subjects were interviewed. One year later 263 (73.5%) subjects could be reexaminded. The subjects were examined by research psychiatrists. Several diagnostic systems were used (GMS-A-Agecat-Computer diagnosis, DSM-III-R Medical Judgement, ICD-10-Medical Judgement).

The probands showed a high prevalence of depression - nearly one quarter ot the inverviewees. In this extreme age group sex differences in depression were minimal. Depressives were distinctly impaired in daily life. Depressive pro-bands were more often found in institutions than in private households. Depressives were high users of the medical care system, but very rarely treated by specialists. Living in institutions, lower class, need for care and certain specific especially threatening life events (moving, separation of husband or wife) were identified as risk factors for depression.

FC29-2
SYSTEMATIC APPROACH TO THE DEPRESSIONS PROGNOSTIC CRITERIA

E.A. Grigorieva[1]. *[1]Jaroslavl State Medical Academy, Jaroslavl, Russia*

Objective of study was to demonstrate prognostic favorable and unfavorable prognostic computed-syndromes. This research was conducted in 175 severely and moderately depressed patients with bipolar disorders, recurrent depressive episodes and schizo-affective disorders. This group of patients has been examined for the second time after 8–10 years. Four categories were identified among all patients: - patients with favorable prognosis; -those with less favorable prognosis -; -patients with "intermediate" prognosis; -patients with significant social and occupational disabilities due to brain trauma, somatic illnesses, alcohol abuse and dependence. The latter group was excluded from the subsequent analysis. Computer-syndromes of favorable and "intermediate" prognoses were detected from the mathematically analyzed information on the patients: clinic of mental disease, its duration, age, premorbid personality disorders, bothersome heredity, other harmful environmental factors and treatment. Every computed-syndrome was specific to the certain group of patients and was not found as a prognostic criteria in others. Symptom' prognostic significance depended on its dynamic correlation with other ones. Use of computed-syndromes, those reflect the level of severity by the determination of different symptoms' inner interactions, is one of the most important ways to find individual (not group) prognostic criteria.

FC29-3
DISCRIMINATIVE POTENTIAL OF ANTICIPATORY COGNITIONS IN DIFFERENT TYPES OF DEPRESSION

F. Cavaglia*, A. Matos-Pires, F. Arriaga. *Department of Psychiatry, Santa Maria Hospital, Lisbon, Portugal*

The aim of this study is to compare the negative predictions that occur in dysthymia and non-melancholic depression when the occurrence of personality disorders is excluded.

Methods: Subjects with dysthymic disorder (n = 19) and non-melancholic major depressive disorder (n = 20) were selected according to DSM-IV criteria. Personality disorders were ruled out by means of the same diagnostic system. All patients were studied using the Hamilton scales for anxiety and depression (HARS and HRSD), the Beck Depression Inventory (BDI) and the Symptom-Check-List-90-Revised (SCL-90). The "Anticipatory Cognitions Questionnaire" (ACQ) was used for the evaluation of negative predictions.

Results: Measures of anticipatory cognitions provide a clear discrimination between the two groups of depressive patients. The same holds true with the values of depression severity obtained with the HRSD, the BDI and the SCL-90. However, other psychopathological differences between the two groups are scarce. The correlational study between measures of the ACQ and severity measures shows a covariation of statistical significance.

Conclusions: These results suggest that anticipatory cognitions are highly related with depression severity. Remains questionable that negative predictions have some sensitivity and specificity for different types of depression. Anyhow, overall clinical severity surely plays a spurious effect in this kind of investigation. So, in order to clarify the present issue this confoundable variable should be controlled in future studies.

FC29-4
COGNTIVE THERAPY FOR MAJOR DEPRESSION IN PARTIAL REMISSION: PRELIMINARY FINDINGS

P.L. Cornwall[1]*, A. Jenaway[2], A. Garland[1], R. Moore[2], M. Pope[1], H. Hayhurst[2], J. Teasdale[3], J. Scott[1], E. Paykel[2]. *[1]University Department of Psychiatry, Royal Victoria Infirmary, Newcastle upon Tyne; [2]University Department of Psychiatry, Addenbrooke's Hospital, Cambridge; [3]MRC Applied Psychology Unit, 15 Chaucer Rd, Cambridge, UK*

Aims and Methods: In a two-centre collaborative controlled trial, patients in partial remission with residual symptoms after antidepressant medication for major depression were randomly assigned to receive drug continuation alone or cognitive therapy plus drug continuation. Subjects received 18 sessions of cognitive therapy aimed at ameliorating symptoms and preventing relapse. A 20 week treatment phase was followed by a 12 month follow-up phase. Outcome was assessed regarding symptoms, relapse rates, and in relation to predictors from the history, symptoms, cognitions and attributions of illness. Cognition and attribution measures were used to examine mechanisms of effect. The study aims to test a non-pharmacological approach for relapse prevention and a possible specific indication for cognitive therapy in patients not fully responding to drugs.

Results and Conclusions: 330 subjects met the inclusion criteria of which 158 (48%) were entered into the study. 24/144 (17%) completers of the treatment phase met the criteria for relapse. (Relapse was defined as DSM-IV major depression for 4 weeks with two successive HAM-D scores >16). 62/124 (50%) completers of the follow-up phase so far have relapsed or have been withdrawn because of treatment failure. The preliminary results confirm the evidence that in major depression partial remission is a common outcome with a high rate of early relapse. Results testing the principal hypothesis, that cognitive therapy is an effective treatment for this group of patients, will also be presented if available.

FC29-5
EPIDEMIOLOGY OF ANTIDEPRESSANTS

T. Helgason*, T. Zoega, J.K. Björnsson, H. Tómasson. *University Hospital, Reykjavik, Iceland*

Purpose: The use of antidepressants has increased very markedly since the introduction of SSRI medications. The effects of this on the sale and prescriptions of psychopharmaca has been studied in Iceland, prescription prevalence as well as contribution of physicians of different specialities to the prescriptions.