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FLUOXETINE VERSUS MOCLOBEMIDE IN THE TREAMENT OF DYSTHYMIC PATIENTS

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Dysthymia is a low-grade, chronic, subsyndromal depressive disorder and its pharmacological treatment remains doubtful.
58 male patients were included in a 6 week study comparing two different antidepressants: fluoxetine and moclobemide (30 patients in the fluoxetine and 28 patients in the moclobemide group). The mean daily dose of fluoxetine was 40mg and moclobemide 450mg. Patients met DSM-IV criteria for dysthymic disorders. The efficacy of treatment was assessed on the Hamilton Rating Scale for Depression (HRSD) on baseline, 14th, 28th and 42nd day of treatment. HRSD clusters were calculated as well. There was a significant decrease in symptoms observed in both groups but no significant difference between the efficacy of the two drugs. However fluoxetine showed a significantly better efficacy on cluster scores: cognitive disturbance (from 28th day) and retardation (from 14th day). Moclobemide showed significantly better efficacy on cluster scores: body weight (from 14th day) sleep disturbance (from 14th day) and anxiety (from 14th day). Due to sleep disturbance and anxiety, most patients in the fluoxetine group needed concomitant treatment with benzodiazepines. Taken together these results strongly recommend using both drugs in the treatment of dysthymia.

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EEG ASYMMETRY, SYMPTOMS AND DRUG RESPONSE IN ACUTE SCHIZOPHRENIA

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The aim of the study was to find the possible relationship between EEG-lateralisation, psychotic variables and drug response in acute schizophrenia.

45 schizophrenic patients with acute paranoid and schizoaffective syndromes were investigated. EEG was recorded before as well as on the 7th day of neuroleptic medication. The absolute number of β_2-, β_1-, α and γ-waves were calculated by use of periodometric analysis of resting EEG. For F3/A1-F4/A2, 01/A1- 02/A2 leads. Special quotients were derived from the absolute number of EEG waves used. The findings revealed the inverse correlations between posterior laterality quotient for α waves and anxiety, fear and suicidal tendency. The negative correlations were also observed between posterior laterality quotients for β_2-, β_1- waves and scores for persecution ideas, auditory hallucination and false orientation. None of the EEG-variables before treatment was correlated with drug efficacy of neuroleptics. On the other hand, there was a significant negative correlation between posterior laterality quotients for β_2-, β_1- waves after 7 days of treatment and final drug efficacy of neuroleptics.

It seems that arousal in the posterior right regions of the brain may be the prerequisite not only for psychopathological symptomatology but for the final drug response too.

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THE USE OF THE "SALOMON" COMPUTER EXPERT SYSTEM IN THE DIAGNOSIS OF DEPRESSION

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The diagnosis of depressive disorders can present a considerable problem for doctors and even when diagnosis has been made a number of other decisions have to be taken, e.g., place of treatment, assessment of disorder exacerbation, duration of treatment etc. In view of the number of existing disorders and requirements for the classification of disorder syndromes, it was decided to make use of a computer programme to assist qualitative diagnosis (syndrome classification proposal) and quantitative diagnosis (depression exacerbation assessment). The programme was tested clinically as follows. Patients with depressive disorders were examined independently of their managing doctors and the data put into the programme. The managing doctors were then informed of the diagnosis given by the programme. The doctors then filled out a questionnaire to evaluate the usefulness of the conclusions made in a 2-5 point scale and in the form of a description. A psychiatrist also enumerated those substantial conclusions not presented by the programme. A statistical analysis of the qualitative evaluation of the depression disorders was carried out and the doctors' conclusions discussed. In the majority of cases, the clinical diagnosis and the doctor's conclusions were the same and the computer programme was postively evaluated. However, there were considerable discrepancies in patients with personality disorders, anxiety disorders, depression disorders in prisoner patients, patients interested in the aggravation of their symptoms. It was concluded that the computer system could be a routine tool to assist in the diagnosis of depressive disorders but not in the measurement of biological or physiopathological parameters.

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EEG MAPPING IN DIFFERENTIAL DIAGNOSIS OF MILD DEMENTIA

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Previous studies demonstrated the validity of EEG changes in evaluating the type and severity of dementia of the Alzheimer type (DAT). The aim of the present study was to reveal the peculiarities of EEG topography in elderly patients with mild dementia of different origin to elaborate integrated criteria for their early differential diagnosis.

63 patients with mild dementia (range 1 by CDR) were subdivided clinically into 3 groups: DAT group including 17 patients with presenile Alzheimer's disease (AD), 13 patients with senile dementia of the Alzheimers type (SDAT) meeting NINCDS/ADRDA criteria; a vascular dementia group (VD) of 10 patients meeting NINDS/AIREN criteria; and 10 patients with mixed vascular/atrophic (VAD). All patients as well as 30 age matched controls were subjected to a quantitative EEG study (FFT in narrow bands: 2.20 Hz, 0.5 Hz step) by an original EREA Russian computer EEG system and to clinical evaluation and psychometric tests. The groups differed signficantly from both norm and each other by spectral density of EEG alpha (especially over 10Hz) maximally suppressed in AD, and delta mostly pronounced in SDAT and VAD groups and cortical topography of its foci (anterior/posterior and/or left/right areas. The quantitative EEG data suggested special EEG structure and topography differences in mild dementia of different origin which may be useful for diagnosis.