YRP.10

Pharmacoeconomics of the treatment of agoraphobia with panic disorder

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The increased prescription of modern antidepressants which are also used in the treatment of agoraphobia represents one cause of the growth of medication cost in the Slovak Republic. The main aim of the study was to compare the average total cost of pharmacotherapy in agoraphobia with panic disorder treated by general practitioners and other non-psychiatrists versus the following outpatient psychiatric treatment. The assessment was retrospective in a group of 28 patients (women N=25) at the average age of 41.5 years having been treated by non-psychiatrists for 10 years on average, and consecutively by an outpatient psychiatrist for one year in all cases. Medication costs were considered in US dollars (USD) based on the daily dose. The average total cost of pharmacotherapy in the outpatient psychiatric setting was significantly lower than the average total one in the previous period (USD 223.6 vs USD 2 586.8, p=0,0000). Health insurance agencies should not limit the prescription of modern antidepressants by outpatient psychiatrists if this treatment leads to savings as compared with the previous long-term, costly, and ineffective therapy by non-psychiatrists.

Key words: agoraphobia with panic disorder, pharmacotherapy, pharmacoeconomics

YRP.11

Clinical features of major depression in offspring and history of major depression in parents: findings from a prospective community study of adolescents and young adults

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Objectives: Major depression is probably a clinically and etiologically heterogenous disorder. As previous research has shown that family history of major depression seems to be one of the most potent risk factors for the development of the disorder, one major effort to define more homogenous subtypes of major depression aims to investigate clinical features that are associated with familial aggregation (see Sullivan et al., 2000). This study addresses this issue by evaluating in a representative community sample of adolescents and young adults whether and which clinical features of major depression predict the occurrence of major depression in parents.

Methods: Baseline and four-year follow-up data were used from the Early Developmental Stages of Psychopathology Study (EDSP), a prospective-longitudinal community study of adolescents and young adults. Results are based on 470 subjects who completed the follow-up, for whom diagnostic information for both parents were available, and who reported at least one episode of major depression according to DSM-IV through second follow-up. Diagnostic assessment in respondents were assessed using the standardized Munich-Composite International Diagnostic Interview (M-CIDI). Information on major depression in parents was collected as family history information from the respondents, and additionally from M-CIDI diagnostic interviews with parents of the younger cohort.

Results: Recurrence as well as impairment as clinical features of major depression was associated with a marked increase in risk for major depression in parents. Age of onset and overall higher impairment was found to be associated with parental history of major depression in univariate, but not in the multiple analyses.

Conclusions: Our findings suggest that clinical features of major depression may indicate familial subtypes of the disorder, most evident for recurrence and impairment.

YRP.12

Reversal of paracingulate sulcus asymmetry patterns in men with early-onset schizophrenia

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Cingulate dysfunction has been reported in patients with schizophrenia, as well as reversed or reduced neo-cortical morphological asymmetries. Although the paracingulate sulcus is known to be asymmetrical in healthy subjects, paracingulate sulcus patterns have not been examined in patients. Therefore, we searched for morphological abnormalities of paracingulate sulcus (PCS) in patients with early-onset schizophrenia.

Method: Frequency of PCS patterns was examined in magnetic resonance images of 40 men with schizophrenia, and in 100 healthy subjects.

Results: There was a lack of asymmetry in patients PCS patterns. In contrast, PCS was more often prominent in the left hemisphere, and more often absent in the right hemisphere, in healthy subjects. Moreover, patients had a reversed asymmetry pattern of the PCS, with better-developed PCS in the right hemisphere.

Conclusions: Present findings suggest an impaired maturation during the 3rd trimester of gestation in the cingulate area, since PCS develops by the 36th weeks of gestation.

YRP.13

Family psychoeducation in schizophrenia and quality of life

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Schizophrenia is a severe mental disorder that has considerable impact on the whole family life. Although there is a lot of clinical and research experience indicating that schizophrenia has negative influence on the patient's quality of life, the quality of life of their relatives has been relatively neglected. Group family psychoeducation is one of the most promising interventions designed to help families to cope with schizophrenia and consequently to improve the treatment outcome in patients (lower relapse rate and shorter rehospitalizations). The main focus is on the delivery of information about the disease, but also on identifying key features of family behavior and attitudes that predict high relapse rates (hostility, critical comments, lack of warmth and over-involvement) and teaching the participants how to implement effective strategies for modifying them. The therapy is designed to reestablish families' social contact network and to give them more realistic expectations

of the patient's prognosis. It helps to reduce the whole family burden represented by the illness. Basic questions are: How can we measure these effects? Are there any differences among different types of programs?

To measure the effects of psychoeducation in terms of the quality of life improvement the Czech version (SQUALA-CZ) of the French instrument SQUALA (Subjective Quality of Life Analysis) was used (Zannotti 1992). This questionnaire was selected for this study for several reasons: (1) it is well theoretically based on a definition very similar to our concept; (2) it measures subjective quality of life defined as the difference between the wish and expectations on one side and the person's situation on the other, taking into account the individual hierarchy of values and (3) it includes 23 domains of life functioning, covering the health status, everyday activities, social interactions and inner reality. Respondents were asked to use a five-level scale to assess subjective importance (0 = irrelevant; 4 = essential) and personal satisfaction (1 = disappointed; 5 = completely satisfied) with each of the 23 life domains. Patients with schizophrenia and their relatives were randomized into one of the two parallel group programs (relatives and patients participating in programs separately): (1) 8 weeks program, two hours sessions once in a 14 days for relatives and one hour session once a week for patients and (2) one day 8 hours program. Until now we have data from 30 participants, 20 relatives and 10 patients. They completed SQUALA questionnaire before the entry into the study and 3 months later. First preliminary data analysis showed that there is a significant improvement of satisfaction with the domain "Family" (p<0.05). During the next course/duration of the program we are expecting more answers about relevant methods of "measuring" the effects of psychoeducation, advantages and disadvantages of the both types of programs, relaps frequency and duration of possible re-hospitalization in comparison with noneducated control groups of patients and their relatives.

YRP.14

Service and non-service costs of psychiatric patients attending a community mental health centre in Italy

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Objective: This study estimated service and non-service costs in a random sample of patients attending a community psychiatric mental health centre (CMHC) in Italy. Costs of different diagnostic subgroups and variables associated with service and non-service costs were calculated.

Methods: A randomly selected sample of patients identified during one week of routine clinical activity of the Magenta CMHC. Information was collected using the Economic Questionnaire for routine clinical practice of Psychiatric Services (QESP). The QESP includes the following domains and variables: sociodemographic data, information related to the psychiatric illness, accommodation, employment and income, caregiver, service receipt and patient / caregiver burden. Costs were classified in two categories: service costs (from the provision of services) and non-service costs (loss of productivity and informal care)

Results: One hundred-twenty patients were included. In patients suffering from schizophrenia service cost per month per patient was nearly double than for patients with other diagnoses. Non-service costs associated with patient's lack of job opportunities were more than three times higher in patients with schizophrenia, accounting for an overall non-service cost per month per patient more than three times higher than that for patients with other diagnoses. Non-service costs associated with patient's and caregivers' time off work were similar in the two groups. In the multivariate analysis length of illness and being not employed, but not diagnosis, were associated with higher service costs. Young age and length of illness were determinants of higher non-service costs. The latter two independent variables resulted in addition associated with overall (service and non-service) costs.

Conclusion: This study of an Italian community psychiatric service showed that monitoring within routine conditions was successful and could generate useful information on the costs to psychiatric services, patients and care-givers.

YRP.15

Depression, anxiety, aggression, impulsivity and suicidal behavior

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Objectives: The study of clinical suicide risk factors should involve the simultaneous assessment of dimensions such as depression, anxiety, aggression, and impulsivity that should be integrated in the relatively large concept of comorbidity. The purpose of the study was: 1) to assess the interrelations between all these factors in a sample of affective disorder patients; 2) to test the hypothesis that a high level of anxiety could be a protective factor against suicide acts; 3) to further assess the validity and clinical interest of the Suicide Risk Scale (SRS) of Plutchik.

Methods: We assessed a sample of 49 inpatients with an axis I diagnosis of affective disorder (major depression, dysthymia, adjustment disorder). Patients were subgrouped into suicide attempters (SA, n = 25) and non-attempters (NSA, n = 24). Both groups were compared on measures of depression, impulsivity (Impulsivity scale, Plutchik), anxiety (State and trait anxiety scale of Spielberger), aggressiveness (Buss-Durkee Hostility Inventory and suicide risk (SRS).

Results: SA and NSA differed significantly on the suicide risk scale (p<0.00005) and the impulsivity scale (p<0.001). We did not observe any differences in BDHI scale scores, and state or trait anxiety scores between SA and NSA. However, several aspects of agressiveness were correlated with the current suicide risk. Our results did not confirm the protective value of a high anxiety level.

Conclusions: Taking account of some methodological limitations, we can considere that impulsivity is an important risk factor (a trait factor) of suicidal behavior in patients suffering from an affective disorder. Dimensions such as aggressiveness, anxiety and severity of depression tend to play a more minor role. Our results also suggest the potential interest of the suicide risk scale of Plutchik in clinical practice.

YRP.16

Brain glucose metabolism after dextromethorphan challenge in alcohol dependent males and controls

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Introduction: Pre-clinical studies indicate that acute and chronic effects of alcohol are mediated by NMDA receptor. NMDA re-