major depression according to DSM VI, and 12 healthy controls were enrolled in this investigation. CCT was performed in a double-blind design with all subjects receiving a dosage of 10 mg, 20 mg citalopram and placebo. At 08.00 a.m. Citalopram in 100 ml NaCl or mere NaCl were infused over 15 minutes. Blood samples (−1 up to +6) for hormonal measurements were drawn from 7.30 a.m. until 10.00 in intervalls of 15 minutes and samples −2 to 0 were used for baseline estimation. Hormone secretion was estimate by calculating the area under the curve. Side effects were rare and more often in controls. Predominant were nausea, and feelings of inner restlessnes. CCT was interrupted in two cases because of mild akathisia. 90 minutes after citalopram infusion we detected a secretion peak in normals. In healthy subjects (mean AUC: 1637 ng/ml*90 min) compared to patients (mean AUC: 408 ng/ml*90 min) the total secretion of prolactin in depressive illness was blunted. Hormonal section after stimulation with 10 mg citalopram did not differ from hormonal secretion after application of placebo. Although our results show differences of the serotonergic reagibility in patients and healthy subjects it remains to clearify if other neurohormonal systems are attached, too, which also might influence the changes in prolactin secretion we found. Besides these points of interest this study indicates that a stimulation with 20 mg citalopram might be useful to describe a disturbance of serotonergic neurotransmitter system in depression.

THERAPIESTANDARDS IN DER DEPRESSIONSBEHANDLUNG IN ÖSTERREICH — EINE UMFRAGE

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In einer pharmakoepidemiologischen Untersuchung zur Behandlung der Depression in Österreich wurde an 455 Psychiater und Neurologen ein 17 Punkte umfassender. Fragebogen versandt. Dieser richtete sein Augenmerk auf die bevorzugten Behandlungsstrategien bei akuten depressiven Episoden sowie die Behandlungsgewohnheiten in der Phasenprophylaxe. Drei Fragen erfassten die berufliche Situation der Befragten.

Nach zweimaliger Aussendung konnten 266 Fragebögen (57.8%) ausgewertet werden. Etwa die Hälfte (47.5%) der Befragten kombinieren in der Akutbehandlung der Depression Psychotherapie und Psychopharmaka. Als orale Medikation wurden Citalopram (34.2%) und Amitriptyline (26.7%) am häufigsten genannt. Die mittlere Tagesdosis für Citalopram wurde mit 27 mg, die für Amitriptylin mit 106 mg angegeben. Die mittlere Behandlungsdauer für eine depressive Episode errechnete sich mit 24.7 Tagen.

In der Phasenprophylaxe werden Lithiumpräparate am häufigsten, gefolgt von Antidepressiva und Carbamazepin verwendet. Die Frage nach der Dauer einer prophylaktischen Medikation ergab einen Mittelwert von 211.9 Tagen.

Bei den erhobenen Ergebnissen fallen breite Streuungen bei nahezu allen Fragen ins Auge, insgesamt wird wohl in zu niederer Dosierung und sowohl im akuten wie auch im prophylaktischen Bereich zu kurz behandelt. Die Erarbeitung von Therapiestandards in der Behandlung der Depression sowie deren Verbreitung stellt eine wichtige Aufgabe dar.

FACTORS ASSOCIATED WITH MULTIPLE ADMISSIONS TO A PUBLIC PSYCHIATRIC HOSPITAL

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Early identification of the types of psychiatric patients who are likely to be readmitted is necessary to allow for planning and implementing a program in ambulatory care to prevent rehospitalizations.

The authors attempted to identify the psychiatric and social factors associated with multiple admissions, especially for psychotic patients.

Demographic and diagnostic information (based on the DSM-III-R) were collected in a computerized case register for all patients admitted in the only psychiatric hospital of Geneva. Patients with at least three admissions within a time span of one year were compared to a control group of the total clinic population.

In the year 1994, 1579 patients were hospitalized, 284 patients (18%) were readmitted for the third time or more. The principal diagnoses were psychosis (26%), affective disorders (27%) and substance abuse (20%). The psychotic patients were significantly more readmitted than other patients (26% vs 15%).

The factors associated with multiple admissions for psychotic patients were a diagnosis of schizophrenia, a longer length of illness, the female gender, a younger age, a secondary diagnosis on axis 1 and a worst psychosocial adjustment during the past year. These results emphasize the usefulness of a computerized psychiatric case register even if some improvements could allow more comprehensive clinical studies.

A DOUBLE-BLIND COMPARISON OF THE EFFICACY AND SAFETY OF PAROXETINE AND IMIPRAMINE IN THE TREATMENT OF DEPRESSION WITH DEMENTIA

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Aim: To compare the efficacy of paroxetine and imipramine in the treatment of depression associated with dementia.

Methods: 198 patients (mean age 76.6 yr) with dementia and significant depressive symptoms were randomised, double-blind, to receive paroxetine (20–40 mg/day) or imipramine (50–100 mg/day) for 8 weeks. Primary efficacy criteria were the change from baseline to endpoint in Montgomery-Asberg Depression Rating Scale (MADRS) total score and in Clinical Global Impression (CGI) severity of illness total score. Secondary efficacy variables were Carer global rating and CGI global improvement score together with the CGI severity of illness, Cornell scale for depression in dementia, Folstein mini-mental state evaluation and Gottfries, Bräne, Steen Scale for dementia.

Results: No significant differences were observed between the paroxetine and imipramine groups in terms of either mean change from baseline in MADRS score (−12.6 and −11.8, respectively, $p = 0.662$) or CGI severity of illness score (−1.3 and −1.3, respectively. $p = 0.996$), at endpoint. No statistically significant differences between any secondary efficacy variables were observed, with the exception of the Cornell Rating Scale, where a significant difference in change from baseline score was observed at weeks 4 and 8 in favour of paroxetine ($p = 0.047$ and $p = 0.049$, respectively). The most frequently reported adverse events were trauma (10.1%) and somnolence (8.1%) in paroxetine-treated patients and trauma (11.1%) and dry mouth (10.1%) in imipramine-treated patients. Paroxetine and imipramine showed similar efficacy, with little evidence of difference between them in the treatment of patients with depression associated with dementia.

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