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## Symptomatology of Depression on a Romanian Sample

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A total sample of 50 patients whose clinical picture fulfilled the ICD-10 diagnostic criteria for Affective Disorders (F31.3-5; F32; F33; F34) was recruited. The patients addressed either the ambulatory psychiatric care system or the Psychiatric Clinic of Timisoara. We also had a control group of 33 persons, randomly assigned from different activity fields.

The methodology of the study was designed in Heidelberg and is unique for several countries. A polydiagnostic approach on depression based on several international self- and observer-rating instruments, completed with a culture specific scale, was considered. Translation difficulties of different rating scales are going to be discussed. Normative concepts are considered to be mostly important for acquiring validity of an instrument in different cultures. 72 items expressing symptoms in the field of depression and anxiety from 16 rating scales do have equivalents in the Romanian language. Some specific items are also analysed.

Romanian patients complained mostly about symptoms that express social impairment and less about guilty feelings. Suicidality was found less than expected. Most of the symptoms found as universals of depressive disease in a WHO study were found in these patients as well. Possible meanings of these results are discussed.

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## Symptomatological profiles of depressive disorders in Georgia

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The study of 60 patients with major depression was performed as a part of a cross-cultural investigation of this illness. The goals of the study in Georgia were the following: 1) the learning about the psychopathological properties of modern diagnostic tools - ICD-10 and DSM-IV, in comparison with ICD-9; 2) comprehensive description of the depressive disorders which could include the symptoms specific for culture; 3) the study of the personality characteristics and peculiarities of social environment, possibly tied to the specificity of symptomatology. The group of controls of the corresponding age, sex and social backgrounds was also studied. Besides the diagnostic instruments mentioned, and the standard methods measuring depression (e.g. Beck Depression Inventory and Hamilton Depression Scale) the questionnaire was used, created on the basis of the most common complaints found in Georgian patients. The data obtained will be discussed with regard to the so called "somatisation symptoms". These latter could reflect the pathological perceptions of the patient or they may represent the specific way of communication used by the patient.

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## Occupations of depressives and manic-depressives in Germany and Japan

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In Germany at 1 University Clinic (Heidelberg) and 1 State Hospital (Wiesloch), in Japan at 5 University Clinics and 2 State/Community Hospitals male in-patients were diagnosed by ICD-9 and selected with the same inclusion and exclusion criteria in both countries. The records of 196 German cases (90 monopolars, 106 bipolars) were evaluated by means of the International Standard Classification of Occupation (ISCO), the Magnitude Prestige Scale (MPS) and a Japanese scale (SSM) respectively. Among other results in both countries executive and self-employed jobs and higher educational achievement were significantly more common in bipolars than in monopolars. In the German study, bipolars could keep their highest professional status for a shorter time than monopolars. In the Japanese study there was no difference. This corresponds to the fact that in the German study more bipolars (50 %) than monopolars (33 %) lost their professional status. In the Japanese study there was no difference. Comparing bipolars with monopolars, the relationship between occupation and illness is investigated considering occupations and prestige not only of the patients, but also of their fathers and brothers.

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## Marital status of monopolar and bipolar endogenous depressives as well as neurotic depressives in Germany and Japan

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We investigated 354 monopolar and 160 bipolar endogenous depressives as well as 205 neurotic depressives of the University Clinics of Heidelberg and Marburg and in Japan 90 monopolar and 121 bipolar endogenous depressives of 5 University Clinics and 2 State/Community Hospitals (random samples taken from clinical records). The civil data of the different groups of patients, diagnosed according to the ICD 9, were compared to one another.

In Germany as well as in Japan bipolars were more often divorced or single than monopolar endogenous depressives, endogenous depressives were more often married than bipolars. In the Marburg Clinic there was a lower number of partnerships in monopolar endogenous depressives than in neurotic depressives, whereby these partnerships were more often marital than non-marital relationships, monopolar endogenous depressives were more often separated by death than by divorce, whereas the case was vice versa with neurotic depressives. The total number of partnerships, the number of non-marital partnerships as well as that of singles was higher in bipolars than in monopolar endogenous depressives. The duration of the partnerships as well as the sexual differences were determined.