have been revealed in 70% of the persons in Centre of Social Care. In 57% cases these features manifested on the background of psychoorganic syndrome. More than half of the observations showed correlations between the revealed disorders and stress factors caused by social circumstances.

## Mon-P57

ASTHME BRONCHIQUE CHEZ LES FEMMES, ROLE DES PARTICULARITE PERSONNELLES

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On a évalue l'état psychique chez 49 femmes souffrant d'asthme bronchique (AB), toutes résidant a la compagne. Ont été evaluées les caracteristiques démografiques, cliniques et psychologiques des patientes. On a determiné 3 groupes cliniques suivant le degré de gravité de l'affection pulmonaire. On a fait l'analisé des évênements vitaux, de l'age de la malade, quand a debuté la maladie et ont apparues ses premières manifestations cliniques; on a determiné le caractère de l'évolution de la maladie, de la présence des accès de dyspnée.

Les particularités prémorbides de la personalité exercaient une influence considerable sur l'évolution des troubles psychopatologiques. La plupart des patientes examinées ont été appreciées comme personalités présantant des traits psychoasténiques, statothymiques et istériques. Des conditions de vie défavorables, le manque de soutien emotionnel de la part des proches sont des prédicteurs póur le développment des troubles affectifs de type angoisse et dépressif et qui déterminent fortement a l'avenir le caratère des reactions sur l'influences supplementaires des situations et du milieu.

On a dépiste les concordances entre l'expression de l'anxieté, la dépression et la gravité des troubles pulmonaires. La combinaison rationnelle de la thérapie somatotrope avec des cours de formation la psychopharmacothérapie ménageante influé d'une façon considérable sur les possibilités d'adaptation des malades, contribué à la normalisation des rapports familiaux, amelioré la qualité de vie des malades.

## Mon-P58

ASTHME BRONCHIQUE: INDICATIONS POUR LA PSYCHOPHARMACOTHÉRAPIE

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Ont été examiné 96 malades avec asthme bronchique (AB), patients du service cardio-pulmonologique. C'est AB de forte et moyenne gravité qui a predominée. On a établi le continium des troubles affectifs, de préférence du type d'anxieté allant d'une simple réaction sur la maladie, craintes hipochondriques, puis troubles phobiques avec association successive des éléments d'angoisse, aggravation des troubles affectifs, parfois avec tendances suicidaires.

Nos observations ont permis d'envisager ces troubles psychiques comme appartenant au cercle des troubles neurotiques et de les apprecier en tant que réactions psychogènes réagissant au fait de la présence de maladie somatique grave, limitation de capacité de travail et des besoins vitaux, invalidation, impossibilité de couper a lui-seul son acces ainsi que l'absence de soutien émotionnelle et solitude.

Dans la therapie des troubles psychiques, la priorité a été donné aux mesure psychotherapetiques et psychocorrectionnelles. En cas de leur efficacité insuffisante et compte tenu de l'état psychique actuel on ajoutait la psychopharmacotharapie, en particulier des antidépressants et des anxiolitiques en petites doses. Une haute sensibilité vis-a-vis de ce groupe de médicaments et de leurs effets indésirables, même en cas d'emploi des doses standard, la nécessite de les associer avec des produits de la thérapie de base et l'absence de l'influence sur le centre respiratoire ont necessité l'élaboration de critères cliniques surs dans le choix des produits psychotropes.

Les données préalables ont montré l'efficacité d'emploi de l'antidepressant tianeptine (Coaxil). Dans la plupart de cas, les tranquillisants se sont averées peu efficaces.

## Mon-P59

GENETIC ASSOCIATION STUDY OF PROMOTER REGION POLYMORPHISMS IN TRYPTOPHAN HYDROXYLASE AND SEROTONIN TRANSPORTER GENES WITH BIPOLAR DISORDER

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Dysfunction of serotonin (5-HT) metabolism has been hypothesized in bipolar disorder (BP). Tryptophan hydroxylase (TPH) is the rate-limiting enzyme in 5-HT synthesis, while 5-HT transporter (5-HTT)-mediated 5-HT reuptake into the presynaptic neuron is a key step in 5-HT catabolism to 5-hydroxy-indolacetic acid. Genetic variants of the promoter regions of TPH and/or 5-HTT could alter gene transcription and account for the alterations in 5-HT metabolism observed in BP.

**Method:** 50 unrelated patients fullfilling DSM-IV criteria for BP and 49 healthy controls were included in the study. The TPH promoter was screened for sequence variation by SSCP. An insertion/deletion polymorphism of the 5-HTT promoter (5-HTTLPR), associated with reduced expression of the 5-HTT gene in lymphoblasts carryng the short allele, was genotyped. Allele and genotype frequences in patients and control subjects and the presence of Hardy-Weinberg equilibrium was determined with the $\chi^2$ test.

**Results:** We identified four polymorphisms in the promoter region of TPH exhibiting complete linkage dysequilibrium and each had allele frequency 0.54. No allelic or genotypic associations were observed between patients and controls both for the TPH promoter and 5-HTTLPR.

**Conclusions:** The lack of association suggests that the TPH and 5-HTT promoter regions are not a major risk factor for BP.

## Mon-P60

EMOTIONAL DISTRESS AND CATASTROPHIC COGNITIONS IN HIV INFECTION

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**Objectives:** The aim of this study is the analysis of the relationship between cognitive evaluation of dangerous situations and emotional distress in HIV+ or AIDS patients.

**Methods:** We used the Hopkins Symptom Checklist (SCL-90) to assess the emotional distress and the modified version of the Catastrophic Cognition Questionnaire (CCQ-M, Khawaja & Oei 1992) to measure the dangerousness associated with unpleasant emotions, physical changes or thinking difficulties in HIV infection context. The sample included 47 subjects.

**Results:** We found a correlation between QCC-M total score and two of its three factors (physical and mental catastrophes) and

SCL-90 sub scales (phobic anxiety, hostility, obsessive-compulsive behavior) and the total number of positive symptoms.

**Conclusions:** We discuss the importance of perceived threats at a physical or mental level, in the psychological adaptation process that is required in face of the disease.

## Mon-P61

PHARMACOLOGICAL TREATMENT IN HIV-POSSITIVE PATIENTS WITH DEPRESSION

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**Background:** Depression is one of the most common psychiatric disorders found among HIV infected individuals, and it's a medical condition of serious morbidity. Antidepressant agents are frequently prescribed to treat depressive symptoms which often overlap with those of HIV infection.

**Method:** A Medline literature search was made covering the period 1992–1997 with systematic searching of citations from the articles identified. Representative articles were selected (Impact Factor > 1), focousing on those aspects which have not been thoroughly reviewed elsehere: kind of poblations under study, efficacy of new antidepressant and psycostimulants in cognitive and somatic symptoms, tolerability and interaccions with some of antimicrobial, antifungical, antiviral and protease inhibitors agents.

**Results:** All the antidepressant agents under study have showed clear and similar clinical efficacy on the treatment of depressive symptoms on HIV-affected individuals. In general, side effects due to psychopharmacological treatment are more frequent and more severe in HIV-infected patients. Additionally, some of them seem to interact with protease inhibitors agents. SSRI have demonstrated a better tolerance than the classical antidepressant agents, because of the lower level of secondary symptoms.

**Conclussions:** Antidepressants and stimulants appear to be effective in treating depression in HIV-affected individuals, specially in the cognitive-affective symptoms. HIV-possitive patients may better tolerate the tryciclic-induced side effects than HIV-negative patients. SSRI agents seem to be first choice antidepressants as they involve less secondary effects and a better tolerance. The number of subjects in trials under study are small (always n < 20) and basically include homosexual population. There are still not studies assessing the effectiveness of new antidepressant agents as citalopram, venlafaxine, mirtrazapine or nefazodone. The suspected interaccion of some antidepressant agents with protease inhibitors and the issue of new antidepressant agents with more representative trials should be further objects of research.

## Mon-P62

COMPARISON BETWEEN THE HOSPITAL ANXIETY AND DEPRESSION SCALE AND THE BECK DEPRESSION INVENTORY IN DETECTING DEPRESSION IN HIV INFECTED PATIENTS

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**Introduction:** It's difficult for non psychiatric physicians to detect depression correctly. Psychopathological symptom rating scales could be very useful in these cases.

**Objective:** To compare the BDI. and the HADS as a screening tool for major depression in HIV positive patients.

**Methods:** HIV positive patients referred to our consultation/liaison psychiatry unit were interviewed using the Structured Clinical Interview for DSM-III-R (SCID) and completed the HADS and the BDI.

BDI scores were calculated for the complete 21-item measure (cutoff score of 15) as well as for the cognitive-affective (12 items) subscale (cutoff score of 10). For the HADS used the cutoff score of 10 and 8. We looked if the patients assessed as depressed using BDI or HADS got the diagnosis of major depression obtained by the SCID.

**Results:** Seventy-five HIV infected outpatients were evaluated. Most of them were in stages B and C of the CDC classification.

The prevalence of depression detected by each instrument and the resulting specificity and sensitivity are presented in the following table:

| SCALE | prevalence | sensitivity | specificity |
|---|---|---|---|
| BDI-21 (21 items; cutoff = 15) | 85.5% | 100% | 42.2% |
| BDI-12 (12 items; cutoff = 10) | 64% | 85.2% | 47.9% |
| HADS-10 (cutoff = 10) | 41.3% | 80.1% | 64.5% |
| HADS-8 (cutoff = 8) | 52% | 80.6% | 51.3% |

**Conclusions:**

1. The prevalence of depression in HIV infected patients detected by the BDI decreases when we use the cognitive-affective version.
2. The HADS with the cutoff score of 10 seems to be the most reliable instrument (best sensitivity and best specificity) in detecting depression in HIV positive patients.

## Mon-P63

CAN SSRI INDUCE MANIA?

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**Aim:** The aim of this study was to assess the incidence of the risk of SSRI-induced mania in a series of the Authors' personal patients, and to detect any predictors.

**Material and Methods:** A sample of about 600 patients treated with SSRI was examined; it was split into subgroups according to: a) age; b) sex; c) diagnosis; d) personal or family history indicating mood disorders; e) response to TCAs in previous episodes.

The Authors detected 17 cases of induced mania in patients without a personal or family history of Bipolar Disorder.

These patients had been treated with SSRI for the following diagnoses (based on DSM IV): Obsessive-Compulsive Disorder, Panic Disorder, Schizophrenia, Body Dysmorphic Disorder, Personality Disorder.

**Results:** The patients who develop a manic episode were treated: a) 12 with Fluoxetine; b) 4 with Paroxetine; c) 1 with Citalopram.

These cases were compared to the cases reported in the literature in order to determine: a) clinical variables; b) doses of SSRI; c) lead-time to the onset of mania; d) duration of manic episodes.

(1) Rasmussen JCG, Manniche P: Incidence of Mania during treatment with Antidepressants with particular reference to the Selective Serotonin Re-uptake Inhibitor, Paroxetine. Proceedings of the V World Congress of Biological Psychiatry, Florence, 1991, 38–39.

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