P11.15

Somatic and psychic presentation of depression in Italian general practice: differences in subjects with comorbid chronic medical conditions

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In General Practice depression is common and disabling. Practitioners may find it difficult to detect: presentation of somatic rather than psychological symptoms is important reason.

Aim: to verify in Depressed Patients (DPs) the chronic diseases and somatic or psychic complaint relation.

Method: 49 General Practitioners recruited one day/week, for 8 months, patients with both non-organic somatic symptoms and psychic ones; then DPs were diagnosed by G.H.Q.-12 and WHO Checklist following ICD-10 criteria. Chi-square, Mann-Whitney or Kruskal-Wallis tests were used for statistical analysis.

Results: 232 subjects with chronic diseases (diabetes, hypertension, chronic obstructive pulmonary disease, cancer, stroke, and hearth, liver, and kidney problems) were found; 147 (63.4%;M/F 57/90) with psychic symptoms of depression, 85 (36.6%;M/F 24/61) with somatic symptoms. We did not find differences for sex (p=0.5), school degree (p=0.2), having a job (p=0.3), being a single (p=0.2), and depression familiarity (p=0.14). We found significant statistical difference between the two groups: age (p=0.03), chronic diseases (p=0.01), and previous depressive episode (p=0.001).

Conclusion: DPs with somatic symptoms are younger than those with psychic ones. Having chronic disease (particularly diabetes and cancer) is predictive for psychic presentation of depression.

P11.16

Alexithymia and depression – a one-year follow-up study

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Objectives: To examine the changes in alexithymic features and depressive symptoms during a one-year follow-up in outpatients with diagnosed major depression.

Method: The study population comprised 120 depressive patients (54 M and 66 F). The severity of depression was evaluated with the Hamilton Rating Scale for Depression and with the self-reported Beck Depression Inventory. Alexithymic features were assessed with the self-reported Twenty-Item Toronto Alexithymia Scale (TAS-20) and its three factors.

Summary of the results obtained: Measure of depression decreased significantly during the follow-up. Changes in TAS Factor 1 (difficulty in identifying feelings) and 2 (difficulty in describing feelings) associated with changes in mood, whereas Factor 3 (externally oriented thinking) did not.

Conclusion: When depression alleviates, people resume their capability to recognise their feelings and communicate them to other people.

P11.17

A canonical analysis of self-and observer-rated depression symptoms

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This was an exploratory examination of the relationship between individual items on the self-rated Hospital Anxiety and Depression Scale (HADS) and the observer¡Vrated Hamilton rating scales for depression (HAM-D). Baseline and change of severity of individual items of the HADS depression subscale (HADS-d) and HAM-D were analysed by means of canonical correlation. Data were pooled from 654 patients participating in two randomised, double-blind, placebo and fluoxetine-controlled, studies of venlafaxine in major depression (DSM-IV). Analysis of HAM-D and HADS-d item severity at baseline yielded two pairs of correlated canonical variables (correlation coefficients: 1, 0.44 and 2, 0.29 respectively), the first of which associated depressed-mood, work-and-activities and genital-symptoms on the HAM-D with enjoy-things, cheerful and slowed-down on the HADS-d. Analysis by change over 8 weeks of treatment yielded one pair of canonical variables (1, 0.64), which associated work-and-activities on the HAM-D with cheerful and slowed-down on the HADS-d. Many items of the scales showed poor associations with the canonical variables indicating that the observer-rated and self-rated scales do not measure all of the same aspects of depression.

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Major depression and return to work – predictive factors

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Objectives: To study factors predicting return of working ability in patients suffering from major depression.

Method: Of 161 patients, who had one year earlier participated in a depression study and been unable for work due to a major depression, 145 (90%)were interviewed again and assessed with HAM-D 17 and SOFAS.

Results: At the follow-up 47% were able for work. According to the univariate analysis the following factors were selected for logistic regression analysis: Age, socio-economic status, duration of present episode of depression, duration of sick leave, HAM-D 17, SOFAS, and wishes to get a pension. Shorter duration of sick-leave (p=0.02)and lesser severity of depression (p=0.004)in men, and lesser severity of depression (p=0.01)and lack of wishes to get a pension in women(p=0.002), explained return of working ability.

Summary of the results. Return of working ability in major depression was predicted by lesser symptom and disease severity in both genders, and in women also by motivational factors.

Conclusions: Except clinical findings also motivational factors seem to be important in return of working ability.

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The effects of RS-86 on sleep with respect to depression and HLA-type

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In major depression shortening of rapid-eye-movement (REM) sleep latency is regarded as a characteristic biological abnormality. Depressed patients exhibit a more pronounced shift towards an earlier onset of REM sleep, especially, after cholinergic stimulation (cRIT), e.g. with the muscarinic agonist RS-86. To investigate whether REM sleep dysregulation represents a trait marker for major depression we are conducting a study with healthy subjects without any diagnosis of psychiatric disorders, but who are at high risk because of a strong family history of affective disorders. These high-risk probands (HRPs, n=23) showed a significant shortened REM latency after cholinergic stimulation compared to control subjects with a negative family history of psychiatric disorders.