range from 11.1–100%, while no woman’s objective medical risk was greater than 50%. Over 50% of high risk women were defined as having a level of psychological distress consistent with the need for counseling. Women who reported more barriers to screening, fewer social supports, low social desirability, and higher perception of risk had more psychological distress (Multiple R = 0.64). Higher anxiety was directly related to poor surveillance behaviors. These data confirm previous reports of higher anxiety and less adherence to all three screening behaviors in high risk women. Targeted interventions to reduce anxiety and improve surveillance behaviors need to be developed if breast cancer is to be detected at the earliest stage.

**Paper Session III**

**Psychosocial Predictors of Heart Disease: Longitudinal Studies Confirm Early Theories**

**DEPRESSION AND CORONARY DISEASE IN DIABETIC PATIENTS: 10-YEAR FOLLOW-UP, R.M. Carney, Ph.D., K.E. Freedland, Ph.D., P.J. Lustman, Ph.D., L.F. Griffith, M.S.W., Washington University School of Medicine, St. Louis**

Major depression is prevalent among patients with diabetes mellitus (DM) as well as in patients with coronary heart disease (CHD). The purpose of this study was to determine whether depression increases the risk of CHD in patients with DM. Thirty-eight depressed and 32 nondepressed diabetic patients who were originally assessed in 1982 for a study of major depression in diabetes, all of whom were free of clinically-apparent CHD at baseline, were followed for 10 years. Fifty-two percent of the nondepressed and 40% of the depressed patients were insulin dependent at baseline. There were no differences between the nondepressed and depressed groups in age, duration of diabetes, or in the prevalences of hypertension or hyperlipidemia. There was a nonsignificant trend towards a higher rate of cigarette smoking in the nondepressed than in the depressed patients (41% vs. 60%, p = .15). Twenty-four percent of the nondepressed and 95% of the depressed patients were women (p = .009). The mean age of onset of depression was 26.5 ± 10.7 years.

Five (15%) of the nondepressed and 15 (39%) of the depressed patients were found to have CHD at the ten-year follow-up (p = .02). Age and hypertension were the only other significant predictors of CHD (p = .0001 and p = .006, respectively). These results suggest that major depression may be a risk factor for coronary heart disease among patients with diabetes. Depression may be a particularly important risk factor for diabetic women, as rates of depression tend to be higher among women than men. A larger population-based study is needed to confirm these findings.

**THE ASSOCIATION OF ALEXITHYMIA WITH ALL-CAUSE MORTALITY: PROSPECTIVE EPIDEMIOLOGIC EVIDENCE**

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Previous research has shown that alexithymia, inability to identify and verbally express inner feelings, associates negatively with various psychiatric disorders. Our aim was to investigate, whether the association of alexithymia with health can be observed in general population and in a prospective study design. A population based sample of 42-60 year old men (n=2,209) from eastern Finland (participants of the Kuopio Ischemic Heart Disease Study KIHD) was examined for alexithymia using the Toronto Alexithymia Scale (TAS). Information was also obtained of their socioeconomic status, previous diseases, and behavioral lifestyle. Using the vital statistics of the National Death Registry, we examined alexithymia with respect to all-cause mortality in an average follow-up time of five years. Proportional hazards models were applied for statistical analysis.

Checking for proportionality assumption. The results indicated that the TAS was related to increasing mortality when age was controlled for; the risk of death was 2.5 times higher (p = 0.02) for the 20% of men who had the highest alexithymia scores as compared to the least alexithymia quintile. In a series of nested models, adjustment for social status (income) dropped the coefficient by 13%, and adjustment for smoking another 10%, but the relative risk of death between the highest and lowest TAS quintile remained statistically significant (RR 2.0, p = 0.055). With further adjustments for alcohol consumption and 31 prior diseases the relative risk dropped to 1.9 (p = 0.1). The findings suggest that high alexithymia is a marker of increased mortality in middle-aged men. Variation in behavioral factors, socioeconomic position, and prior diseases seems to explain part, but not all, of the association. Alexithymia may be a part of a larger picture, where...