

no causal association seems to be most frequent, but results of the literature and individual findings suggest the possibility that diffuse multifocal CNS white matter inflammation may be associated with the development of a diversity of psychiatric symptoms. These can be present as the initial manifestation. At the time of the first diagnostic evaluation of MS, pharmacological interferences or difficulties in coping with this chronic disabbling disease are in general irrelevant, although the role of environmental factors must always be explored in parallel.

Conclusions: One has to consider that clinical syndromes indistinguishable from "primary, endform" psychiatric disorders might occur as a direct result of the demyelinating disease and that an organic psychotic onset of MS is possible. Therefore psychiatric patients, especially those who are seen for their first psychotic decompensation should have a careful physical examination to check for coexisting neurological abnormalities and also should have proper differential-diagnostic assessment. Etiological considerations have to include the encephalitic form of MS.

Although correlations between psychopathological abnormalities and Magnetic Resonance Imaging findings as a marker of the disease's activity are not very close, cerebral MRI scan and CSF analysis should be investigated routinely in patients with psychotic illness to rule out chronic CNS inflammations.

To improve knowledge in the epidemiology of psychiatric aspects of MS and related therapeutic issues further studies using a standardized setting and a definite population basis are recommended.

A COMPARISON OF PSYCHIATRIC AND DIABETIC PATIENTS GIVEN ACCESS TO THEIR OWN MEDICAL RECORDS

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When patients are encouraged to read their own medical records they usually respond favourably and find it helpful to know their doctor's views about themselves. Reservations have been expressed about psychiatric patients, but until now no systematic comparison of psychiatric and non-psychiatric patients has been made. We conducted such a controlled study.

Seventy-three psychiatric and 84 diabetic out-patients who were consecutive attenders at the same district general hospital were recruited. They were posted their main clinical summary with a questionnaire about it. For seven of the eight questions, more than 70% of patients in each group gave favourable ratings. However the psychiatric patients gave significantly less favourable responses than the diabetic patients on four items: upset caused by reading the summary (odds ratio 4.8; 95% confidence interval 1.5–15.2), the accuracy of the summary (4.2; 1.6–10.5), wrong emphases in the summary (3.2; 1.3–7.4) and whether it was a good idea to have been granted access (3.11; 1.2–8.0). Logistic regression showed no significant effect of age, sex, marital status or social class, but controlling for these demographic variables resulted in a fifth question (about important omissions from the summary) being significantly less favourably rated by the psychiatric patients. For both patient groups the worst rated question was whether helpful information had been provided by the summary; only approximately half of each group gave favourable ratings.

Our conclusion is that both psychiatric and diabetic patients do respond favourably to reading their main clinical summary, but the psychiatric patients less so than the diabetic ones.

PREVALENCE AND ECONOMIC IMPACT OF SUBSTANCE USE IN CLIENTS UTILISING THE REHABILITATION SERVICES OF THE WENTWORTH AREA HEALTH SERVICE NEW SOUTH WALES, AUSTRALIA

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The Wentworth area has a population of 326,000 and is located at the far western edge of Sydney. It has evenly distributed socio-economic groups. Chronically mentally ill patients are usually pensioners, yet probably spend a large proportion of their available funds on both illicit and legal substance use, further restricting their already limited choices. This study was conducted to examine the detailed level of use of caffeine, nicotine, alcohol and illicit drugs in this population. Known illicit drug users are discouraged from using the rehabilitation facility from which this study population was recruited.

Cannabis and amphetamines have both been associated with relapse of psychotic illnesses in the chronically mentally ill. The predominate substance use patterns in the severely mentally ill are, most probably, those of the general population for nicotine, alcohol and caffeine (Gnebal & Hodgins, 1992).

Clients of the Penrith Living Skills Centre attending between May and July 1994 were followed up and given a short semi-structured interview on their tobacco, alcohol and caffeine use. The use of illicit drugs was qualitatively assessed. Seventy seven patients attended during the studied period and 57 (74%) were interviewed: 10 had left the service, 2 refused the interview, 6 were too unwell and 2 had committed suicide. There were 36 men and 21 women in the study. No substance were used by 4 interviewed clients (7%), tobacco by 44 (77%), caffeine by 40 (70%), alcohol by 33 (58%), marijuana by 32 (56%) and hard drugs by 23 (40%).

Expenditure calculated was \$54 per week for 22 (32%) patients on tobacco, caffeine and alcohol. Others spent less. The total weekly benefit allowance for these clients averages \$120 per week.

A considerable proportion of chronically mentally ill patients' income is spent on substance use.

NEW POSSIBILITIES OF PSYCHOTHERAPY IN ADOLESCENTS WITH BEHAVIOURAL DISORDERS

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Comparative investigations of individually-psychologic features in healthy teenagers (1227) and adolescents with persistent asocial and aggressive behaviour (350) showed that all teenagers had anxiety tension of different gravity. To compensate the anxiety they used different psychologic defence mechanisms and the most successful ones were: 1) realization of the anxiety tension directly in the behaviour, ignoring the complicated system of behavioural integration (aggressive behaviour); 2) "denial" of anxiety and, as a result, hypertymy; 3) expansion of interpersonal contacts. Among the healthy teenagers only 7% used these defence mechanisms, whereas in the group of adolescents with deviant behaviour such compensatory mechanisms were the principal ones.

Successful decrease of anxiety and the optimality of the chosen delinquent behaviour strategies (from their point of view), make any attempts at the psychotherapeutic correction of behavioural disorders in teenagers very difficult.

Proceeding from these ideas, we suggested a new method of treatment, that breaks the established system of the mentioned psychologic defence mechanisms with the help of pharmacological anxiolytic remedies (imense GABA agonists).

The implementation of specially worked out for such conditions psychotherapeutic programs enables us to change the system of motivation complexes hierarchy in the teenager, that causes the change of delinquent activity to socially positive forms of behaviour.