Posters, Tuesday, 22 September 1998

Topics
Depression
Old Age Psychiatry
Panic
Sexual Dysfunction
Suicide Prevention

Tues-P1

PERSONALITY DISORDERS AND DEPRESSION — CLINICAL MANIFESTATIONS

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Depression and personality disorders are frequently comorbid. It is well known that some personalities (dependent, avoidant) are prone to depressive manifestations. However, it some studies, including our own, it was shown that all personality disorders, especially those functioning on the borderline level, are prone to depressive manifestations. Personality traits may represent vulnerability for depressive manifestations. Likewise, personality disorders may modify clinical manifestations of depression, so that the clinical presentation between various disorders greatly varies. According to our observations, some persons with affective disorders function on borderline level intermittently, only during an affective epizode. Depression leads to a borderline decompensation, or triggers the borderline functioning of the previously compensated personality disorders. Proposed are a few types of affective disorders comorbid with personality disorders: 1) borderline depression (typical for severe personality disorders - it is intermittent, chaotic, impulsive, dramatic, with frequent acting outs and suicidal ideation); 2) hostile depression (antisocial, paranoid personalities, with aggressive acting-outs, angry outbursts, and somatic qualities); 3) inhibited depression (schizoid, empty, existential depression); 4) narcissistic depression (grandiose and aggressive); 5) hysteroid dysphoria (extrapunitive, histrionic personalities); 5) sullen depression (obsessive and aggressive); 6) hypochondriac depression (passive-aggressive personalities); 6) anxious depression (avoidant and dependent personalities); 7) proper dysthymia (depressive personality disorder). Recognition the type of depression and underlying personality disorder may have important therapeutic implications, both biological and psychotherapeutic.

Tues-P2

ATYPICAL VERSUS NONATYPICAL DEPRESSION IN 203 PRIVATE PRACTICE OUTPATIENTS

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Objective: To find the prevalence of DSM-IV atypical depression, and to compare it with nonatypical depression in private practice outpatients.

Method: 203 consecutive unipolar/bipolar depressed outpatients were interviewed with the Comprehensive Assessment of Symptoms and History, the Montgomery Asberg Depression Rating Scale, and the Global Assessment of Functioning scale.

Results: Of the variables investigated (diagnosis, age at baseline/onset, gender, psychosis, comorbidity, chronicity, duration of illness, recurrences, severity) bipolar II diagnosis was significantly more common, age at baseline and duration of illness were significantly lower, proportion of females and psychiatric comorbidity were significantly higher in atypical vs nonatypical depression. Bipolar II atypical depression had significantly earlier age at baseline/onset and more females, but no other significant differences vs nonatypical depression. Findings suggest that there are important clinical differences between atypical and nonatypical depression, and that a bipolar II form might be separated from the broad category of atypical depression.

Tues-P3

SOMATIC SYMPTOMS IN DEPRESSION

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Objective: The aim of this study was to determine the frequency and severity of somatic symptoms in depression. The relationship between those symptoms and characteristics of the patients such as age, gender, etc was investigated.

Method: We studied on depressed patients using depressive and somatic items of SCL-90, Hamilton and Zung Rating Scales. Those scales were completed in 44 patients who have been diagnosed unipolar depression according to ICD-10 criteria in an outpatient clinic and who were not under treatment at the present time yet. Data on age, gender and social status were obtained also.

Results: The patients have experienced at least two somatic symptoms due to depression. Headache and feeling of numbness in extremities were the most frequent symptoms. The episodes of feeling very hot or cold were affecting patients most severly although this symptom was seen less frequently. Both the number and the severity of symptoms were higher in women and in low socioeconomic status.

Conclusion: Some somatic symptoms can be early indications of depression in some group of patients. The awareness of this association is very important for rapid diagnose.

https://doi.org/10.1016/S0924-9338(99)80451-9 Published online by Cambridge University Press