempts	At-tempters	Primary Care Depressives
Patients	70	23		163
Muscular Tension	73 ± 12	66 ± 14		65 ± 14
Psychasthenia	70 ± 14	63 ± 16		61 ± 11

Conclusions: The results indicate high stability of personality traits linked to vulnerability to depression in chronic depression. The mean score differences with other major depressive disorder groups suggest increased somatic and neurocognitive symptoms in chronic depression.

P11.08

HMPAO-SPECT with computerized brain atlas (CBA) in chronic depression

A. Gardner¹*, M. Pagani², H. Jacobsson³, G. Lindberg⁴, S.A. Larsson³, A. Wagner⁵, T. Hallstrom¹. ¹*Karolinska Institutet, NEUROTEC Department, Stockholm, Sweden*

²*Institute of Neurobiology and Molecular Medicine CNR, Rome, Italy*

³*Section for Nuclear Medicine, Department of Hospital Physics, Karolinska Hospital, Stockholm;* ⁴*Karolinska Institutet, Department of Medicine, Stockholm;* ⁵*Karolinska Institutet, Department of Clinical Neuroscience, Stockholm, Sweden*

Objectives: To compare HMPAO-uptake at SPECT in patients with chronic subsyndromal depression and interspersed major depressive disorder episodes with controls, and between patients with

and without tinnitus. Neural correlates of tinnitus, which has been reported in 49% of unmedicated depressive patients, have been described.

Method: 45 patients (38% males, mean age 51 years) of whom 27 had tinnitus, and 26 healthy controls (38% males, mean age 49 years) were investigated with HMPAO-SPECT using a computerized brain atlas (CBA) automatically assessing 68 volumes.

Results: Increased HMPAO-uptake in right frontal areas 9 + 46 ($p = .0005$) were found in patients in comparisons with controls. At least one HMPAO-uptake alteration above/below control mean ± 3 SD was found in 88% male and 71% female patients. Decreased HMPAO-uptake was found in tinnitus compared to non-tinnitus patients in "tinnitus-associated" areas ($p < 0.00-0.05$). HMPAO-uptake alterations in auditory cortex were more frequent in tinnitus patients compared to controls and non-tinnitus patients ($p < 0.00-0.05$).

Conclusion: SPECT utilizing CBA revealed differences between patients with chronic depression and controls suggesting that CBA may be a useful tool in psychiatry.

P11.09

Clinical aspects of comorbidity of ulcer disease and depressive disorder

T. Zagromova¹*, N. Kornetov², G. Gerlov³. ¹*Tomsk Military-Medical Institute;* ²*Mental Health Research Institute;* ³*Seversk Center of Gastroenterology, Russia*

Objective: The aim was to evaluate the frequency of depressive disorders (DD) among patients with ulcer disease (UD), as well as detect possible influence of DD on clinical characteristics of UD. Methods: We have studied 100 patients with relapse of UD by clinical interview, physical examination, endoscopy. DD was assessed with Beck Depression Inventory.

Results: DD was detected in 26 patients (26%). That is significantly more frequent as compared to the prevalence of DD in general population. The frequent relapses of UD (more than twice a year) were found in 19% cases with comorbid DD and 5.4% cases without DD ($p < 0.05$). There were found more expressed symptoms of dyspepsia ($p < 0.05$) and the association with prodromal development of UD ($p < 0.001$) in the group of patients with DD.

Conclusions: The comorbid DD negatively effects such somatic disease as UD. We believe, the clinical integrative approach is necessary in general medicine.

P11.10

Does change in depression status predict change in hrQoL?

M. Amir¹*, S. McKenna², M. Martin³, D. Bushnell³, D. Whalley², D. Patrick⁴. ¹*Ben-Gurion University of the Negev, Israel* ²*Galen Research;* ³*Health Research Associates;* ⁴*University of Washington, USA*

A strong association between depressive symptoms and quality of life (QoL) is well documented in the literature. The objective of the present report was to utilize data from the Longitudinal Investigation of Depression Outcomes (LIDO) study to investigate changes in QoL as correlated with changes in depression status. The sample consisted of all enrolled untreated patients ($N = 669$) in the six LIDO research sites (Israel, Spain, Australia, Brazil, Russia, U.S.). Using the baseline and 9-month assessment of QoL measures (WHOQOL-Bref, QLDS, SF-12), and measures of depression status at baseline and 9 months (CIDI and CES-D scores), we examined the associations between changes in QoL scores and

depression status, with the hypothesis that patients having fewer depressive symptoms, or who are no longer clinically depressed, should show improvements in QoL. Changes in depression symptom (CES-D) scores were significantly correlated with changes in all QoL scores. We discuss possible theoretical frameworks for understanding the association between depressive symptoms and multiple health-related QoL indicators.

P11.11

Seasonal fluctuations of state of health in Western Siberia

G. Simutkin*, N. Kornetov. *Mental Health Research Institute of Tomsk Science Centre of Siberian Branch RAMSci, Tomsk, Russia*

Objectives: to estimate rhythmicity of seasonal fluctuations of state of health at healthy and people suffering seasonal affective disorders (SAD).

Methods: The seasonal pattern assessment questionnaire SPAQ was used. 714 men of the inhabitants of Tomsk are surveyed. From them 79,5 % of the women, 20,5 % of the men. Average age surveyed 28,2 + 9,2 years.

Obtained results: the attributes SAD were marked at 8 %, subsyndromal SAD at 13 %. The people with SAD are worse than all felt in January (28,1 %), February (12,3 %), September (8,8 %), October (14 %), November (7 %), December (7 %). The people without attributes SAD are worse than all felt per the same months, but in more rare percent(interest) of cases (accordingly 15,2 %, 13 %, 7,4 %, 9,1 %, 7,5 %, 1,7 %).

Conclusions: the high prevalence SAD in Tomsk is marked. The seasonal fluctuations of state of health in the population and at the persons with SAD have regional features and are more expressed, than at the healthy people.

P11.12

Prevalence of depression in old patients of social care in Siberia

N. Kornetov*, Y. Prudnikova, A. Kornetov. *Mental Health Research Institute, Tomsk, Russia*

Objectives: screening study prevalence of depressive disorders in old patients of social care in Siberian region of Russian Federation.

Methods: 385 patients of social care upwards 65 years was studied (23,1% men and 76,9% women). The screening instrument was 15-item Geriatric Depression Scale.

Summary of the result obtained: 69% patients had depressive symptoms by GDS. Depressive disorders more often ($p=0,007$) occurred in women (55,8%) than in men (13,2%). Most prevalence symptoms of depression was discontent of life, anguish, helplessness, attention disturbances. 52% patients with depressive symptoms had suicidal ideas. 87% informed about anxiety which expressed through different physical symptoms. 92% patients had sleeplessness. About 50% examined with depression by GDS are denied any mental disorder. Presence of depressive symptoms they bind with somatic diseases, age, tiredness from difficult life.

Conclusions: depression is often occur in old patients of social care in Siberian Region of Russian Federation. Women liable to depressive disorders frequently. It is necessary to study socio-economic and socio-cultural factors of depressive disorders in this subpopulation.

P11.13

A record-based analysis of 803 patients treated for depression in psychiatric care

H.J. Rytsälä*, T. Melartin, U. Leskelä, P. Lestelä-Mielonen, P. Sokero, E. Isometsä. *National Public Health Institute, Helsinki, Finland*

Background: New antidepressants emerged and became widely used during the 1990s. The present study investigated quality-of-care problems in the treatment of depression.

Method: We investigated the treatment received for depression by all 803 inpatients or outpatients with a clinical diagnosis of ICD-10 depressive episode or recurrent depressive disorder in 1996 in the Peijas Medical Care District, Vantaa, in southern Finland.

Results: Most patients (84%) were found to have received antidepressants, generally in adequate, albeit low, doses. Inadequate antidepressant treatment was common only with tricyclic antidepressants. Most patients received a single antidepressant for extended periods; only 22% had 2 or more antidepressant trials. Disability pension was granted to 19%, two thirds (67%) of whom had received only 1 antidepressant trial prior to pension.

Conclusion: The present study supports the emerging perception of improved quality of pharmacotherapy in psychiatric settings, with the exception of treatment with tricyclic antidepressants. Problems of quality of care now appear to be related to the suboptimal intensity and monitoring of the treatment provided, which may eventually result in considerable costs to society due to permanent disability.

P11.14

The natural history of late-life depression

R. Schoevers*, A. Beekman, D. Deeg, C. Hooijse, C. Jonker, W. Van Tilburg. *Department of Psychiatry, Vrije Universiteit Amsterdam, The Netherlands*

Background: This study examines whether risk factors related to incidence of depression are also related to prognosis, and whether a vulnerability-stress model can be established for prognosis.

Methods: A prospective model for prognosis of depression (chronic or remitted course) in later life was studied in 236 depressed community-living elderly. Subjects were interviewed at baseline, and at follow-up three years later. Bivariate and multivariate relationships between risk factors and chronic depression (GMS-AGECAT) were assessed. Effect modification was studied between stressors and two types of vulnerability: vulnerability through a personal history of depression, and gender.

Results: A personal history of depression, baseline functional limitations and incident anxiety syndrome predicted chronic depression, whereas life-events occurring between assessments, and changes in physical, functional or cognitive status did not. In subjects without a previous history, functional disabilities, male gender and receiving social support correlated with a poor prognosis. The prognosis for subjects with a personal history of depression was not affected by other factors. In women, the development of chronicity was more strongly associated with a personal history than in men, whereas in men recent psychosocial and health related characteristics were more important than in women.

Conclusions: In the elderly, the impact of risk factors on the course of depression is modified by longstanding vulnerability characteristics, such as a personal history of depression and gender. More recent life stresses are related to prognosis in subjects without a personal history, and in men.