

P26.03

The GAF-Scale's variability in clinical routine work

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The aim of this study was to investigate the systematic variation of the GAF-scale when used in clinical routine work. The variability should be understandable according to the scales construct and to the other axis in DSM IV.

Method: A clinical database was used with 5408 cases assessed by 175 raters as a routine. A hierarchic linear regression model was calculated to investigate the main effects on the GAF scale's variability. The R² values were calculated. To investigate the interactions a variance component model was calculated.

Summary of the results: The analysis showed a systematic variation in GAF that first was explained by diagnostic considerations on axis one followed by axis four and organizational factors. The results were in line with other controlled studies that have focused on the explained variation in GAF due to diagnostic considerations.

Conclusions: The result shows a systematic variation in line with the scales constructs. These systematic variations indicate that the scale is used as it is supposed and it indicates validity when used in clinical routine work.

P26.04

Sense of control, control modes and adjustment to breast cancer

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The proposed study aims to suggest a theoretical model in which sense of control and control modes influence the level of psychological distress among women after the diagnosis of breast cancer. The present model is a broadening of Shapiro's model of control (Shapiro, D.H., Schwartz, C.E. and Astin, J.A. (1996). Controlling ourselves controlling our World. *American Psychologist*, 51, 1213–1230). The proposed model attempts to predict which women are more vulnerable to psychological distress following a breast cancer diagnosis. The suggested model includes medical variables (the disease stage, histological variables, the treatment plan etc.), personality variables (sense of control and control modes), demographic variables, perceived social support and their moderating effect on the psychological distress. This theoretical model intends to expand the knowledge in the psychosocial aspects of cancer and may improve the efficiency of the immediate intervention with women after breast cancer diagnosis.

P26.05

Tokophobia: a morbid dread of childbirth

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Some women dread and avoid childbirth, despite desperately wanting a baby. This is tokophobia. Hofberg & Brockington (BJPsych 2000) interviewed 26 British women with a morbid fear of childbirth. They suggested phobic avoidance of childbirth may date from adolescence (primary), be secondary to traumatic birth or present with prenatal depression. Pregnant tokophobic women, refused their choice of delivery, suffered higher rates of psychological

morbidly than those granted their choice. A pilot study investigated tokophobia in Grand Cayman in 2000.

Methods: Women, aged 16 to 46, attending General Practice Clinic (GPC), completed a questionnaire.

Results: 354 questionnaires were returned. Respondents were Caymanian (53%), Jamaican (32%) and British (5%). 14% of childfree women and 16% of mothers had such a profound dread of childbirth, they avoided pregnancy. 25% of mothers confirmed postpartum depression and/or nightmares.

Conclusion: Grand Cayman in the Caribbean is a multi-cultural society of 41,000 people, half foreigners. The study suggested 1 in 7 women attending GPC suffered symptoms of tokophobia. This is important unrecognised psychopathology transcending culture, colour and country. This work is being developed in Warwickshire, UK. A GP cohort of 1250 women have been contacted. Results will be available in April 2002.

P26.06

Mental pathology in homeless people. American and European studies

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Objective: To compare the American and European studies published about prevalence of mental health pathology in homeless people.

Method: To select the papers, we have used the database more disseminate internationally, selecting English, French and Spanish Languages that is:

- Med-line
- Excerpta-Medica

and Spanish one, IME: Spanish Medical Index. the keywords used were:

Homeless and Mental Disorder.

Homeless and Mental Disease.

Search includes since 1990 until 2001. Thus, we have found about 35 relational articles.

Results: We have found a high proportion of mental prevalence in homeless people, around 20–80 %. Overall, is observed higher prevalence of mental disorders in America and Europe, maybe is due to the assessment methods and samplings sites.

Thus, in America some studies used to extract the sample from hospitals, and emergency shelters, and in Europe the sample used to be from shelter homes, and soup kitchen. The higher rates as in American as in European studies are the substance use disorders (Alcohol and drugs), rates are around 30–60%.

Discussion: Maybe the high rates in prevalence of mental pathology are because of substance abuse disorders are included in the general index. Also, is discussed the unclear relationship between homeless and de-institutionalized people.

P26.07

Taking care and treatment in mental health

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The cost-effectiveness evaluation in the health services and the technical instruments in mental health practice determined a deep modification in the organization and interventions of community psychiatric assistance.

The Italian mental health services, in fact, after almost twenty years of development without organizational frame and homogeneous techniques in the national territory, were deeply transformed

after the promulgation of the Projects Objective 1994–96 and 1998–2000 on the cultural, professional, organizational and technical ground, with meaningful repercussions on the behavior and on the same professional identity of the operators, particularly of the psychiatrist. Some aspects became more important, as the definition of homogeneous minimal levels in assistance, individualization of the priorities of intervention in relation to the totality of the question (the problem of the severe patients), standardization of the procedures of operation of the services (when and how to effect a performance), analysis of the loads of the job, evaluation of the services and the performances in relationship to the levels of structure/process/activity, introduction of guidelines for a better technical appropriateness of the interventions, definition of packets of indicators for monitoring activity, introduction of specific managing techniques, planning of the objectives, negotiation of the budget, etc.

Our contribute, departing from an analysis of the impact of these elements on culture and on the territorial psychiatric practice will face particularly some aspects:

the organization of our job for objectives;

the disease management for the taking care of the serious mental troubles;

the objectives and the tools of psychotherapy in the public services; the procedures and the indicators for the evaluation of the assistance on the territory.

Such problematics will be faced on the base of experience matured in the Mental health Department of Genoa, Italy, through a critical analysis of potentialities and difficulties.

P26.08

The increasing importance of psychology in the determination of the ecological problems

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At the present time the problem of the human health in the interaction of man and environment reaches global dimensions. Scientific and technological progress brings big pressure on population, which is conditioned by physical factors, chemical illness, new technological trends and psychological factors too. They have serious repercussions/after effects/for a beginning/genesis/of the civilised diseases/disorders. For the future will be determined by progress in biology and especially in psychology and ecology. It will be continued development trend of genesis of frontier academic disciplines, among which is included the genesis of an ecological psychiatry too. It is in line with a primary sending of department of the psychiatry – prevention, diagnostics and therapeutics of the mental disorders.

P27. Mental retardation

P27.01

Early detection of psychosis in mentally retarded: particularities

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Contradicting Kraepelin's notion of a 'Pffropfschizophrenie', studies indicate that mental retardation and schizophrenia are distinct entities, yet there is broad consensus on an increased risk of schizophrenic disorders among the mentally retarded of about 3% point prevalence.

For schizophrenia, it was shown that it can be identified by subtle self-experienced deficits especially of information processing and perception – as assessed with the 'Bonn Scale for the Assessment of Basic Symptoms – BSABS'.

Comparing persons with schizophrenia, mild mental retardation, both diagnoses and controls for BSABS subsyndromes, schizophrenics with and without mental retardation did not differ, but reported more information processing, perception and proprioception disturbances than mentally retarded and controls. Stepwise logistic regression showed that information processing and perception disturbances separated schizophrenics from controls, but not from mentally retarded that were separated best by disturbances of body perception and feelings of alienation.

The results support the prior notion that the basic course of schizophrenia in mentally retarded indeed is not altered, but indicate that for an early detection in this group different disturbances than in intellectually undisturbed persons should be focused.

P27.02

The psychopathological phenotype of Velo-Cardio-Facial Syndrome

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Velo-Cardio-Facial Syndrome (VCFS) is a common genetic disorder associated with deletions on the long arm of chromosome 22, denoted as del22q11. VCFS was originally described in 1978 and its clinical phenotype is characterized by a variable degree of intellectual disability, cardiac anomalies, pharyngeal hypotonia and cleft palate, abnormal facies, thymic hypoplasia and hypoparathyroidism.

The behavioural phenotype in childhood and adolescence comprises social withdrawal, a special attachment to mother or other caregivers, poor social skills, emotional instability, affective problems, anxieties and attention deficits. In patients after adolescence a high prevalence of psychiatric illness is reported including psychotic disorders especially schizophrenia-like psychoses and bipolar spectrum disorders.

The patients included in the present study were referred for psychotic deterioration and recruited from the outpatient VCFS clinic of the Center of Human Genetics, Leuven, Belgium (n=8) or from the consultation department of the first author (n=8).

The behavioural phenotype was characterized by oppositional behaviours, clinging to mother or caregiver, social withdrawal, aggression and compulsive behaviours, whereas the actual psychopathological phenotype comprised anxieties, affective instability, mood swings, obsessive-compulsive symptoms, ideas of reference, paranoid ideation and auditory hallucinations. In none of the patients treatment with psychotropics and/or mood stabilizers resulted in a sustained symptomatic improvement. Thus, the most adequate diagnosis is Velo-Cardio-Facial Psychiatric Syndrome.

P27.03

Hyponatremia during carbamazepine therapy in the learning disabled

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Objectives: To determine the prevalence of hyponatremia during carbamazepine treatment in the learning disabled; to investigate risk factors and clinical features of hyponatremia in this group.