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MOOD IN RELATIONSHIP TO IMMUNO-COMPETENCE AND PHYSICAL
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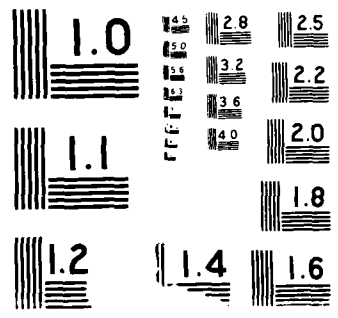
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<p>We selected subjects who were cyclothymic and started to evaluate them in mood, immune functioning and illness at 6 times: 2 with low mood, 2 normal mood and 2 hypomanic mood. We have now screened 500 students and have 9 of these in the research protocol.</p> <p>We have also started to assemble a comparison group of subjects diagnosed as major depression unipolar to be tested for mood immune function and illness at 3 times: before psychotherapy, at its end and 6 months later. So far we have assessed 20 patients at the initial point and 4 at termination.</p>			
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ANNUAL REPORT
MOOD IN RELATION TO IMMUNO-COMPETENCE AND PHYSICAL ILLNESS
ONR CONTRACT # CONTRACT #N00014-87-K-0498

Objectives:

I - To examine the degree of association of measures of mood with a broad range of immunocompetence measures.

II - To examine the types of factors that mediate the relationships of mood, immunocompetence and physical illness.

Subjects and Procedures

During this first year of the grant we began the evaluation of samples of subjects in order to select those with extreme fluctuations in mood sufficient to fit the category of "cyclothymic". All of these subjects were to be medication free so that measures of immune functioning would not be interfered with. Our plan was for those subjects who were found to be eligible to repeat our measures with each subject. There would be 2 points with the subjects in a low (or depressed) mood, 2 at a middle point and 2 at a high (or manic) point. Our initial screening instrument for fluctuations in mood was the "General Behavior Inventory" (Depue et al., 1985).

This annual report summarizes the number of subjects screened and put through a diagnostic interview and then tested for immune competence. According to the experience of Depue et al., 1985 large numbers of subjects must be screened in order to find the approximately 1 in 20 who are cyclothymic. Our initial screening of 500 students by the General Behavior Inventory yielded 12 who fit the criteria after the diagnostic interviews. Of these 8 have agreed to be part of the study and to continue with repeat evaluations. We have scheduled the screening of another 400 students and hope it will bring up the initial sample to 15 by the beginning of the second year of the grant period here. In each of the next three semesters we intend to screen an equal number of students and therefore bring up the total number of subjects to our intended total of 50.

We have begun data collection on a comparison group of patients diagnosed as major depression-unipolar. All of these patients are part of a psychotherapy treatment program with patients who are not on medication. The patients are tested at three points in time: before psychotherapy, at the end of their program of 4-months of psychotherapy and then again 6 months later. At the time these patients start psychotherapy they are severely depressed, at the end of the four months two thirds to three quarters are moderately-to-much improved and a high percentage of these will remain at this level during follow-up.

This patient group is given the same diagnostic evaluation of mood immunocompetence measures at each of the 3 points. As of the time of this writing 20 patients have been evaluated before treatment and of these 4 have been re-evaluated at termination. Just as with the cyclothymic patients the sample of depressed patients has not yet come to a point where we have a sufficient sample to present results.

Collaborations Developed

We have worked out a collaboration with Dr. Ronald Glaser of the Ohio State University. He and his group will do the antibody measures for the Herpes Simplex Virus and the Epstein-Barr Virus. For purposes of doing the EBV Dr. Glaser has worked out a special ELISA measure which will simplify the assessments.

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