cerebral blood flow measured by PET and the course of depression and outcome is under investigation.

**Conclusion** The results might be useful in the prediction of severe and complicated course of disorder.

**44 Are cognitive impairments associated with stress-sensitivity? An experience sampling study**

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**Objective** Patients with schizophrenia display cognitive impairments and altered stress-sensitivity. However, little is known about the relationship between these two endophenotypes.

**Method** Neuropsychological tests were administered to 42 patients to assess cognitive functioning, and the Experience Sampling Method, a structured diary technique, was used to assess (i) appraised subjective stress related to daily events and activities and (ii) emotional reactivity to these daily life stressors.

**Results** Multilevel random regression analyses showed that in some instances, cognitive functioning did not alter emotional reactivity to stress. In other instances, an inverse relationship was found, indicating that a better performance on neuropsychological tests was related to increased emotional stress reactivity.

**Conclusion** Daily life emotional stress-reactivity may not be a consequence of cognitive impairments and the two mechanisms may act through different pathways, possibly related to the extremes of clinical outcome: an episodic, reactive, good outcome form and a more chronic form characterized by cognitive impairments.

**45 Predictors of outcome in severe psychotic illness: a 4-year follow up study**

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**Objective** To test for baseline predictors of outcome in severe psychotic illness, as measured by total days hospitalization at 4 years. The effect of randomization to Intensive Case Management (ICM) vs. Standard Case Management (SCM) at baseline was also tested for.

**Method** Baseline data was collected as part of the UK700 study, comparing ICM (1 : 15) and SCM (1 : 30) in revolving door patients with severe psychotic illness. A 4-year follow up interview was conducted on the St George’s cohort of patients (n = 196), using the standardized instruments as selected for the original UK700 study. Hospitalization data was collected via individual case note review.

**Results** Certain baseline characteristics predict outcome as measured by hospitalization at 4-years. These include gender, marital status, symptom severity on entry into study and measures of chronicity (age of onset of psychosis).

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**Poster session: Pharmaco epidemiology**

**46 Depression and the use of antidepressants in 70-year-old women examined in 1971, 1976 and 2000**

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**Objective** To study birth cohort differences in the prevalence of depression and psychotropic drug use in 70-year-old women.

**Method** Representative samples of 70-year-old women were examined in 1971–72 (cohort 1, n = 226), 1976–77 (cohort 2, n = 241), and in 2000–2001 (cohort 3, n = 317). The examinations were identical at each study year and depression was diagnosed with an algorithm based on the DSM-III-R criteria.

**Results** The prevalence of depression was 8.8% in cohort 1 (major depressive syndrome 1.3%), 8.3% in cohort 2 (major depressive syndrome 3.7%), and 8.5% in cohort 3 (major depressive syndrome 3.2%). The use of antidepressants increased from 3% in cohort 1–13% in cohort 3.

**Conclusion** The study suggests that the prevalence of depression was stable from 1971 to 2001, despite an increased antidepressant use. Whether the latter conceals an increase in the prevalence of depression remains to be elucidated.

**47 Do psycho-social stressors predict treatment-response in depressed perimenopausal women?**

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**Objective** To investigate the response to citalopram treatment and the influence of psycho-social stressors on the drug response among perimenopausal women with DSM-IV major depressive episode.

**Method** 185 consecutive outpatients in two menopause clinics were screened and interviewed by a psychiatrist. In the case of DSM-IV major depressive episode and after giving informed consent a 6-week open citalopram treatment (20–40 mg/day) was started. The 17-item Hamilton Depression Rating Scale and semistructured interview were used to detect recent psycho-social stressors.

**Results** 20% (37/185) of the patients have met the diagnosis of DSM-IV major depressive episode, and the rate of responders to citalopram treatment at week 6 was 62% (13/21). Psycho-social stressors did not differ significantly between responders and nonresponders.

**Conclusion** Psycho-social stressors seem to be not significant predictors of drug response in perimenopausal depression.