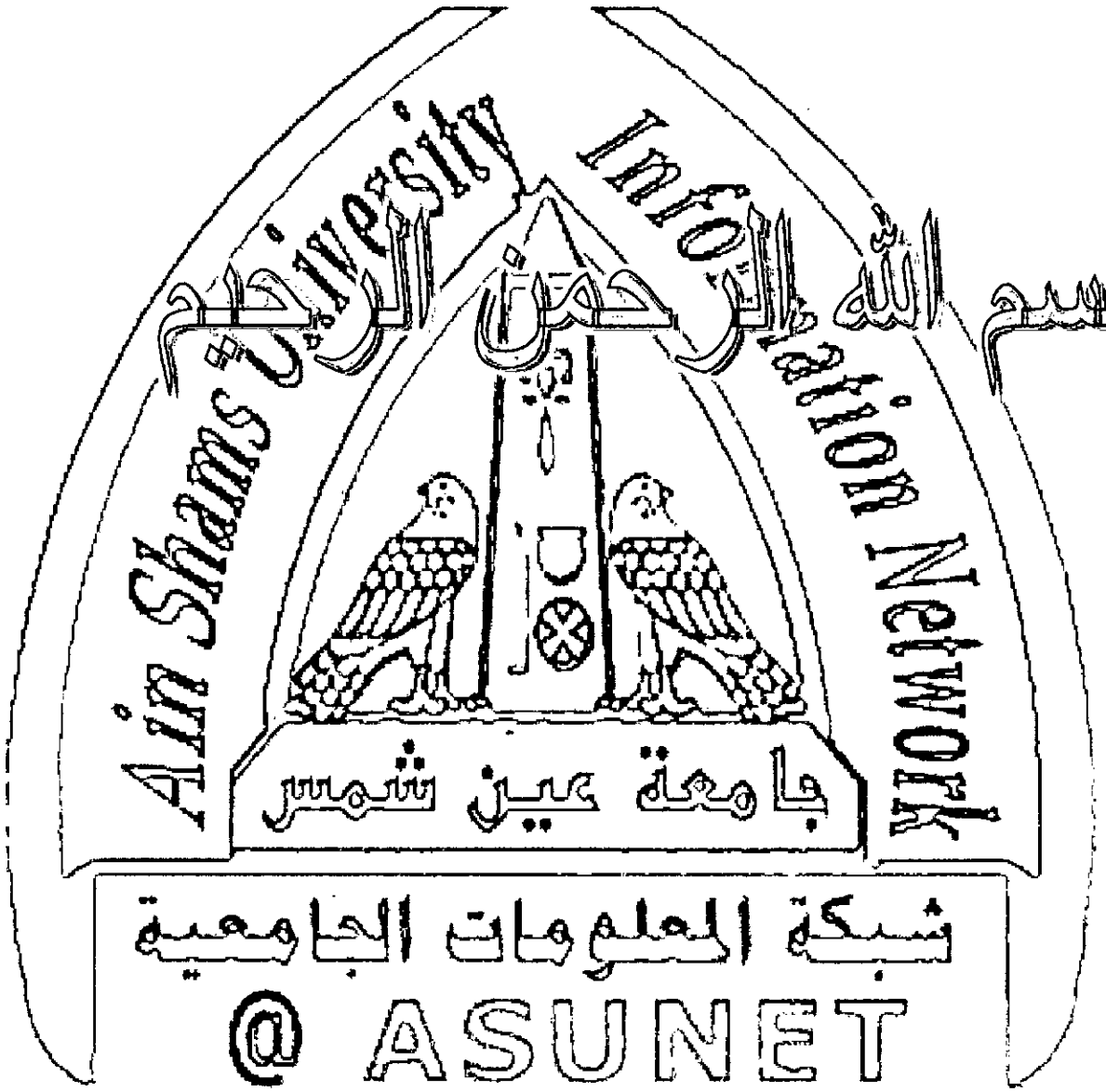
شبكة المعلومات الجامعية



شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

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POSITIVE PSYCHOTIC FEATURES IN RELATION TO MAJOR DEPRESSIVE DISORDER: A COMPARATIVE CLINICAL STUDY

THESIS
SUBMITTED for PARTIAL FULFILMENT OF M.D.Degree
In

Psychiatry

By
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(2006)

بسم الله الرحمن الرحيم

"قَالُواْ سُبْحَانَكَ لاَ عِلْمَ لَنَا

إِلاَّ مَا عَلَّمْتَنَا إِنَّكَ أَنتَ الْعَلِيمُ الْحَكِيمُ"

صدق الله العظيم

(سورة البقرة: آية ٣٢)

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CONTENTS

List of Abbreviations

- **BSS:** Beck Scale for Suicidal Ideation
- **BP1:** Bipolar I
- **BP2:** Bipolar II
- **CBI:** Cognitive behaviour and Interpersonal psychotherapy
- **CBT:** Cognitive behaviour therapy
- **CIDS:** Composite International Diagnostic Schedule
- **CSF:** Cerebrospinal fluid
- **DA:** Dopaminergic Activity
- **DIS:** Diagnostic Interview Schedule
- **DSMII:** Diagnostic and Statistical Manual of Mental Disorders: 2nd edn, revised
- **DSM-III:** Diagnostic and Statistical Manual of Mental Disorders: 3rd edn, revised
- **DSM-III-R:** Diagnostic and Statistical Manual of Mental Disorders: 3rdR edn, revised
- **DSMIV**: Diagnostic and Statistical Manual of Mental Disorders: 4th edn
- **DST:** Dexamethasone suppression test
- **ECA:** Epidemiological Catchments Area
- **ECT:** Electro convulsive therapy
- **EG:** Egyptian
- **FH:** Family History
- **HDRS:** Hamilton Depression Rating Scale
- **5-HIAA:** 5-Hydroxyindoleacetic acid
- **HPA:** Hypothalamo-pituitary axis
- **HVA:** Homovanillic acid
- **ICD-9:** International Classification of Disease: 9th edition
- **ICD-10:** International Classification of Disease: 10th edition
- **IPSS:** International Pilot Study of Schizophrenia
- **IPT:** Interpersonal psychotherapy
- **KT:** Kuwaiti
- **MAOIs:** Monoamine oxidase inhibitors

- **MDE:** Major depressive episode
- **N:** Number
- **NIMH:** National Institute of Mental Health
- **NOS:** Not otherwise specified
- **OBS:** Organic Brain Syndrome
- **PANSS:** Positive and Negative Syndrome Scale
- **PAS:** Personality Assessment Scale
- **PSE:** Present State Examination
- **PPTing:** Precipitating
- **RDC:** Research for Diagnostic Criteria
- **REM:** Rapid eye movement
- **SAPS:** Scale for Assessment of Positive Psychotic symptoms
- **SSRIs:** Selective serotonin reuptake inhibitors
- **SD:** Standard Deviation
- **SMR:** Suicide mortality rate
- **SOREM**: Short sleep-onset rapid eye movement
- **SPECT:** Single photon emission computed tomography
- **UAE:** United Arabic of Emirates
- **TCAs:** Tricyclic antidepressants
- **TTT:** Treatment
- **VBR:** The mean ventricle-to-brain ratio
- **WHO:** World Health Organization

- *: Significant

- **: Very Significant

- ***: Markedly Significant

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INTRODUCTION AND AIM OF THE WORK

Introduction:

Depression ranks as one of the major health problems of today. Millions of patients suffering from some forms of this disorder crowd psychiatric and general hospital, outpatients' clinics and offices of private practitioners **(Beck et al., 1996)**.

Depressive disorders are fundamentally severe disorders of mood from which other symptoms are more or less directly derived **(Lattuada et al., 1999)**.

Depression could be explained on basis of many theories; to start with genetic factors then biochemical hypothesis, neuroendocrinal hypothesis, psychological factors, but the most important is discovery of neurotransmitters and appearance of neuroendocrinal dysregulation theory **(Beck, 1996).**

Early classifications of depressions include primary-secondary, endogenous-reactive, psychotic-neurotic and unipolar-bipolar. Later nosology includes symptoms clusters, e.g. psychotic depressive, anxious depressives, hostile depressives and younger depressives with personality disorder. Recently **ICD-10 (WPA, 1992)** and **DSM-IV (APA, 1994)** classifications started to replace older classifications.

Psychotic depression is a unique subtype of depressive illness in which mood disturbance is accompanied by delusions, hallucinations, or both. Also, it may be unipolar or bipolar with early or late onset and may be more likely to occur in patients with a history of childhood psychic trauma **(Steven et al., 1992)**.

DSM-IV does not differentiate the clinical picture of bipolar depression from that of unipolar (major) depression, but stated that the central feature of depression in either group is a pervasive depressed mood or loss of interest or pleasure **(APA, 1994)**.