depression status, with the hypothesis that patients having fewer depressive symptoms, or who are no longer clinically depressed, should show improvements in QoL. Changes in depression symptom (CES-D) scores were significantly correlated with changes in all QoL scores. We discuss possible theoretical frameworks for understanding the association between depressive symptoms and multiple health-related QoL indicators.

P11.11
Seasonal fluctuations of state of health in Western Siberia

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Objectives: to estimate rhythmics of seasonal fluctuations of state of health at healthy and people suffering seasonal affective disorders (SAD).

Methods: The seasonal pattern assessment questionnaire SPAQ was used. 714 men of the inhabitants of Tomsk are surveyed. From them 79,5 % of the women, 20,5 % of the men. Average age surveyed 28,2 + 9,2 years.

Obtained results: the attributes SAD were marked at 8 %, subsyndromal SAD at 13 %. The people with SAD are worse than all felt in January (28,1 %), February (12,3 %), September (8,8 %), October (14 %), November (7 %), December (7 %). The people without attributes SAD are worse than all felt per the same months, but in more rare percent(interest) of cases (accordingly 15,2 %, 13 %, 7,4 %, 9,1 %, 7,5 %, 1,7 %).

Conclusions: the high prevalence SAD in Tomsk Is marked. The seasonal fluctuations of state of health in the population and at the persons with SAD have regional features and are more expressed, than at the healthy people.

P11.12
Prevalence of depression in old patients of social care in Siberia

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Objectives: screening study prevalence of depressive disorders in old patients of social care in Siberian region of Russian Federation.

Methods: 385 patients of social care upwards 65 years was studied (23,1% men and 76,9% women). The screening instrument was 15-item Geriatric Depression Scale.

Summary of the result obtained: 69% patients had depressive symptoms by GDS. Depressive disorders more often (p=0,007) occurred in women (55,8%) than in men (13,2%). Most prevalence symptoms of depression was discontent of life, anguish, helplessness, attention disturbances. 52% patients with depressive symptoms had suicidal ideas. 87% informed about anxiety which expressed through different physical symptoms. 92% patients had sleeplessness. About 50% examined with depression by GDS are denied any mental disorder. Presence of depressive symptoms they bind with somatic diseases, age, tiredness from difficult life.

Conclusions: depression is often occur in old patients of social care in Siberian Region of Russian Federation. Women liable to depressive disorders frequently. It is necessary to study socio-economic and socio-cultural factors of depressive disorders in this subpopulation.

P11.13
A record-based analysis of 803 patients treated for depression in psychiatric care

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Background: New antidepressants emerged and became widely used during the 1990s. The present study investigated quality-of-care problems in the treatment of depression.

Method: We investigated the treatment received for depression by all 803 inpatients or outpatients with a clinical diagnosis of ICD-10 depressive episode or recurrent depressive disorder in 1996 in the Peijas Medical Care District, Vantaa, in southern Finland.

Results: Most patients (84%) were found to have received antidepressants, generally in adequate, albeit low, doses. Inadequate antidepressant treatment was common only with tricyclic antidepressants. Most patients received a single antidepressant for extended periods; only 22% had 2 or more antidepressant trials. Disability pension was granted to 19%, two thirds (67%) of whom had received only 1 antidepressant trial prior to pension.

Conclusion: The present study supports the emerging perception of improved quality of pharmacotherapy in psychiatric settings, with the exception of treatment with tricyclic antidepressants. Problems of quality of care now appear to be related to the suboptimal intensity and monitoring of the treatment provided, which may eventually result in considerable costs to society due to permanent disability.

P11.14
The natural history of late-life depression

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Background: This study examines whether risk factors related to incidence of depression are also related to prognosis, and whether a vulnerability-stress model can be established for prognosis.

Methods: A prospective model for prognosis of depression (chronic or remitted course)in later life was studied in 236 depressed community-living elderly. Subjects were interviewed at baseline, and at follow-up three years later. Bivariate and multivariate relationships between risk factors and chronic depression (GMS-AGECAT) were assessed. Effect modification was studied between stressors and two types of vulnerability: vulnerability through a personal history of depression, and gender.

Results: A personal history of depressi-on, baseline functional limitations and incident anxiety syndrome predicted chronic depression, whereas life-events occurring between assessments, and changes in physical, functional or cognitive status did not. In subjects without a previous history, functional disabilities, male gender and receiving social support correlated with a poor prognosis. The prognosis for subjects with a personal history of depression was not affected by other factors. In women, the development of chronicity was more strongly associated with a personal history than in men, whereas in men recent psychosocial and health related characteristics were more important than in women.

Conclusions: In the elderly, the impact of risk factors on the course of depression is modified by longstanding vulnerability characteristics, such as a personal history of depression and gender. More recent life stresses are related to prognosis in subjects without a personal history, and in men.