

Conclusions: The difference between the efficiency of PAS and PDSS as treatment outcome measure in PD is likely to be a consequence of their different structure. The PAS and PDSS do not measure the same components of PD, and components specifically measured by the PAS (e.g., worries about health) appear more indicative of a therapeutically significant change and/or may be more amenable to such a change than some components measured by the PDSS (e.g., phobic avoidance of physical sensations).

P02.358

MID LIFE WOMEN, DEPRESSION AND SOMATISATION

M.M.M.P. Van Moffaert. *Dept. of Psychosomatics & Psychiatry, University of Ghent, Belgium*

Mid life and elderly women receive insufficient medical attention because doctors believe depression and somatisation are normal in the elderly' and because the symptoms are masked by the co-existence of physical symptoms. Psychosomatic complainants remain often untreated because of female passivity, and are mistreated with sedating medication. A sociodemographic and psychiatric evaluation (with the H.S.C.L 90) on 1356 psychosomatic patients in 5 European countries showed 2/3 are women with a mean age of 51 and with asthenia, dizziness and headache as top symptoms. Multisomatiform disorders is twice as frequently in females. Somatized depression is a major health risk for the mid-life and older women often in co-morbidity with other psychiatric and somatic illness. In mid-life and elderly women the causes of depression psychosomatic syndromes are multifactorial. There is an interplay between biological factors (genetic influences on brain vulnerability, hormonal factors (oestrogen - cortisol) and a strong impact of concomitant physical illnesses (pain, arthritis, heart, cancer. In women sociological factors play a role. Gender aspects of role, ranking, the 'double caring' tasks of women but also economic factors as poverty, violence and victimisation are pivotal. The most important etiological factors are of a psychological nature: a negative self-image, helplessness and behavioural inhibition impede the development of adequate coping styles. Profiling of risks and protective factors towards psychosomatic illness was conducted in Belgian mid-life and older women (29.3% of the Belgian female population is over 55). Vulnerability factors in elderly women are women's socialization and cultural identity which facilitates admittance of symptoms and comprises a tendency to help-seeking behaviour through physical complaints and medicalisation of help-seeking actions. Social risks factors associated with psychosomatic illness are low income, absence of outside work, solitary living conditions and being charged with different caring tasks. Biological risks factors predispose elderly women to multisomatiform disorders, with pain, insomnia, depression, hypertension, backache, varicosis, cardiovascular, gastro-intestinal and respiratory symptoms being the most recorded. Factors proven protective towards psychosomatic illness are attitudes towards ageing: four health-protective coping styles were identified.

P02.359

TIANEPTINE FOR THE TREATMENT OF MAJOR DEPRESSIVE EPISODE: A DOUBLE-BLIND STUDY VERSUS FLUOXETINE

F. Faltus, V. Novotný, J. Raboch, I. Žucha. *Psychiatric Clinic of I. LF UK, Praha; Psychiatric Clinic of FN and LF UK, Bratislava, Czech Republic*

This was a multicountry (Czech and Slovak Republics) multicentre study in adults who met DSM-IV criteria for either major depressive episode, major depressive disorder or bipolar disorder, instant

episode depression, moderate or severe without psychotic features with or without melancholic features.

For inclusion, candidates were required to have a MADRS score ≥ 25 . Qualified patients were randomized to receive either tianeptine 37.5 mg/day or fluoxetine 20 mg/day for 6 weeks.

Efficacy and safety assessments were carried out at D1, D7, D14, D28 and D42.

The protocol identified a single primary outcome measure, the change from baseline in MADRS total score. The secondary measures included Clinical Global Impression of severity of illness, assessment of anxiety based on COVI scale, acceptability based on AMDP-5 and finally the rate of anxiolytic coprescription.

Results: The study enrolled 188 patients, 87 in the tianeptine group and 91 in the fluoxetine group. The mean ages of patients were 42.7 in the tianeptine group and 40.9 in the fluoxetine group (no significant difference).

At inclusion, the mean MADRS scores were of 29.2 in the tianeptine group and 30.0 in the fluoxetine group (no significant difference).

Over 90% of randomized patients completed the study.

There were no statistical difference between both tianeptine and fluoxetine regarding total MADRS scores. Nevertheless out of separate items statistically significant improvement in favour of tianeptine occurred in item 3 (inner tension) on the level of statistic significance $p = 0.022$, and in item 6 (reduced ability of concentration) on the level of statistic significance $p = 0.045$.

The assessment of the severity of disease (CGI item I) permitted to show a significant difference in favour of tianeptine ($p = 0.031$).

There were no difference of anxiolytic activity according to COVI scores, but in the group of patients receiving tianeptine, the anxiolytic coprescription decreased of 27% whereas 13% in the fluoxetine group.

Finally, according to AMDP-5 scale, there were less appetite disorders in tianeptine group ($p < 0.05$).

Conclusion: This study confirmed that tianeptine is an effective treatment of major depression.

P02.360

DIFFERENCES IN ECHOGENICITY OF SUBSTANTIA NIGRA IN PATIENTS WITH DIFFERENT SUBTYPES OF THE SCHIZOPHRENIC SPECTRUM

B. Jabs¹*, D. Berg², U. Merschedorf¹, B. Pfulmann¹, A.J. Bartsch¹, K.V. Toyka², H. Beckmann¹, G. Becker². ¹*Department of Psychiatry; ²Neurology, University of Würzburg, Germany*

Objective: Schizophrenic patients treated by conventional neuroleptics often develop neuroleptic-induced parkinsonism (NIP). Even with quite similar doses, the extent varies considerably. In parkinson disease, previous transcranial sonography (TCS) findings suggested a correlation of hyperechogenicity with nigrostriatal dysfunction. Investigating the clinical hypothesis of higher incidence of NIP in cycloid psychoses, the current study tested for differences of the substantia nigra (SN) echogenicity in schizophrenic patients on neuroleptic drugs, applying Leonhard's nosology.

Methods: 79 patients suffering from schizophrenic spectrum psychoses (31 cycloid psychosis, 25 non-systematic, 23 systematic schizophrenias) and 22 healthy controls were included. All patients received neuroleptic treatment and underwent transcranial ultrasound examination as well as, by a second investigator, a clinical examination for NIP (EPS). Diagnosis was established independently by two experienced psychiatrists.

Results: The echogenic SN area did neither correlate significantly with the neuroleptic dose nor the duration of illness, but positively with the EPS-score. Moreover, a previous history of NIP

was shown to be associated with a significantly larger echogenic SN ($p < 0.001$). On the other hand, cycloid psychoses and unsystematic schizophrenias had a significantly larger echogenic SN, as compared to healthy controls ($p < 0.01$, $p < 0.05$). No significant influence of age, sex or duration of illness was detected by one way analysis of variance.

Conclusions: These preliminary findings suggest elevated echogenicity of the SN in cycloid psychoses and unsystematic schizophrenias compared to systematic schizophrenias and healthy controls. Further investigations should be carried out to confirm clinical implications regarding NIP and the putative role of the nigrostriatal system in the etiology of schizophrenic subtypes.

P02.361

P300 AMPLITUDE OVER TEMPORAL REGIONS IN SCHIZOPHRENIA: AN INVESTIGATION USING JAPANESE SUBJECTS

A. Iwanami¹*, N. Kato¹, K. Kasai², S. Kamio¹, S.-i. Furukawa¹, M. Fukuda³, K. Nakagome⁴, Y. Okajima⁴, H. Isono⁴, K. Kamijima⁴. ¹Department of Neuropsychiatry, Faculty of Medicine, University of Tokyo; ²Department of Psychiatry, Harvard Medical School; ³Department of Neuropsychiatry, Faculty of Medicine, Gunma University; ⁴Department of Psychiatry, Showa University School of Medicine, Japan

In order to examine left temporal scalp area reductions of P300 amplitude, event-related potentials (ERPs) during a standard odd-ball task were recorded in 57 schizophrenic patients and 33 normal controls. P300 amplitude at T3 was not significantly smaller than that at T4 in schizophrenic patients. In the results of ANOVA of P300 peak amplitude and PCA factor scores, significant lateral topographical difference of P300 was not present between patients and controls. However, in schizophrenia, patients in the low T3 P300 group were older and taking more dosage of antipsychotic medicine than those in the high T3 P300 group, and they have relatively lower P300 amplitude and significantly delayed P300 latency, compared to those in the high T3 P300 group. These results suggested that although the reduction of left temporal P300 amplitude did not exist necessarily in schizophrenic patients, it may be associated with the severity of the disease process and/or impairment of cognitive function.

P02.362

INTERVENTIONS OF MEDICO-PSYCHOLOGICAL EMERGENCY TEAMS IN FRANCE

P. Louville. *Consultation de Psychotraumatisme, Service de Psychiatrie Adulte, Hôpital Necker, Paris, France*

Effective methods to reduce psychic morbidity following traumatic events are needed. Since 1995, in France, medico-psychological emergency teams were added to existing prehospital emergency services in order to evaluate and manage in the field acute psychiatric responses to mass casualty incidents or disasters. The goals of these interventions are the better management of psychic victims as well as the earliest prevention of psychotraumatic disorders (PTSD).

Two official texts have given in 1997 a statutory warranty to a national medico-psychological emergency network. One organizes the medico-psychological emergency activity in the public mental health system and defines three degrees of responsibility: 100 departmental teams, 7 inter-district permanent units and a national committee. This committee is in charge of the definition of the procedures of intervention for the medico-psychological teams and the evaluation of their actions on a national level.

From the 5 years experience accumulated in the field by the medico-psychological emergency teams, we will consider the practical modalities of response to psychiatric emergencies in case of disaster situation, as well as the resulting modifications in health organization and professional training. The level of activity of the medico-psychological network is estimated at 3 interventions per week on the national territory.

The medico-psychological emergency network is already largely requested outside the circumstances it was initially created for. The definition of limited criterion to trigger the emergency interventions appears to be necessary. There is also a great need to determinate the duty of every intervening during the management of a collective traumatic event.

P02.363

GHB TREATMENT OF ALCOHOL AND DRUG ADDICTION

L. Tarricone. *ASL LE 1 DSM SPDC Galatina (LE), Italy*

The benefit of GHB in the treatment of alcohol and drug addiction is confirmed by more and more studies and chemical tests. The GHB causes a regression of the alcohol abstinence syndrome, reduces the craving, produces abstinence from alcoholic drinks at a medium and long term, brings in a cut in heroin and cocaine cravings.

80 alcohol addicts (DSM-IV) have been treated with variable doses of GHB between 50 and 100 mg/Kg divided into four daily doses over almost 14 months. 15 patients abandoned the treatment after one month, 8 after three months; 55 have successfully completed the treatment beginning and keeping abstinence from alcoholic drinks and carrying out a considerable reduction in craving. To be reported two cases of abuse and addiction from GHB.

Presently 4 drug addict patients are under GHB treatment at 100–150 mg/kg doses.

GHB proved a good therapeutic instrument, in correct prescriptions, characterized by good efficacy and tolerability for the treatment of alcoholic addiction and also a valid option in the treatment of drug addiction.

P02.364

EFFICACY OF ANTIDEPRESSANTS IN THE TREATMENT OF SEVERE DEPRESSION

U. Bailer*, H.N. Aschauer, S. Kasper. *Department of General Psychiatry, University Hospital of Psychiatry, Vienna, Austria*

Depressions represent a heterogenous group of disorders to be divided along a spectrum of severity into mild, moderate or severe. The categorization along the spectrum of severity can be important for the choice of treatment modalities, including psychopharmacological agents. In general, for clinical trials patients with severe depression are systematically excluded because of increased risk of suicide. Therefore only a few studies in defined samples of severely depressed patients are available. But we think the evidence of efficacy should be tested reasonably. The potency of antidepressant drugs in severe depression is presented by selectively reviewing literature.

The established efficiency of tricyclic antidepressants (TCA) in severely depressed patients probably is related to their effect on both noradrenergic and serotonergic nerve cell transmission. In addition in all studies available selective serotonin reuptake inhibitors (SSRI) show a higher efficacy compared to placebo in severe depression. New antidepressants with a dual mechanism of action (SNRI, NaSSA), e.g. an effect on the noradrenergic and