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THE ABILITY OF SCREENING INSTRUMENTS TO DETECT SUBTHRESHOLD SYMPTOMS OF DEPRESSION AND ANXIETY IN THE ELDERLY GENERAL POPULATION

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Objective: There are many well established screening instruments for the detection of depression in community-based samples. This study focuses on the ability of such instruments to detect subthreshold symptoms of depression and anxiety in the elderly general population.

Methods: The diagnoses of subthreshold depressive disorders, subthreshold generalized anxiety disorder, and subthreshold panic disorder were made according to the criteria proposed by Angst. Additionally, we included subthreshold agoraphobia, subthreshold social phobia, and subthreshold specific phobia to the category of subthreshold anxiety disorders. The study was carried out on 287 subjects out of the general population aged 60–99 years. All subjects completed the short version of the General Health Questionnaire (GHQ-12) and the Center for Epidemiologic Studies - Depression Scale (CES-D). The performance of the questionnaires was assessed by receiver operating characteristics (ROC) analysis.

Results: Both the GHQ-12 and the CES-D discriminated between the presence and the absence of subthreshold disorders, however their performance was poor. Items describing somatic/vegetative complaints showed the highest discriminating ability.

Conclusions: Subthreshold disorders in elderly subjects can be identified by using well-established screening instruments, however modifications of these instruments should be undertaken to improve sensitivity and specificity. We suggest the inclusion of more items describing somatic complaints to reach better performance.

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SUBTHRESHOLD PSYCHIATRIC DISORDERS IN THE ELDERLY GENERAL POPULATION: LIFETIME PREVALENCE AND RISK FACTORS

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The aims of the present study were: (1) to assess the lifetime prevalence of minor and subthreshold psychiatric disorders in a sample from the elderly general population, and (2) to assess the influence of demographic variables, i.e. age, gender, educational level and profession on prevalence rates. - Personal psychiatric interviews of 287 subjects from the elderly general population (aged ≥ 60 years) were performed using the Composite International Diagnostic Interview. Subthreshold depressive and anxiety disorders were defined in analogy to the criteria proposed by Angst in several recent publications. - 44% of the sample suffered from subthreshold depressive disorders (lifetime diagnosis). 18% of the subjects suffered from subthreshold anxiety disorders. Subthreshold depressive and anxiety disorders do not increase with subjects' age. Female subjects had an increased risk for subthreshold anxiety than males (Odds ratio OR = 3.3). Subjects with high professional status had less subthreshold anxiety disorders than subjects with lower professional levels (OR = 0.3). - Subthreshold affective and anxiety disorders are prevalent disorders which do not significantly increase with age. They are influenced by the presence of different risk or protective factors. The disorders need further attention concerning detection, influence on subjective quality of life, and possible treatment needs in the elderly general population.

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DYNAMICS OF IMMUNOLOGICAL STATUS INDICES IN PERSONS SUFFERED FROM CHERNOBYL ACCIDENT

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Changes of basic indices of immunological status during follow-up study of treatment effectiveness in 30 participants of Chernobyl disaster consequences elimination (the so-called liquidators) suffered by mild affective, psychoorganic and psychosomatic disorders were investigated. The patients were repeatedly admitted for treatment to the Moscow Research Institute of Psychiatry Clinic in the period from 1993 to 1997. Considering the immunological indices changes in subsequent admissions by comparison with the first one, all the examined were divided into 3 groups; 1-st with positive immunological effect; 2-nd with negative effect; 3-rd lacking effect. The patients of the 1 st group (13 persons) revealed increase of all cell populations: general T-lymphocytes increased 1.5 times; T-helpers 1.7; T-suppressors 3.3; B-cells 1.6. Decrease of indices of humoral immunity, the initially increased concentration of circulating immune complexes (CIC) and titres of antithymic antibodies (ATA) up to 57% and 64%, respectively, as compared to data of the first admission, confirm favourable changes in the immunological status. The 2-nd group (13 persons) having negative effect displayed moderate decrease of all cell populations except B, CIC level remained unchanged, and ATA titre increased 1.3 times. No essential changes were discovered in the 3-rd group (8 persons) except for the increase of B-cells (up to 190%), and decrease of CIC and ATA in blood to 48% and 44%, respectively. Thus, immunological indices dynamics over a period of years proved to be different in different group of observation. There is no full agreement of direction of immune deviation with tendencies of clinical dynamics of the examined states: in the majority of cases we can state the stability of clinical manifestations of polymorphous disorders of affective spectrum with inclusions of moderate impairment of memory and attention.

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IMMUNOLOGIC DISTURBANCES IN IRRADIATION EXPOSED INDIVIDUALS

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Subjects of investigation are 85 former participants of the elimination of the Chernobyl accidents consequences (1986), who have been exposed by low doses of radiation. They were investigated in 1994–1996 in the psychiatric clinic because of development of different mental disorders, mainly of exogenous organic type. Two groups have been distinguished: 1) with dominating neurotic-like disorders ($n = 48$) and 2) with initial features of psychoorganic syndrome ($n = 37$). The results were compared with data of 40 mentally healthy donors. Both groups are characterized by a decrease of the total amount of T-cells and T-helpers, an increase of circulating immune complexes (CIC) and antithymic antibodies, and besides an abrupt decrease of B-lymphocytes in group 2. The second group showed more pronounced and persistent immunological disturbances. Therapy included cerebroprotective and vegetotropic agents. In group 1 the therapeutic changes in immunologic parameters by the end of therapy. In group 2 immunologic changes were more inert: the amount of T-helpers and total T-cells approached to normal, however low values of B-lymphocytes and high level of CIC retained. The immunological data in the