

patients receiving 1 mg/day of risperidone than placebo. On the Clinical Global Impressions scale, a rating of much or very much improved was received by 26% of placebo patients and 30%, 45%, and 40% of the risperidone patients. Differences were significant between placebo and risperidone at 1.0 mg/day ($p < 0.001$) and 2.0 mg/day ($p < 0.05$). It is concluded that, in elderly patients with dementia and psychotic symptoms at baseline, risperidone was efficacious in treating psychosis and behavioral disturbances.

P23.07

Psychiatric assessment after hip fractures – possible use of it

M. Pejovic-Milovancevic*, V. Randjic, R. Milovancevic. *Department for Children & Adolescents, Institute for Mental Health, Belgrade, Yugoslavia*

Objectives: The authors investigated the psychiatric illness in older people with hip fractures. Previous studies suggested that older people with mental health problems are more likely to develop hip fractures and are at higher risk of suffering adverse consequence of such injury. Especially women are particularly vulnerable to such fractures.

Method: We conducted prospective longitudinal survey of hip fracture patients admitted to hospital in 6 months period. The authors studied 180 patient, with mean age 65 with underwent extensive clinical, psychiatric and orthopedic evaluation, the structured clinical interview for ICD10, SCIDI, BCRS, HAMD.

Results: 43% of 6-month survivors of hip fractures had psychiatric illness. Dementia 39%, depression 21%, cognitive dysfunction 31% and other psychiatric conditions 18%.

Conclusion: These findings suggest that higher proportion of patient with hip fractures suffer psychiatric illness. These injuries have high levels of currently untreated psychiatric morbidity which impact on the outcomes of treatment. This research has clinical implications for the treatment of hip fractures.

P23.08

Atypical symptoms in geriatric depression

C. Cimmino¹*, C. Balista¹, E. Nonis², M. Amore¹. ¹*Institute of Psychiatry, University of Parma;* ²*Institute of Geriatrics, University of Parma, Italy*

Objective: The study aimed to evaluate in Geriatric Depression the symptomatologic subtype with atypical symptoms on the basis of clinical and temperamental characteristics.

Methods: At this study was recruited a sample of 105 patients consecutively admitted in the Center for the study of Anxiety and Depression Disorder of the Psychiatry Clinic of the University of Parma with a DSM-IV diagnosis of Major Depressive Disorder. At baseline the patients are divided in two groups on the basis of presence (Atypical Symptoms, AS: n°45, 12 female=11.6% and 33 males=31.2%) or absence (No Atypical Symptoms, NAS: n°60, 41 females=39.8% e 19 males=17.4%) of atypical symptoms. The sample was assessed with the following instruments: HAMD+ atypical symptoms, HAMA, GDS, MADRS, CSDD, ADL, AIDL, BADL, QL-Index, SCL-90, MMS and CIRS for Comorbidity with general medical condition.

Results: Regarding the social demographic data there were significant differences about sample's mean age (AS=64,19±2 vs NAS=58,91±2,96; $p=0,005$). At symptomatologic gravity there were differences about presence of intellectual disorder (Ham-A item 5, AS=1,8±0,84 vs NAS=0,58±1,02 $p=0,004$); at HAMD higher depressive symptomatology (AS=15.44 vs

NAS=11,95±5,41; $p=0,004$) and higher hypochondria and atypical symptoms (item 15, AS=2.4±0,81 vs NAS=0,21±1,00 $p=0,002$; total score "atypical symptoms" AS=5.14±1.12 vs NAS=2.42±0.12 $p=0,002$); higher scores at GDS (AS=27,8±0,81 vs NAS=24,2±1,12 $p=0,005$). At SCL-90, AS scored significantly higher in the single subscales of Interpersonal Sensitivity (AS=12,12±6,05 vs NAS=7.21±5; $p=0,004$), Depression (AS=24,33±11,2 vs NAS=16,4±6,21; $p=0,002$). Comorbidity for general medical conditions, AS and NAS differed significantly in neurologic illness (AS=14,71±2,21 vs NAS=12,21±4,1; $p=0,004$), respiratory illness (AS=21,45±4,20 vs NAS=14,2±4,6; $p=0,002$). AT ADL, AS scored significantly lower (AS: 10,21 ±2,01 vs NAS=16,22±3.12; $p=0,002$). Regarding temperamental aspects, no statistically significant findings emerged from the two groups except for Harm Avoidance (AS=17,21±6,2 vs NAS=21,41±2,1; $p=0,011$).

Conclusion: The subtype with atypical symptoms results characterized by male patients, earlier onset, higher level of severity in depressive symptomatology, and intellectual disorders: memory and concentration deficit, scores significantly higher in the single subscales of interpersonal sensitivity and depression at SCL-90. The patients with atypical symptoms present higher comorbidity for general medical condition, statistically significant for neurologic and respiratory illness and higher level of disability. Regarding temperamental dimensions NAS presents significantly higher scores in Harm Avoidance.

P23.09

Psychotic symptoms in geriatric depression

C. Cimmino¹*, C. Balista¹, C. Franco², E. Nonis³, M. Amore¹. ¹*Institute of Psychiatry, University of Parma;* ²*Institute of Biology, University of Naples;* ³*Institute of Geriatrics, University of Parma, Italy*

Objective: The study aimed to evaluate in Geriatric Depression the symptomatologic subtype with psychotic symptoms on the basis of clinical and temperamental characteristics.

Methods: At this study was recruited a sample of 105 patients consecutively admitted in the Center for the study of Anxiety and Depression Disorder of the Psychiatry Clinic of the University of Parma with a DSM-IV diagnosis of Major Depressive Disorder. At baseline the patients are divided in two groups on the basis of presence (Psychotic Symptoms, PS: n°28, 9 female=8.3% and 19 males=18.2%) or absence (No Psychotic Symptoms, NPS: n°77, 45 females=43.5% e 32 males=30%) of psychotic symptoms. The sample was assessed with the following instruments: HAMD+ atypical symptoms, HAMA, GDS, MADRS, CSDD, ADL, AIDL, BADL, QL-Index, SCL-90, MMS and CIRS for Comorbidity with general medical condition.

Results: Regarding the social demographic data, there were significant differences about sex (PS: 8.3% female and 18.2% males vs NPS: 43.5% female and 30% males; $p=0,005$), mean age (PS: 69,29±5,6 vs NPS: 61,05±1,55; $p=0,021$) and scolarity (PS: 4,78±4,56 vs NPS: 7,24±5,2; $p=0,026$). At SCL-90 Scale in both total score (PS: 105,3±24,3 vs NPS: 99,3±6,2; $p=0,002$), and in the subscales of somatization (PS: 13, 5±1,5 vs NPS: 9,21±4,3; $p=0,003$), obsessive-compulsive (PS: 12,9±3,9 vs NPS: 6,5±8,4; $p=0,002$) and psychotic (PS: 11, 5±1,2 vs NPS: 7,24±4,1; $p=0,003$) were statistically different between PS and NPS. At symptomatologic gravity there were differences about presence of intellectual disorder (Ham-A item 5, PS= 3,5±0,81 vs NPS=0,28±1,02 $p=0,002$); at HAMD higher depressive symptomatology (PS=17,41 vs NPS=12,91±5,23; $p=0,005$), initial insomnia and somatic anxiety (item 5, PS=3,2±0,85 vs NPS=0,41±1,02

$p=0,002$); lower scores at GDS (PS=24,3±0,81 vs NPS=28,3±1,10 $p=0,002$) Comorbidity for general medical conditions, PS and NPS differed significantly in neurologic illness (PS=11,71±2,21 vs NPS=10,21±2,1; $p=0,012$) AT ADL, PS scored significantly lower (PS: 12,01 ±2,01 vs NPS=15,12±2.10; $p=0,032$). Regarding temperamental aspects, no statistically significant.

Conclusions: The group PS results characterized by male patients, late onset, higher level of greater in anxious symptomatology, lower scolarity and intellectual disorders: memory and concentration deficit, scores significantly higher in the single subscales of somatization, obsessive-compulsive and psychotic at SCL-90. The subtype with psychotic symptoms presents higher comorbidity for general medical condition, statistically significant for neurologic and severity in disability. Regarding temperamental dimensions, there aren't differences statistically significant.

P23.10

Onset in elderly depressive patients

C. Cimmino¹*, C. Balista¹, E. Nonis², M. Amore¹. ¹Institute of Psychiatry, University of Parma; ²Institute of Geriatric, University of Parma, Italy

Objective: The study aimed to evaluate the symptomatic and temperamental differences in patients with diagnosis of Major Depressive Disorder on the basis of Onset.

Methods: a sample of 105 patients with a DSM-IV diagnosis of Major Depressive Disorder, were divided into two groups on the basis of onset: Early Onset = <60 years (Early Onset=EO, 62 patients) and Late Onset = >60 years (Late Onset= LO, 43 patients). The patients were assessed by means of HAMD+ atypical symptoms, HAMA, GDS, MADRS, CSDD, ADL, AIDL, BADL, QL-Index, SCL-90, MMS and CIRS for Comorbidity with general medical condition.

Results: There was a significant difference in mean age between two groups EO and LO (EO: 55,9±1,8 vs LO: 64,3±2,1; $p=0,002$). EO differs significantly from LO in basis of sex (EO= female: 39.1% vs male: 10.9%; LO= female: 15% vs male 26% on sample of 105 patients). At HAM-A the items phobias and cognitive disorder differ significantly in two groups: (item 3 EO=2,11±1,12 vs LO= 2,14±1,08 $p=0,005$; item 5 EO= 1,06±0,59 vs LO=2,42±1,62 $p=0,022$). At SCL-90, EO scored significantly higher in the total value of subjective symptomatology (EO= 130,11±22,10 vs LO= 79,5±12,81; $p=0,011$) and in the single subscales of Interpersonal Sensitivity (EO= 11,16±8,05 vs LO=9±5; $p=0,005$), Depression (EO= 21,31±11,5 vs LO= 12,8±7,11; $p=0,004$), Anxiety (EO= 16,21±6,20 vs LO=11,5±6,1; $p=0,004$), Rabies-Hostility (EO=2,12±2,4 vs LO= 6,4±2,1; $p=0,012$). EO showed total score significantly higher at GDS (EO= 27,1±0,2 vs LO=24,2±1,4; $p=0,005$). At HAMD the items of initial insomnia, somatic anxiety, hypochondria and atypical symptoms are significantly different between EO and LO (item 5 EO= 1.34±1.12 vs LO= 1.12±0.21 $p=0,002$; item 11 EO= 2.41±1.01 vs LO= 1.21±1.01 $p=0,005$; item 15 EO= 2,01±0,48 vs LO= 2.21±1,41 $p=0,005$; Total Score "atypical symptoms" EO= 1.14±1.10 vs LO= 1.41±0.18 $p=0,005$). Comorbidity for general medical conditions, EO and LO differed significantly in cardiac illness (EO= 12,72±4,36 vs LO= 21,6±4,2; $p=0,005$), respiratory illness (EO= 11,70±4,21 vs LO= 18,4±4,2; $p=0,005$). Regarding temperamental dimensions EO differed from LO in significantly higher scores in Harm Avoidance (EO: 26,4±3,3 vs LO: 24,5±6,2; $p=0,002$), in Novelty Seeking with subitem NS4 (EO=5,9±1.8 vs LO= 3.2±1.2, $p=0,005$); and lower scores in Persistence (EO: 2.8±1,2 vs LO: 4.61±1,2; $p=0,004$).

Conclusions: The Patients with early onset result characterized by an higher level of severity in symptomatology, a greater duration of disorder, depressive and anxious symptomatology. LO presents higher intellectual disorders: memory and concentration deficit, comorbidity for general medical condition, total score "atypical symptoms" and rabies-hostility. Regarding temperamental dimensions EO presents significantly higher scores in Harm Avoidance, Novelty Seeking and lower scores in Persistence.

P23.11

Gender differences in geriatric depression

C. Balista¹*, C. Cimmino¹, E. Nonis², M. Amore¹. ¹Institute of Psychiatry, University of Parma; ²Institute of Geriatrics, University of Parma, Italy

Objective: To evaluate gender differences both in symptomatic and temperamental aspects, comorbidity with general medical condition in elderly depressive patients.

Methods: a sample of 61 female (F=58.1%; mean age 62.4±1.2) and 44 males (M=41.9%; mean age 66.1±1.1) consecutively admitted in the Center for the study of Depression Disorder in elderly people of the Psychiatric Clinic of the University of Parma with a DSM-IV diagnosis of Major Depressive Disorder, were assessed by means of HAMD+ atypical symptoms, HAMA, GDS, MADRS, CSDD, ADL, AIDL, BADL, QL-Index, SCL-90, MMS and CIRS for Comorbidity with general medical condition.

Results: At HAM-A the items of subjective tension, phobias and cognitive disorder differ significantly in two groups: (item 2 F=1.23±1.10 vs M=1.01±0.42 $p=0,032$; item 3 F=1.71±1.11 vs M= 1.10±1.05 $p=0,002$; item 5 F=1,02±0,89 vs M=2,72±1,52 $p=0,044$). At SCL-90, female patients scored significantly higher in the total value of subjective symptomatology (F=128,14±45,30 vs M=88,5±22,59; $p=0,012$) and in the single subscales of Obsessive-compulsive (F=18,22±7,32 vs M=8,17±2,4; $p=0,018$), Interpersonal Sensitivity (F=12,18±9,07 vs M=10±5; $p=0,002$), Depression (F=22,36±10,5 vs M=15,8±7,2; $p=0,002$), Anxiety (F=19,41±8,22 vs M=12,5±7,2; $p=0,005$), Rabies-Hostility (F=2,5±4,4 vs M=8,4±2,3; $p=0,026$). Women showed total score significantly higher at GDS (F=28,1±0,4 vs M=23,2±1,6; $p=0,005$). At HAMD the items of initial insomnia, somatic anxiety, hypochondria, weight loss, insight are significantly different between female and male patients (item 5 F=1.24±1.11 vs M=1.21±1.02 $p=0,012$; item 11 F=1.81±1.21 vs M= 1.20±1.02 $p=0,005$; item 15 F=1,01±0,49 vs M=2,22±1,51 $p=0,011$; item 16 F=1,22±0,29 vs M=2,32±1,21 $p=0,005$; item 17 F=1,61±0,21 vs M=3,21±1,01 $p=0,002$). Comorbidity for general medical conditions, male and female patients differ significantly in cardiac illness (F=21,72±5,96 vs M=16,8±4,4; $p=0,001$), respiratory illness (F=21,72±5,96 vs M=16,8±4,4; $p=0,001$) and endocrinologic illness (F=21,72±5,96 vs M=16,8±4,4; $p=0,001$). AT TCI, temperamental dimensions such as Harm Avoidance (HA1: fear of uncertainty vs confidence F=4.22±1,0 vs M=2.21±1,2; $p=0,010$) Reward Dependence total (F=16,6±1,8 vs M=12,1±4,3; $p=0,007$) and single items RD1 (sentimentality vs insensitivity: F=4,4 ±1,5 vs M=3,6±2,3; $p=0,002$), RD3 (attachment vs detachment: F=4,7±1,1 vs M=2,1±1,4; $p=0,005$) were all over-represented in female patients. Character differs between F and M: almost all dimensions of Self directedness were significantly higher in M than in F (Self directedness tot, F: 18,8±2,8 vs M: 26,8±5,2; $p=0,001$. Purposefulness vs lack of goal direction, F: 2.1±1. vs M: 2.5±1.0; $p=0,002$. Self-acceptance vs self-striving, F: 2.1±1. vs M: 3.2±1.2, $p=0,002$) and Cooperativeness (C total: F=26,32±3,1 vs M=15±4.3; $p=0,025$) was significantly reduced in male patients.