

adolescents to eliminate discrimination and prejudice. A special activity with posters and spots in Upper-Austria to make aware of the problem. A steering committee oversees the program. 4 centres in Austria should be founded from which regional activities can be started. A professional public relation agency co-operates in the planning of the program. We have the intention to start with a big campaign on TV, radio and with other important media all over Austria. This campaign should be surrounded by regional activities, individual projects with special target groups and general work with media. The campaign is titled with: "Schizophrenia has many faces – we can do something against it". The attention of the public should be attracted by help of specific subjects to make the problems of people suffering from schizophrenia more interesting. The goal of the campaign is at the beginning to attract attention and later on to increase awareness and knowledge about the nature of schizophrenia.

W14. Suicide: a Hungarian perspective

Chairs: J. Füredi (H), P. Zvolosky (CZ)

W14.01

THE EPIDEMIOLOGY OF SUICIDE

E. Szadoczky

No abstract was available at the time of printing.

W14.02

BIOLOGICAL FACTORS IN SUICIDE

C.M. Bánki

No abstract was available at the time of printing.

W14.03

SOCIAL FACTORS AND PSYCHOTHERAPY IN SUICIDE

F. Füredi

No abstract was available at the time of printing.

W14.04

PHARMACOLOGICAL TREATMENT AND PREVENTION IN SUICIDE

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International and Hungarian studies on suicide clearly show that more than 60 percent of suicide victims have (mainly untreated) depressive disorder at the time of suicide. On the other hand, it has been repeatedly demonstrated that successful acute and long-term pharmacological treatment of affective disorders reduces significantly the suicide mortality in this high-risk population.

The suicide rate of Hungary has shown a steady decline from 1984 (45.9) to 1997 (31.7), a fall of more than 30 percent. A markedly increased activity in postgraduate training in depression, in emergency telephone-services, and in public education are reflected in the significant increase of antidepressant prescription in Hungary during the last 7–8 years. These data suggest that better recognition and more appropriate treatment of depression plays an important role in the suicide prevention.

Of course, several other (mainly psycho-social) factors may have also a contributing role in this favourable change in Hungary.

W14.05

SUICIDE IN SLOVENIA FROM 1970 TO 1997

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Professor L. Milinski and his coworkers have been publishing articles and reports on suicide in Slovenia since 1970. However, the huge amount of data was never completely researched for the whole period of almost 30 years.

We have completed and arranged the whole data base for this period, supplemented it with regional changes that enable a more objective comparison, and with already known descriptors such as: gender, age, region, nationality, education, occupation, employment, marital status, mode of suicide, possible psychiatric diagnoses, etc.

We also compared the data on suicide between two periods of different political situation in Slovenia, namely the period till 1991 (Slovenia being one of republics of former Yugoslavia) and the period after 1991 (Slovenia being independent and democratic state).

Although we analysed the huge amount of data and made different comparison, we can't formulate a valuable theory, which would explain the high suicide rate in Slovenia.

FC06. Biological psychiatry

Chairs: A. Putzhammer (D), Z. Fisar (CZ)

FC06.01

REGULATION OF SEROTONIN TRANSPORTER TRAFFICKING BY TREATMENT IN HUMAN PLATELETS

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Acutely, antidepressants block uptake of synaptic 5-HT by the serotonin transporter (SERT), but the amelioration of depressive symptoms requires chronic dosing. This suggests that altering transporter function might be important for clinical effect. In the present experiments, we determined that SERT function in human platelets is regulated in vitro by antidepressant drug exposure. Platelets were harvested and immediately separated by centrifugation, washed, and incubated in buffer. Aliquots of cells were treated with imipramine, fluoxetine, cocaine, or vehicle for 1 to 24 hours, which were then removed by washing. Binding was measured employing [3H]paroxetine, uptake using [3H]5-HT, and SERT protein levels using an N-terminal antibody, by either Western blot, or optically, with a fluorescent 2nd antibody and confocal microscopy. Fluoxetine decreased binding, uptake, total SERT immunoreactivity, and surface SERT immunoreactivity. Imipramine induced more moderate decreases, while cocaine effects were variable. There were notable differences between individuals, which were related to SERT promoter genotype. Some antidepressants appear to increase SERT internalization and degradation rates. This effect might potentiate acute pharmacological inhibition of uptake and may significantly vary between individuals.