

Ελληνικές δημοσιεύσεις σε ξενόγλωσσα περιοδικά και βιβλία

Randomized controlled augmentation trials in clozapine-resistant schizophrenic patients: a critical review

V.P. Kontaxakis, P.P. Ferentinos, B.J. Havaki-Kontaxaki, D.K. Roukas

European Psychiatry 2005, 20:409–415

Approximately 40–70% of treatment-resistant schizophrenic patients fail to benefit from clozapine monotherapy or are partial responders. During the last years several clozapine adjunctive agents have come into clinical practice. This study aims to critically review all published randomized, double-blind, placebo-controlled clinical trials (RCTs) regarding the efficacy and safety of adjunctive agents in clozapine-resistant schizophrenic or schizoaffective patients. A MEDLINE search for RCTs on clozapine adjunctive agents published from January 1980 to February 2004 was conducted. All identified papers were critically reviewed and examined against several methodological features as well as clinical and pharmacological parameters. Eleven trials including 270 patients, partial or non-responders to clozapine, assessed the efficacy of sulpiride, lithium, lamotrigine, fluoxetine, glycine, D-serine, D-cycloserine and ethyl-eicosapentanoate (E-EPA) as clozapine adjuncts. There were eight parallel-group and three crossover trials. The inclusion criteria varied widely. The duration as well as the dosage of clozapine monotherapy were reported adequate in only one trial. Plasma clozapine levels were assessed in only three trials. Main side-effects reported were hypersalivation, sedation, diarrhoea, nausea, hyperprolactinaemia. The outcome favored clozapine augmentation with sulpiride, lamotrigine and E-EPA. Lithium was shown to benefit only schizoaffective patients. However, the methodological shortcomings of trials analyzed limit the impact of evidence provided.

Prevalence and correlates of depression in late life:

a population based study from a rural Greek town

F.C. Papadopoulos, E. Petridou, S. Argyropoulou, V. Kontaxakis, N. Dessypris, A. Anastasiou,

K.P. Katsiardani, D. Trichopoulos, C. Lyketsos

Int J Ger Psychiatry 2005, 20:350–357

Depression in late life is common and has serious consequences on function, medical co-morbidity, quality of life, and use of medical services. The aim of the present study is to estimate the age- and gender-specific prevalence of depression among people over 60 years of age, and to examine correlates of depression, in particular the relationship between depression and cognitive impairment. From a total of 965 inhabitants, aged over 60 years, in Velestino, a rural town in central Greece, 608 were accessible and constituted the target population. During a five-month period in 2000, a trained health visitor interviewed all study participants. The interview covered socio-demographic characteristics, medical history, and administration of the 15-question Geriatric Depression Scale (GDS-15) and the Mini Mental Scale Examination instrument (MMSE). The prevalence of mild or more severe depression ($GDS \geq 7$) was 27%, while the prevalence of moderate to severe depression ($GDS \geq 11$) was 12%. Increasing age, female gender, lower education, and being currently unmarried were associated with higher risk of depression in univariate regression models, but these associations disappeared after controlling for cognitive function, except for the association with marital status. Cognitive

impairment was strongly associated with increased risk for depression. The co-morbid presence of digestive, neurological and heart conditions was also associated with increased risk for depression, while cancer was not. In a rural Greek area, the prevalence of depression in late life is high. Depression was more common among unmarried individuals, those with significant cognitive impairment, and in association with specific medical conditions.

Examination of type I/type II alcoholism typology in a Greek hospital treatment population

L. Lykouras, G. Moussas, A. Botsis

European Psychiatry 2004, 19:214–218

The study aims at testing the validity of two types of classification of male alcoholism in a Greek hospital treatment sample. The study population was drawn from male patients with alcohol dependence admitted to the Alcohol Treatment Unit of the Psychiatric Hospital of Attica. Seventy-three patients comprised the study sample after exclusion of subjects with alcohol dependence suffering from a comorbid serious medical condition, schizophrenic disorder, bipolar disorder, drug dependence or abuse, organic mental disorder or inability to read. The alcoholics were grouped in type I and II adopting the criterion of age-of-onset used by von Knorring et al (1985). Impulsivity, suicide risk and violence risk were measured by means of the impulse control scale (ICS), the suicide risk scale (SRS) and the past feelings and acts of violence scale (PFAVS). Fifty patients with alcohol dependence were defined as late-onset and 23 as early-onset. Compared to late-onset patients, early-onset individuals with alcohol dependence had more familial alcoholism ($p=0.032$); they were in a higher rate unmarried ($p=0.001$), had no stable job before entry in the Unit ($p=0.007$) and scored higher on ICS ($p=0.046$) and SRS ($p=0.024$). The present study confirms type I/type II dichotomy of male alcoholism and also shows that the age-of-onset is a valid classification criterion.

Suicide in Cyprus 1988–1999

C.A. Zacharakis, V. Hadjivassiliis, M.G. Madianos, G.N. Papadimitriou, C.N. Stefanis

European Psychiatry 2005, 20:110–114

Suicide is a universally observed human behavior related to bio-psychological, social and cultural factors. The aim of the present study was to examine suicide in Cyprus, an island that has known many civilizations and cultures. All completed suicide cases in the Christian population of Cyprus during the years 1988–1999 were included in the study and they were analyzed according to age, gender, reported reasons for suicide and suicide methods. The main results indicate that: 1. The mean age-standardized suicide rate is the lowest in Europe, in males (3.08/100,000) and also in females (1.05/100,000). 2. Mean suicide rates increase significantly with age in males only. 3. Female suicide rates are highest in the 15–24 age group. 4. Statistically significant rising trends of male and female suicide rates in the all-ages group. 5. Suicide methods were mostly violent. Among males, the most common methods were poisoning, firearms-explosives, and hanging, while in females, jumping, hanging and poisoning. 6. Mental disorders, physical illness, interpersonal and financial problems were the main reported reasons for suicide. The epidemiological characteristics of suicide in Cyprus might be attributed to a combined effect of social and cultural factors and probably reflect influences from countries to which Cyprus is ethnically, historically or geographically related.