

**S27.04****PROSPECTIVE ASSESSMENT OF AFFECTIVE TEMPERAMENTS IN A COHORT OF JUVENILE DEPRESSIVES**

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**Introduction:** Although several recent studies suggest that bipolar disorder most commonly begins during childhood or adolescence, the illness still remains underrecognized and underdiagnosed in this age group. In this 2 years prospective study, we evaluated the prevalence of onset of bipolar disorders among a sample of depressed juvenile patients with or without cyclothymic temperaments.

**Methods:** 49 depressed children and adolescents were assessed with Kiddie-SADS semi-structured interview, according to DSM IV criteria. They were also assessed with Akiskal and Hantouche questionnaire of cyclothymic temperament, Child Depression Inventory (CDI), CGI, Overt Aggressive Scale (OAS).

**Results:** At the end of this prospective study, among these young patients, 19 were finally diagnosed as bipolar, and among them, 9 were suffering from brief recurrent episodes of mania, hypomania and depression, thus not strictly fulfilling the DSM IV duration criteria. Nevertheless, we deeply think that these patients are to be considered as suffering from a specific onset of bipolar disorder occurring by ultra-rapid cyclings. Plus 14 among these 19 bipolar patients were cyclothymic (73%), 12 were cyclothymic among the 39 depressive non-bipolar young patients (30%).

**Conclusion:** We argue that depressed children and adolescents with a cyclothymic temperament, may be at high risk for heralding an early onset bipolar disorder. The results of this study underscore the need for greater efforts to build standardized algorithms for both diagnosis and treatment: for example, antidepressants shouldn't be used alone in cyclothymic young depressed patients, because they could induce manic switches, and probably worsen the natural course of an early onset bipolar disorder.

**S27.05****TEMPERAMENTAL DYSREGULATIONS IN MOOD DISORDERS**

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Temperament is an ancient European term that is not part of official nosology today, neither in Europe nor in the United States. However, it is widely used in clinical formulation worldwide. There is a new thrust of research in both epidemiology and clinical studies which supports the important role of temperament in affective disorders. Studies in Italian and American students indicate that cyclothymic and hyperthymic temperaments are the most prevalent with rates ranging from 4 to 6% for the former, and 6 to 8% for the latter. A depressive temperament has been identified in 3 to 5%. These are not illnesses, but dispositions to illness, and could be quite adaptive otherwise. Mixed states seem to arise from a reversal of depressive temperament into mania, or a reversal of hyperthymic temperament into clinical depression. Cyclothymic temperament is particularly associated with the bipolar II, including the potential for suicide in such cases. Family-genetic studies indicate that these temperaments co-aggregate with major mood disorders. It is likely that the dysregulation underlying mood disorders is first manifest in the behavioral phenotype of the temperaments, and depending on other biological factors and environmental contingencies, the

outcome could be adaptive or illness. Anxious temperaments represent another fruitful area of research, but are not part of the present symposium.

- (1) Akiskal HS et al, TEMPS-I: Delineating the most discriminant traits of cyclothymic, depressive, irritable and hyperthymic temperaments in a nonpatient population. *J Affect Disord* 51: 7-19, 1998.
- (2) Akiskal HS et al, Gender, temperament and the clinical picture in dysphoric mixed mania: Findings from a French national study (EPIMAN). *J Affect Disord* 50: 175-186, 1998.

**C04. Psychiatrists and the media**

*Chair:* O. Cuenca (E)

**C04.01****PSYCHIATRISTS AND THE MEDIA**

O. Cuenca, A.W. Clare

No abstract was available at the time of printing.

**C03. Neuroimaging**

*Chair:* G. Sedvall (S)

**C03.01****HUMAN BRAIN IMAGING COURSE**

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The function and construction of the human brain in relation to neuropsychiatric disorders represents a research area in productive development since a few decades. Particularly for the new generations of psychiatrists brain imaging technologies are expected to become more available as clinical tools for diagnostic, therapeutic and predictive evaluations of patients. The acquirement of basic knowledge of these methods should therefore be an obligatory part of every psychiatric curriculum.

This course has the objective to teach the relatively uninformed clinical psychiatrist about brain imaging methods and their potential. The value of these methods for practical psychiatric patient work will be emphasized. Basic principles will be presented for in vivo brain imaging by Computerized Tomography (CT), Nuclear Magnetic Resonance Imaging (NMRI), functional NMR (fNMR), Positron Emission Tomography (PET), and Single Photon Emission Tomography (SPECT). Studies demonstrating the usefulness of these techniques for evaluating pathophysiology and drug effects in patients with dementia, schizophrenia, affective and other disorders will be presented and discussed. Clinical psychiatric studies illustrating subtle but significant alterations of brain morphology and function in the major psychiatric disorders will be presented.

Participants in this course will receive handouts describing the principles of imaging methods and examples of brain imaging in psychiatric patients where the imaging methods were of value for diagnostic and therapeutic purposes in individual cases. Each participant will receive a signed diploma verifying participation in the course. The course will be given by Professor Göran

Sedvall, Karolinska Institutet, Stockholm and Professor Antonio Vita, University of Milan.

## FC07. Suicide

*Chairs:* V.N. Krasnov (RUS), O. Vinar (CZ)

### FC07.01

#### NOVELTY SEEKING AND HARM AVOIDANCE DIMENSIONS IN THE PREDICTION OF SUICIDE ATTEMPT BEHAVIOR AMONG PSYCHIATRIC PATIENTS

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**Background:** The present study employs Cloninger's Tridimensional Personality Theory as a tool for predicting suicide attempt behavior among psychiatric patients. Many studies have already confirmed Cloninger's model utility in the understanding of several psychiatric disorders, however, the present study represents the first attempt to apply it in the context of suicidality.

**Study Design:** A total of 172 psychiatric outpatients, 80 with a history of suicide attempt and 92 without such a history, participated in the study. Both groups were randomly selected from a psychiatric clinic in northern Israel. All subjects were evaluated personally with four measures: The Tridimensional Personality Questionnaire, Beck Depression Inventory, Beck Suicide Inventory, and Structured Clinical Interview for Axis I DSM-IV diagnosis.

**Results:** T-test analysis suggest that psychiatric patients with a history of suicide attempt expressed higher levels of both novelty seeking ( $t = 1.9$ ;  $p < .05$ ) and harm avoidance ( $t = 8.1$ ;  $p < .001$ ) than did those without such a history. However, multiple regression analysis revealed that the personality traits of novelty seeking and harm avoidance, predominant over age, gender, and number of hospitalizations, but follow depression and suicidal ideation in order of importance.

**Conclusion:** The findings of the present study confirm the major role played by personality traits in the prediction of suicide attempt behavior among psychiatric patients. Specifically, it indicates that psychiatric patients characterized with high levels of both harm avoidance and novelty seeking are at a risk for suicide attempt.

### FC07.02

#### THE EXPERIENCE OF PATIENT SUICIDE AMONG TRAINEES IN PSYCHIATRY

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**Background to Study:** Our aim was to ascertain how common the experience of patient suicide is among psychiatric trainees in South Thames, London. What is the effect of the event on the doctor and what support mechanisms are available to help the trainee?

**Design:** An anonymous postal questionnaire was circulated to all trainees in psychiatry.

**Results:** 203 (51%) trainees returned the questionnaire. 109 (54%) had had one or more patient suicides. 168 patient suicides were reported. The length of time in training was positively correlated with the number of suicides experienced. We judged the effect of the suicide on the doctor to be moderate or severe in 126 (75%) of the 168 suicides. 77 (46%) trainees felt the need for help after the death. 46 (60%) were offered some form of help. The impact on practice was beneficial in 57 (77%).

**Conclusions:** Patient suicide is a common experience for trainees. One death occurs in every four trainee years. Few trainees are offered help after the event. A psychiatrist's first patient suicide is likely to occur when in training. It affects the doctor's practice.

### FC07.03

#### SUICIDE BEHAVIOR IN RUSSIA IN 1980-90S: INDICES AND FACTORS

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Changing in suicide rates in Russia in period of rapid social transformations during the 1980-90s years have been studied. Possible links among social, demographic and medical factors have been investigated.

During the 1980s years the suicide rate in Russia has been decreased from 35.2 per 100,000 of the population in 1982 to 23.7 per 100,000 of the population in 1986. This decrease happened when the government forwarded special measures toward restricting the alcohol consumption among population. At the same time the number of homicides has been decreased from 12.8 per 100,000 of the population in 1982 to 7.5 per 100,000 of the population in 1986. In the early 1990s high rates of alcohol consumption have been restored that was up to 13.9 liters per capita in 1994. During this period the number of homicides has been increased up to 33.2 per 100,000 of the population. The highest number of suicides was also observed in this period (42.4 per 100,000 of population in 1994).

At the end of 1990 a tendency toward a relative decrease both of the alcohol consumption and suicide rates, which was 35.4 per 100,000 in 1998, has been recorded. A regional variation in suicide rates has been also recorded as follows: from 3 per 100,000 in the Caucasus (Carachaevo-Cherkessia) to 76.7 per 100,000 in the Urals (Udmurtia); Moscow has a suicide rate 2.5 smaller than the national average. In general, it can be said that suicide rates in Russia increase from the South to the North, and from the West to the East.

### FC07.04

#### BORDERLINE PERSONALITY DISORDER AND SUICIDE

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**Objectives:** We will discuss 1) the etiology and clinical picture of patients presenting with borderline personality disorder, 2) the defense mechanisms found most frequently in this disorder, 3) a multidisciplinary treatment approach.

Patients presenting with borderline personality disorder are at a high risk of attempting suicide. Stone, Stone and Hurt (1987) stated a suicide rate of 9.5%, in a 15-year retrospective study Paris, Brown and Nowlis (1987) presented an overall suicide rate of 8.5%. Gunderson (1984) assumed a life-time risk of 75%. At the Psychiatric Department of the Kantonsspital Luzern, Switzerland, we have developed a multidisciplinary team approach aiming at stabilizing these patients. This treatment team includes physicians, psychologists, nursing staff, ergo-, art- and movement-therapists. We have summarized this program under the acronym S.A.F.E.-Concept (S: Support, A: Autonomy, F: Fusioning, E: Empathy). In our opinion, implementing this holistic concept will become vital in securing a good prognosis for our borderline patients and preventing suicide in the long run. This presentation will enable the participant to identify borderline patients and apply this treatment method in order to establish long-term stability.