ascorbic acid in adrenals.and higher noradrenaline concentration in the striatum. Group B with low ratio revealed enhanced motor activity and emotional reactivity, decrease of serum corticosterone level and lower value of cortical lipid peroxidation; this finding might represent positive effects of DHEA treatment.

P02.253

PERSONALITY IN PATIENTS WITH CHRONIC FATIGUE SYNDROME COMPARED TO DEPRESSED PATIENTS

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Chronic Fatigue Syndrome (CFS) has become increasingly recognized as a common clinical phenomenon, that has led to great controversy among clinicans, researchers and patients. CFS is characterized by a sensation of persistent, debilitating fatigue of more than 6 months duration, resulting in a marked reduction in the level of daily activity. It is well known that besides somatic symptoms patients with CFS are frequently depressed. However, the relationship between CFS and major depression remains a matter of debate. We investigated if there was a difference between the personality profile in CFS and depressive patients. The Temperament and Character Inventory (TCI) (Cloninger, 1994) is a battery of tests designed to assess differences among people in seven basic dimensions of temperament (novelty seeking, harm avoidance, reward dependence and persistence) and character (self-directedness, cooperativeness and self-transcendence). It is well established that depressed patients exhibit higher harm avoidance and self-transcendence scores as well as lower self-directedness and cooperativeness scores compared to healthy controls.

We tested if there was a difference between the TCI scales of 19 patients with CFS (6 male; 13 female) and 41 patients with depressive disorder (12 male; 31 female).

First results show that patients with CFS exhibit lower harm avoidance (Mean 19.7, SD 1.7) and higher self-directedness (Mean 31.6, SD 1.8) compared to patients with depressive disorder (Mean 26.2, SD 1.9; Mean 21.6, SD 1.3).

There is some evidence that patients with CFS show a different in TCI profile than patients suffering from depression. However, the impact of the TCI on the diagnosis of CFS has to be further investigated.

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TPQ IN FUNCTIONAL DYSPHONIA

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Functional dysphonia may be defined as a disturbance of vocal behavior without any structural laryngeal lesion or neurological disease to explain the disorder (Andersson & Schalen, 1998). Considering the etiology of functional dysphonia psychological factors are discussed. According Nichol et al. (1993) personality factors may predispose individuals to functional dysphonia. The aim of this study is to investigate the expression of the four dimensions of Cloninger's personality model in patients with functional dysphonia. Sixty-one patients with functional dysphonia (DSM-IV: 300.11) were compared to healthy controls, matched by sex and age, in respect to "novelty seeking (NS)", "harm avoidance (HA)", "reward dependence (RD)" and "persistence (PE)" of the "Tridimensional Personality Questionnaire (TPQ)" (Cloninger, 1991). First results showed that patients with functional dysphonia presented significantly higher scores in HA ($t = 3.85$: $p < 0.001$) than the healthy controls. No other significant differences between patients and controls were found with respect to NS (-1.47; $p = 0.146$), RD ($t = 0.4$; $p = 0.69$) and PE ($t = 0.79$; $p = 432$). These first results seem to emphasize the role of personality in functional dysphonia. Personality factors should be taken into consideration in the diagnostic and therapeutic process of patients with functional dysphonia.

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THE RELATIONSHIP BETWEEN ALZHEIMER'S DISEASE, EARLY-ONSET AND LATE-ONSET DEPRESSION IN THE ELDERLY ASSESSED IN A FAMILY STUDY

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Background: Considerable symptomatic overlap between depression and dementia in old age might be explained by common genetic vulnerability factors.

Study Design: We investigated this hypothesis by comparing the occurrence of both disorders in first-degree relatives of 78 patients with Alzheimer's disease (AD), 74 patients with late-onset depression (age-at-onset > 60 yrs), 78 patients with early-onset depression, 53 subjects with comorbid lifetime diagnoses of both disorders, and 162 population controls. Diagnostic information on their 3002 relatives was obtained from structured direct assessment and family history interviews. The lifetime incidence of major depression and primary progressive dementia (PPD) among the relatives of the various index groups was compared.

Results: The lifetime incidence of PPD was significantly higher in relatives of AD patients and comorbid subjects than in relatives of patients with early- or late-onset depression, or of controls. The lifetime incidence of depression was significantly higher in relatives of patients with early-onset depression, than in relatives of those with AD or in relatives of controls. Lifetime incidence of depression was comparable in relatives of patients with late-onset depression, those with comorbid dementia and depression, and controls. Relatives of late-onset depressives had the most late-onset depression.

Conclusions: The observed patterns of familial aggregation suggest that primary progressive dementia and early-onset depression represent clinical entities with distinct inheritance. Late-onset depression does not share substantial common inheritance with dementia or with early-onset depression, familial risk factors lead to some small but significant clustering of this disorder.

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SLEEP IN OCD: A CORRELATIONAL STUDY

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Introduction: Just a few sleep studies provide information about subjective sleep complaints in anxiety disorders and their relationship with EEG changes. The primary aim of this study is to provide additional data on sleep polysomnography in obsessive-compulsive disorder (OCD) and to evaluate the possible association between clinical and EEG sleep changes. It sounds useful to investigate the predictive value of this clinical measures.

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