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FACTORS ASSOCIATED WITH THERAPEUTIC EFFECT OF RISPERIDONE ON PSYCHOPATHOLOGY AND WORKING MEMORY IN SCHIZOPHRENIC PATIENTS

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Risperidone is an atypical antipsychotic drug, therapeutically effective against a broad spectrum of schizophrenic symptoms. The drug favourably influences also cognitive processes such as working memory. The aim of this study was to assess the clinical factors associated with therapeutic effect of risperidone on psychopathology and working memory in schizophrenic patients.

Fifty schizophrenic patients (29 male, 21 female), aged 16–50 (mean 28) years with the duration of illness 0.5–15 (mean 4) years were studied. Therapeutic effect was assessed with Positive and Negative Syndrome Scale (PANSS). Working memory was estimated by neuropsychological tests: Trail Making Test - TMT B, Stroop test - B, Wisconsin Card Sorting Test - WCST: non-perseverative (N-P), perseverative (P) errors and correct categories (CC). All patients were screened for family history of psychiatric illness and for obstetric complications.

The improvement in PANSS total and positive symptoms was better in younger patients and those with shorter duration of the illness. The improvement on negative symptoms was better in patients with family history. The improvement in all PANSS subscales was better in patients with obstetric complications as was the amelioration of spatial working memory measured with TMT B.

The results of this study may suggest better effect of risperidone on psychopathology and working memory in patients with a history of obstetric complications. The duration of illness may be a negative prognostic factor for the effect of risperidone on positive symptoms of schizophrenia.

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FACTORS PREDICTING DEPRESSION AMONG MALE AND FEMALE IN AN ARAB COMMUNITY

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Aim: To examine sex differences in the prevalence of depressive disorders in an Arab community.

Methods: One thousand three hundred-ninety subjects (n = 1390) were systematically sampled from general population in Al-Ain city, United Arab Emirates. All subjects were interviewed and assessed with the modified version of the Composite International Diagnostic Interview (CIDI) and a specially designed socio-demographic questionnaire. The life time male and female prevalence rates were estimated. Subjects were then divided by age, marital status, number of children, recent life events and chronic life difficulties into 12 categories. Sex differences in the rate of depression in each category were also examined.

Results: The life time rates in males and females were 2.$% and 9.5% respectively. The prevalence rates of depression were higher in females in all above categories but such differences reached statistical significance in age category before 55, in the category of single mothers, when the number of children is 4 or more and among those exposed to recent life events. Females were found to be more exposed to chronic life difficulties but only depressed females were significantly more subjected to recent life events.

Conclusion: Sex differences in depression is a robust finding and because such differences were found to be correlated with certain socio-demographic variables, we tend to believe that the origin of such differences is social rather than biological.

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DEPRESSION IN PATIENTS WITH FABRY DISEASE

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Fabry disease (FD) is an X-linked glycosphingolipid storage disease resulting from a deficiency of lysosomal alpha-galactosidase. Ceramide trihexoside is accumulated in vascular endothelium and smooth-muscle cells of various organs. Common clinical features include angiokeratomas and severe pain - episodic painful crises and constant acroparesthesias with burning discomfort in hands and feet secondary to involvement of autonomic nerves. We observed seven patients with FD for depression. The diagnosis of FD was made enzymatically in all patients by measurement of tissue alpha-galactosidase A activity. Five patients (71%) suffered depression and one of these patients committed suicide. Factors contributing to depression in FD may be severe pain which is the most common debilitating symptom.

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NEUROBEHAVIOURAL STUDY OF LONG-TERM PERORAL ADMINISTRATION OF DEHYDROEPIANDROSTERONE IN OLD RATS

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Dehydroepiandrosterone (DHEA, sulfated form DHEAS) which is the major steroid hormone synthetized in adrenals from cholesterol reveals strong age-related decline in blood serum, both in animals and man. DHEA biosynthesis was proved also in the brain where its concentration is even higher than in adrenals, indicating its role as a steroid neurohormone. DHEA *in vitro* enhanced neuronal and glial survival, *in vivo* reduced memory deficit and immune defects in senescent mice and protected hippocampus against degeneration induced by stress released glucocorticoids. Some clinical trials indicated beneficial effects of DHEA supplementation on neurodegenerative processes of aging. The antiglucocorticoid and immunomodulatory activity of DHEA are supposed to be mediated by 7α-hydroxylated derivatives (7α-OH-DHEA). – Presented experiments evaluating the effect of 10 week peroral DHEA treatment in old rats in relation to serum levels of corticosterone and 7α-OH-DHEA were carried out in male rats, strain Wistar, aged 17 months (N = 20). One half received DHEA (10 mg/kg/day) mixed in the standard pellet diet, the other half was fed placebo diet. Final test procedure included: tests of behaviour ("open field"), short-term memory (social recognition), serum levels of 7α-OH-DHEA (free and sulfated) and corticosterone, brain biochemical analysis (monoamine turnover in hypothalamus and striatum, lipid peroxidation in cortex and hippocampus), ascorbic acid concentration in adrenals. – The outcome of DHEA treatment was not homogeneous. Serum levels of free 7α-OH-DHEA and especially the ratio free/sulfated 7α-OH-DHEA divided the treated rats in two groups with different neurobehavioural features. Group A with high ratio did not differ behaviourally from controls, but had less

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