

S41 *Adolescent suicide: research, prevention and care*

SUICIDAL RISK IN THE HIGH-SCHOOL POPULATION - FROM RESEARCH TO PREVENTION

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Objective : The aim of the study was to assess the factors predicting risk of suicide in adolescents. Identification of the main protective factors can serve as a basis of preventive programmes for the population at risk.

Method : Specially prepared questionnaire was applied to representative sample of high-school students of both sexes in Slovenia (N 4607, age span from 15 to 19 years). Beside suicidal ideation, suicide attempt in the history, attitudes toward suicide and occurrence of suicide in the family the following issues were studied : family background, social behaviour, school, leisure time activities, eating habits, use of alcohol, tobacco and drugs, sexual behaviour, attitudes and behaviour concerning health.

Results : Groups with high and low suicidal risk were identified and correlation between several issues was statistically analysed.

Conclusion : In the adolescent population the risk of suicide can be predicted by assessment of several factors. Their combination and correlation prove to be more important than the prevalence of some isolated factor.

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BRAZILIAN PSYCHIATRY: THE STATE OF THE ART

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Brazil is a country with an area of 8,500,000km² and a population of 180,000,000 inhabitants. It is a country with socio-economic contrasts, the population and resources of which are concentrated in the south-east of the country. Nowadays, 9000 physicians work as psychiatrists but only about 3000 have been officially trained in psychiatry. Since the 1980s, Brazilian psychiatric thought and practice has changed a great deal at least in the Universities. This change follows an increase in relationship with other countries, mainly the USA, UK and Germany. The influential psychoanalytic movement has decreased its influence simultaneously with an increase in interest in clinical psychiatry and research. Programmes for continuous education in psychiatry, new centres for postgraduate courses and sub-specialization are increasing continuously mainly over the last five years.

As member of one of the main universities in Brazil, we have the duty to develop ways of spreading new trends in psychiatry in order to improve psychiatric practice throughout the country.

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EDUCATIONAL MEDICAL PROGRAMME IN PSYCHIATRY DYSTHYMIA: THE BRAZILIAN EXPERIENCE

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In 1980, when DSM-III was first published, dysthymia was included among the Mood Disorders instead of Personality Disorders. The change was brought about by evidence showing the responsiveness of dysthymia to therapeutic methods used to treat other mood disorders and etiological and clinical evidence showing a link between dysthymia and mood disorders. Nevertheless dysthymia is still underdiagnosed and undertreated probably because psychiatrists and GPs are not aware of its diagnosis and treatment.

The *Educational Medical Programme in Psychiatry: Dysthymia* was designed to improve the diagnosis and treatment of dysthymia throughout the world. It has been run in Brazil since 1994 coupled with a specific evaluation module that provides data about the Programme's efficacy and allows rational changes to be made to improve the Programme.

The aim of the Symposium is to show the historical aspects, the Programme itself and the results achieved.

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EVALUATION AND RESULTS

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In order to evaluate the efficacy of the Dysthymia Programme, we conducted a set of tests to check knowledge about dysthymia. These tests included 26 multiple choice questions covering the epidemiology, clinical aspect, diagnosis, comorbidity and treatment of dysthymia.

The first questionnaire was presented to the psychiatrists invited to attend the conference before it began. The second, which differed from the first only in the sequence of the questions and alternatives, was presented to the same people immediately after the conference. The third, with another sequence of questions and alternatives, will be sent to the psychiatrists one year after the conference. Up to now therefore we have only the data from the first and second questionnaires.

Data show that the invited psychiatrists had many misconceptions about dysthymia, the more important ones being about treatment (drug side effects and prognosis), epidemiology and suicide rates. The answers to questions about epidemiology and prognosis improved a great deal after the conference though this was not the case with the answers to questions about drug side effects.

It showed the importance of the Programme and indicates improvements which will be needed. The most important factor however, was that the participants were open to new information even when it appeared contrary to their beliefs.