



## Affective disorders

Sunday, April 3, 2005

### S-02. Symposium: Community based programs against depression and suicidality

*Chairperson(s):* Ulrich Hegerl (München, Germany), Frederic Rouillon (Creteil Cedex, France)  
08.30 - 10.00, Gasteig - Black Box

#### S-02-01

F. Rouillon. *Hopital Albert Chenevier, Creteil Cedex, France*

**Objective:** Depression is a life-threatening condition which is expected to play an even more important role in terms of burden of disease during the next years. The DALY's ("Disability Adjusted Life Years", see Murray & Lopez 1996) increased from 3.3% to 4.6% during the last decade. The prevalence of affective disorders in France is amongst the highest in European Union: 5.8% (one year) and 20.9% (life time) for major depression and 1.6% and 7.5% respectively for dysthymia. Despite the high number of psychiatrists (N=13,000) and high prescription rates of antidepressants the French suicide rate is still one of the highest in Europe (N=11,500 or 20/100,000 inhabitants per year)

**Methods:** Embedded within European initiatives targeting at depression, the French programme is composed of combined actions on six levels: · increasing public understanding of affective disorders (uni- and bipolar) and awareness among different target groups · improving the screening of depressive disorders in primary care · offering an effective access to primary care, psychiatrists and specialised clinics · more effective utilisation of pharmacotherapy and psychotherapy in different settings referring to International Practice Guidelines · prevention of recurrence and chronification by promotion of long term treatment · establishment of a network of collaborating centres being active in the field of research on depression

**Results:** This Program will begin in 2005. After five years it will be evaluated with respect to four indicators: suicide rate, prescription rates of individual psycho-pharmaceuticals, prevalence of depressive disorders within the general population (with or without treatment) and the ratio of patients treated with good or bad clinical practice.

#### S-02-02

A. Värnik. *Estonian-Swedish Suicidology, Tallin, Estonia*

**Objective:** Anti-alcohol policy during the perestroika in the former Soviet Union, between 1985-88, influenced an overall decline of 35.2% in suicide rates throughout the USSR. Regression analysis suggested that around 60% of male and 26% of female

suicides in the Baltic republics, and 70% and 24% respectively in the Slavic republics, were attributable to alcohol. The purpose of the study was to test our previous findings on individual level.

**Methods:** 1) Ninety-one percent of suicides (n=427/469) committed during one calendar year were investigated by the psychological autopsy method in Estonia. Living controls matched with suicide victims by region, gender, age and nationality. Alcohol abuse or dependence was diagnosed according to DSM-IV criteria. 2) Alcohol concentration in blood of suicide victims (n=5059) for the years 1981-1992 was observed in Estonia.

**Results:** 1) Alcohol abuse and dependence were found in 60.8% of suicide victims and in 21.4% of controls (OR=8.0). Middle-aged male had the highest risk. 2) Before and after the years of strict alcohol limitation approximately in a half of suicides' bodies alcohol was found in blood at medico-legal autopsy. The percentage decreased to 30% for the years of alcohol restriction and correlated with fall in suicide rates.

**Conclusion:** Our previous findings on aggregate level were confirmed on an individual level. More than half of male suicides (PAR=57.1%), and especially for males aged 35-59 (PAR=74.3%), were attributable to alcohol abuse and dependence. Role of alcohol intake as a provoking factor was confirmed. These findings contribute to the tailoring of suicide prevention programmes.

#### S-02-03

Depression and suicidality

J. Lönnqvist. *National Public Health Inst. Dept. of Mental Health and Alc, Helsinki, Finland*

Persons at the greatest suicide risk often suffer from co-morbid depression. Most have previously contacted health care, and/or communicated their suicidal tendencies. In major depression the risk of suicide is about 20-fold, and in other mood disorders 10-15 times higher than expected. In psychological autopsy studies depression is found in 29-88% of all suicides. The vast majority of depressive suicide victims have received inadequate or no specific treatment for depression. Only about one third have received antidepressant therapy, and very few regular psychotherapy, or ECT. Studies on attempted suicides give similar findings: co-morbidity and under-treatment is a fact. Population studies show that a large majority of all depressed individuals in society are under-recognized and under-treated. Although the efficacy of psychotherapy in suicide prevention is still an open question, the improvement in intermediate outcomes such as depressive symptoms, hopelessness, and in suicidal ideation with interpersonal psychotherapy, DBT, and CBT have been reported. Also antidepressants are effective in alleviating depression. Higher prescription rates of antidepressants are related to declines in suicide rates in several countries. In addition, there is some evidence of an

anti-suicidal effect with lithium in mood disorders and clozapine in schizophrenia. A crucial issue for suicide prevention is the ability of society to establish and foster depression awareness campaigns, and to detect and properly treat depression in all health care setting.

### S-02-04

The Nuremberg alliance against depression: Effects on suicidality

D. Althaus, G. Niklewski, A. Schmidtke, U. Hegerl, *Department of Psychiatry, Ludw, Munich, Germany*

**Objective:** Recent studies showed the increasing importance of depressive disorders. Despite good treatment possibilities (pharmacological treatment and psychotherapy) only a minority of patients receive adequate treatment. One of the most dramatic consequences is a big number of suicides. The aim of the Nuremberg Alliance against Depression (NAD) is to establish and to assess the effectiveness of a 4-level intervention program for improving the care of depressed patients.

**Methods:** In 2001 and 2002 a two-year community based intervention program was performed in Nuremberg (480,000 inhabitants). The program comprised four levels: 1. Training of family doctors and support through different materials 2. Public relations campaign informing about depression 3. Cooperation with community facilitators (teachers, priests, local media etc). 4. Support for self-help activities as well as for high risk groups The effects of the two-year intervention on the number of suicidal acts (completed suicides + suicide attempts, main outcome criterion) were evaluated with respect to a one-year baseline (2000) and a control region (Wuerzburg, 270,000 inhabitants).

**Results:** As compared to the control region, a reduction of suicidal acts was observed in Nuremberg during the two-year intervention (2001 vs. 2000: -19.4%;  $p \leq 0.082$ ; 2002 vs. 2000: -24%;  $p \leq 0.004$ ). Considering suicide attempts only (secondary outcome criterion), the same effect was found (2001 vs. 2000: -18.3%,  $p \leq 0.023$ ; 2002 vs. 2000: -26.5%;  $p < 0.001$ ). The reduction was most noticeable for high-risk methods (e.g. hanging, jumping, shooting). Concerning completed suicides there were no significant differences compared to the control region.

**Conclusion:** The NAD appeared to be effective in reducing suicidality. It provides a concept as well as many materials, which are presently implemented in several other intervention regions in Germany and other countries.

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## S-05. Symposium: Affective disorders: Traditional understanding and new approaches in psychiatry of Eastern Europe

*Chairperson(s):* Valery Krasnov (Moscow, Russia), Roman A. Evsegneev (Minsk, Balarus, Belarus)

08.30 - 10.00, Holiday Inn - Room 2

### S-05-01

Borders of depression: Old and new problems of psychiatric diagnosis

V. V. Solojenkin, K. V. Solojenkina, T. A. Nelubova. *Kyrgyz State Medical Academy Head, Dept. of Psychiatry, Bishek, Kyrgyzstan*

**Objective:** Analyses of the diagnostic of the affective disorders in Central Asiatic countries.

**Results:** Empiric analyses of the diagnostic approaches in Central Asiatic countries demonstrates that the usage of Chapters F3 and F4 of ICD-10. for the diagnosis very often keeps the traditional clinic evaluation of endogenous and psychogenical disorders. One meets very seldom the evaluation of the co-morbidity of anxiety and depressive disorders. Construction of the practically obligate combination of anxiety and depression and co-morbidity not only for depression but also for their symptoms for the collateral ones the intersection is characteristic and does not dominate. An intention to follow pedantically the diagnostic criteria of ICD-10. is combined with the psychological analysis which seems rather eclectic. The existing accesses for diagnoses for affective disorders can be considered both like a difficulty of transition from traditional classifications, and like real difficulties that F3 and F4 contain, and theories that are parallel to ICD -10. The conception of distress as one of the leading diagnostic principles in the new classification allows to treat it as a reaction at psychopathological symptoms and mechanisms of their origin. But the co-morbidity of anxiety and depression may be carried out through design of scientific approaches based on biological research of conception of co-morbidity of disorder in all its three variants and co-morbidity of symptom, adaptational psychological analyses of the transformation of anxiety into another psychopathological phenomenon, exploration of phenomenon of the somatisation of affective disorders (F4.5), that represents a very heterogeneous group.

### S-05-02

The variety of depressive disorders in primary care: Case of Belarus

R. A. Evsegneev. *Byelorussian Medical Academy f Postgraduate Training Nivinky, Minsk, Balarus, Belarus*

**Objective:** The purpose of the study was to recognize and to discuss the main reasons of poor recognition of the depressive disorders in the primary care system in Belarus. Method. About 100 cases finally treated in psychiatric hospital in Minsk with recurrent depression and bipolar affective disorder were retrospectively investigated. Results. About 70% of the patients in the past have contacted with primary care system but none of them were diagnosed in a proper way. The objective (i.e. connected with the disorder itself) and subjective reasons (i.e. connected with the doctors skills and views and care system in Belarus) are discussed.

### S-05-03

Criteria of psychotic level of anxiety-depression syndrome

Y. Savenko, L. N. Vinogradova. *Novyi Arbat, Moscow, Russia*

**Objective:** To check up the traditional clinical idea about qualitative differences between "psychotic and non-psychotic" depressive syndrome, in spite of presence of symptoms of deeper registers (because understanding of "psychotic" in the ICD-10. has withdrawn the problem instead of solving it).

**Methods:** Analysis of results of clinical-psychopathological and experimental-psychological research with use of phenomenological.

**Results:** Evaluation of 373 patients with anxiety-depression disorders allowed to show the presence of "psychotic" level of disorganization of psychic activity in the framework of pure affective register and to formulate criteria of differentiation psychotic – non-psychotic" in anxiety depression. Conclusions: Using the worked out