

mental illness and the recovery of mental health which may surprise them.

Several themes emerged from the exhibition, some unexpected. Patients and staff derived tremendous satisfaction from the exhibition and the attention it engendered. With a little effort the whole ambience of the building improved and the patients hosted a number of 'at home' afternoons for other patients around Scotland. Interest grew in leaps and bounds. People began to evaluate their contributions in light of public interest to purchase their work and to re-evaluate themselves.

New ideas emerged and continue to emerge for new projects, one exhibition has spawned eight projects, two awards and funding for an artist in response. Through staff and patients' efforts we have continued to grow and thrive. Relationships became special and patient/therapist barriers were broken down, we became people with a common goal. The public were enthusiastic with about content and quality of the work of these people and local groups have supported us welcome us into their community.

What of the future? This paper explores the way in which art brought together the various strands of relationship, altered prospective and individual acceptance. How do we create this environment permanently and incorporate it into healthcare services?

HOUSE OF ARTIST IN GUGGING, NEAR VIENNA

Johann Feilacher. *A-3400 Maria Gugging, Hauptstr. 2, Austria*

In the fifties, a time of radical change after World War 11, the art world in Austria experienced new trends and all kinds of developments. It was in this climate of openness that the Psychiatrist Leo Navratil discovered artistic talent among his patients in the course of routine drawing tests. He encouraged these artists and was able to publicise their work. Through books and films these patients came into contact with the art world, gallerists, museum people and avant garde artists. Collectors appeared on the scene enhancing the artists image through purchases and sales. Exhibitions in galleries and museums followed and these artists who could not have made such contacts on their own were now sought out by 'society'. A 'House of Artists' was established combining studios, gallery and communication areas selling original works, books, catalogues, posters and postcards. On his retirement his work has been continued Dr Johann Feilacher, and their artistic achievement and future international success is discussed.

TATE GALLERY

Penny Robertson. *Pentreath Industries, Bodmin, Cornwall*

The 'Tate Experience' is an art project which enables talented artists to attend the Tate Gallery, St Ives, for workshops run by artists who are usually exhibiting in the gallery. The workshops provide structured tuition on a variety of themes and have included photography, textiles, landscapes, printmaking, portraiture.

This project won a Healthy Alliance award 1995 — Virginia Bottomly.

The workshops are specifically for artists who have experienced enduring mental illness.

S14. The treatment of depression in the medically ill

Chairmen: M Musalek, V O'Keane

DEPRESSION AFTER FIRST MYOCARDIAL INFARCTION

A. Honig¹, H.M. van Praag¹, R. Lousberg¹, F. Wojciechowski¹, P. Kuypers², H. Wellens². ¹ *Department of Psychiatry,* ² *Department of Cardiology, Academic Hospital Maastricht, PO Box 5800, 6202 AZ Maastricht, University of Limburg, The Netherlands*

Depressive disorder is a frequent concomitant disease in patients with diseases of the coronary arteries and in particular following myocardial infarction (MI). The incidence rates of depressive disorder following MI vary widely, from 20% up to 88%, probably because standardised criteria for depression and standardised interviews were not applied. Recent studies report a frequency of about 20% for major depression. The number of methodologically well conducted studies is however still small. The psychopathological structure of depressive illness following MI needs badly further investigation. Also the course of depressive disorders following MI has not been sufficiently studied. In a study of Schleifer et al (1989), 44% of the patients who 8–10 days following MI were diagnosed with a major depression still qualified for this diagnosis 3 months later. Longer term data are as yet not available. Recently Frasure-Smith et al (1993 and 1994) reported a five fold increase of cardiac death in depressed patients versus non depressed patients in an eighteen months follow-up study after MI.

A research project is described investigating first: the frequency, nature and course of depressive disorder following a first MI and impact on cardiac prognosis of MI; second: possible cardiological, biological, psychological, social and interrelational riskfactors in the occurrence of depression post MI and third: a randomised double blind placebo controlled intervention on depression following MI. Data are presented of a cumulative year prevalence study of depressive symptoms 1, 3, 6 and 12 months following a first MI, reporting a gradually increasing percentage of major depressive disorder from 5% one month post MI to 29% 12 months post MI. Initial data of a case control study comparing 15 depressed and 15 non-depressed post MI patients identifies cardiac complications directly after MI, a past psychiatric history and the use of benzodiazepines in the first weeks after MI as possible riskfactors.

The clinical presentation is dominated by loss of interest, fatigue, irritability and psychomotor agitation. Guidelines for the detection of depressive disorder post MI are given based on the above research.

PREFRONTAL AND ANTERIOR PARALIMBIC DYSFUNCTION IN PRIMARY AND SECONDARY MOOD DISORDERS: EVIDENCE OF COMMON NEURAL SUBSTRATES

T.A. Ketter¹, M.S. George², T.A. Kimbrell, R.M. Stein, M.W. Willis, B.E. Benson, M.A. Frye, G. Corá-Locatelli, R.M. Post. *Biological Psychiatry Branch, National Institute of Mental Health, Bethesda, Maryland, 20892, USA;* ¹ *Stanford University School of Medicine, Stanford, California, 94305, USA;* ² *Medical University of South Carolina, Charleston, South Carolina, 29425, USA*

Preclinical evidence suggests that basal ganglia-thalamocortical circuits involving prefrontal and anterior paralimbic (anterior limbic and nearby cortical) structures may be involved in the mediation of emotional processes. Recent brain imaging studies have further sup-