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FOLLOW-UP OF AUTORECEPTOR BLOCKADE IN DEPRESSION

M. Isaac, M. Tomé. *Department of Psychological Medicine, UMDS, University of London, Suite 6, Lewisham Hospital, Lewisham High Street, London, United Kingdom.*

Objective is for the first time to describe the longer-term follow-up of augmentation of the antidepressant paroxetine with pindolol, a $_5HT_{1A}$ autoreceptor blocker, in a double blind, randomised, placebo-controlled trial. Eighty out-patients (mean age 36 [range 19-65], 48 female, 32 male) were recruited as described by Tomé et al. (1996), each patient receiving paroxetine (20 mg o.d.) plus, randomly, either pindolol (2.5 mg t.d.s.) or placebo for six weeks. Paroxetine (open label) was offered to all patients for a further 18 weeks. Follow-up assessments of sixty-nine patients, using the Global Impression [GI], Montgomery-Asberg Depression Rating Scale [MADRS]; Beck Depression Inventory [BDI], took place at weeks 8, 16 and 24. Patients originally treated with pindolol (n=32) showed significantly better clinical outcome at week 24, when compared with patients originally taking paroxetine alone, whether they complied fully with follow-up treatment or not. Compliance with follow-up treatment had a significant positive effect on outcome at weeks 16 and 24 in those patients originally treated with paroxetine alone (n=37). The combination of pindolol and paroxetine is well tolerated. The reduced latency and possibly surperior antidepressant efficacy of pindolol augmentation of SSRI antidepressants may have considerable implications for the future management of depression.

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EXPERIENCES OF AN INTERNATIONAL ALCOHOL TREATMENT PROGRAMME "TAMASZ"

M. F. Kerekes, M. Bara, E. Tokés. *Enseignement et Epidemiologie, Orszagos Alkohologiai Intezet, Huvösvölgyi út 116, Budapest, Hungary.*

240 alcoholic patients (120 in Hungary and 120 in Romania) treated by an intensive out-patient detoxification and with Tiapridal or Fevarin or Zoloft or Tiapridel + Zoloft, were followed up for one year. TAMASZ, meaning "support" is the collective term for all the new-type addictological specialist clinics. Outcome of treatment was assessed at six months and one year following discharge by multiple measures which included assessments of drinking behaviour, measurements of social stability, neuroticism and self-esteem, self-rating of satisfaction with important aspects of day-to-day living. Duiring the first six months following treatment, 42.85% in Hungary and 48.57% in Romania were abstinent; during the second six months, 35.71% and 51.42% achieved this status. Zoloft had a possible earlier antidepressant effect that Fevarin; Zoloft + Tiapridal - a possible better beneficial effect on anxiety and lethargy symptoms and on a feeling of mental and physical exhaustion associated with depression.

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APOE, RESEARCH CRITERIA AND DEMENTIA NEUROPATHOLOGY

C. Holmes, A. Mann, N. Cairns, P. Canto, S. Lovestone. *Department of Old Age Psychiatry, Institute of Psychiatry, De Crespigny Park, London, United Kingdom*

The objective is to determine the predictive value of established clinical research diagnostic criteria and ApoE genotyping in dementia sufferers who underwent autopsy. 109 individuals fulfilling the DSM-IV criteria for dementia were allocated a diagnosis according to NINCDS-ADRDA criteria for Alzheimer's disease (AD), DSM-IV criteria for vascular dementia and consensus criteria for Dementia with Lewy Bodies (DLB). ApoE genotyping was performed ion 73 cases At post mortem a neuropathological diagnosis was made using CERAD criteria with additional brain pathology documented. The positive predictive value (PPV) of the NINCDS-ADRDA criteria to detect AD pathology in pure or mixed cases was 87% for probable AD and 89% for possible AD, reduced to 70% for probable AD and 59% for possible AD when detecting pure cases of AD pathology alone. In carriers of the ApoE 4 allele this was increased to 93% in probable AD cases and 100% for possible AD cases, again reduced to 75% for probable AD and 66% for possible AD when detecting pure cases of AD pathology alone. The PPV of the DSM-IV criteria to detect vascular pathology in pure or mixed cases was 50% but only 11% for vascular pathology alone. The PPV for the probable DLB clinical criteria to detect lewy body pathology was 100% but 0% for possible cases. No cases of pure DLB were detected using these criteria. Existing clinical criteria have focused on the detection of single pathologies but the coexistence of other pathologies has marked effects on predictive values. The additional use of ApoE genotyping improves PPV but is not pathognomonic as reported elsewhere.

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A COMPARATIVE STUDY OF PSE-10/CATEGO-5, DIAGNOSTIC OUTPUTS ACCORDING TO DSM-III-R AND ICD-10 CLASSIFICATION

A. Lazartigues, U. Barua, I. Garcia-Orad, Ph. Genest, J. Fermanian. *Hôpital de Bohars, 29820 Bohars, France.*

Computers can be helpful in giving diagnosis after standardized data collection according to various classifications. Besides, a polydiagnostic approach can be of interest to overcome discrepancies rising in different diagnosis given to the same patients. We compare diagnostic outputs from a computer-assisted diagnostic system - CATEGO 5 software associated with clinical interview SCAN - for generating psychiatric diagnosis according to DSM-III-R and ICD-10, RDC version to assess for each patient the discrepancies among diagnosis given by CATEGO-5 in these two classifications. E.g. 40 adolescent inpatients of age 16 to 19 years in a university psychiatric unit with a clinical diagnosis of psychotic disorders Standardized interviews with the diagnostic instrument SCAN (Schedules for Clinical Assessment in Neuropsychiatry) were carried out on 40 adolescent psychotics. Interrater reliability were done on videoscoped interviews by 2 independent psychiatrists trained on SCAN Data were put on the computer through computer data sheets to have the CATEGO5 diagnosis (DSM-III-R and ICD-10) Interrater reliability was carried out which was quite satisfactory (Kappa = 0.66) Clinical diagnosis given by independent clinician on video in the two classifications were compared with diagnostic computer-outputs. CATEGO-5-ICD-10 diagnosis are quite close to clinical diagnosis (Kappa = 0.821). CATEGO-5-DSM-III-R diagnosis are quite different from clinical diagnosis (Kappa = 0.319). When comparing CATEGO-5 and ICD-10, RDC diagnosis, some large discrepancies are found Hypothysed origins of these discrepancies are screened and analysed.

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