

**Methods:** 1) Official sales figures for the period 1975–1996 and 2) prescriptions to outpatients in Reykjavik during one month in each year 1984, 1989, 1993.

**Results:** The sale of antidepressants increased gradually from 1980 until 1989 where after it increased more steeply, especially from 1993. The one month prescription prevalence increased from 0.7% and 1.2% for men and women, respectively, in 1984 to 1% and 2% in 1993. The increase was especially marked for women aged 65+ years. General practitioners and other non-psychiatric physicians prescribed 60% in 1984 and almost 70% of antidepressants in 1993. The proportion of patients receiving antidepressants from physicians other than psychiatrists increased steeply with age.

**Conclusion:** The increase in prescriptions of antidepressants by general practitioners, especially to the elderly indicates clearly the need for better information diagnosing and treating depressive disorders.

### FC29-6

#### DEPRESSION AND CONCOMITANT ANXIETY IN THE COMMUNITY: APPROACH TO TREATMENT

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Depression and anxiety frequently present together in the general practice setting. Findings from the first large pan-European study of depression in the community, DEPRES (Depression Research in European Society), have exemplified the need for prompt treatment of this comorbidity.

Of a total of 78,463 adults who participated in screening interviews, which used the depression section of the Mini-International Neuropsychiatric Interview, 17% were found to be suffering from depression. A cross-section of those who were depressed, had consulted a healthcare specialist about their symptoms, and agreed to take part ( $n = 1,884$ ) were entered into more intensive interviews, which were designed to assess how depression affects quality of life and functionality, and to evaluate how physicians treat depression. Cluster analysis of the responses clearly identified six patient types with differentiating characteristics.

Patients with 'severe depression with associated anxiety' were most likely to have been depressed for more than 5 years, to have had feelings of low mood and anxiety, panic attacks and suicidal ideation, and to have experienced significant functional disability, in terms of disruption to their relationships, normal activities and paid employment. Prescription of antidepressants, most commonly selective serotonin reuptake inhibitors (SSRIs, 21%) and tricyclic antidepressants (23%), was highest in this cluster; fewer side effects were reported for SSRIs. Nevertheless, over 50% had received no drug therapy and prescription of tranquillisers, which are not effective against depression, was widespread.

Since depression with concomitant anxiety is associated with high morbidity, prompt treatment is needed. The use of an SSRI antidepressant with activity against anxiety symptoms represents an appropriate management option.

### FC29-7

#### VASCULAR DEPRESSION — A CONCISE CONCEPT?

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**Objective:** In some recent papers Alexopoulos et al. (1997) proposed the concept of vascular depression (VD) which is different from the concept of post-stroke depression established by the group of Robinson and Starkstein.

**Methods:** 59 consecutive admitted patients with depression (according to ICD-10 criteria) older than 65 years were investigated by the Hamilton Depression Scale, Mini-Mental-State Exam, and cCT.

**Results:** CT-scan showed vascular lesions in 52.5% of the cases, mostly a microangiopathy (Leuko-araisosis). Only 13.6% have a history of stroke. However, the latter developed depressive illness with a great lag to the stroke. Statistical analysis revealed no significant differences of Hamilton depression score, Mini-Mental score or impairment of daily living activities between the cases with and without vascular lesions. However, those without vascular damage had a longer duration of depressive illness.

**Discussion:** Our results showed no differences in psychopathology between cases with and without vascular lesions. Furthermore, the cases with a history of stroke did not develop a typical post-stroke depression. Thus, the concepts of vascular and post-stroke depression needs further confirmation.

## PL30. Nature and nurture in affective disorder

### PL30-1

#### NATURE AND NURTURE IN AFFECTIVE DISORDER

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The nature/nurture dichotomy pertains to the origin of features of biological organisms. Nature refers to innate factors, nurture to factors acquired during life. In common parlance the nature/nurture distinction is equated to a sister-dichotomy, the one putting the biological and the psychological in opposite.

Dichotomies are appealing because of their simplicity but often misleading because the real world is seldomly simple, and thus such simplifications lead researchers astray.

The nature/nurture split is a case in point. This viewpoint is elucidated with the group of mood disorders as a paradigm.

The neurobiological abnormalities underlying a depressive syndrome are probably the end result of polygenic processes mutually interacting with a conglomerate of biological and/or psychological factors, operative early in life or later on, after the developmental phase.

The nature/nurture dichotomy is a fallacy and an obstacle for psychiatric research.

- (1) Van Praag, H.M. *Make believes in psychiatry or the perils of progress.* Brunner Mazel, New York, 1992.
- (2) Van Praag, H.M. *Inflationary tendencies in judging the yield of depression research.* *Neuropsychobiology*, In Press.