

general. At the same time new imaging techniques and progress in genetics forced psychiatry into biological direction. The challenge today is to avoid reductionism and combine the best from both biological and social thinking.

### P38. Prevention in psychiatry

#### P38.01

Generating prediction rules: dependence on the mathematical model

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An early detection of schizophrenia is not only complicated by the heterogeneous psychopathological clinical picture of the initial prodrome but also by a lack of knowledge about the most adequate analysis of the often binary data.

Therefore, eight nonparametric strategies for item selection and generation of prediction rules were compared: stepwise discrimination and regression analyses of variables and of variable clusters, a rough-sets approach, Search Partition Analysis, selection models based on common diagnostic accuracy measures and on positive diagnostic likelihood ratios.

Only marginal differences between classification rates of different methods showed. The highest percentage of correct classifications of 77.5% in a validation sample were found for the stepwise logistic regression model of clusters and the variable selection model according to diagnostic likelihood ratios. In all models, a core set of 7 variables all with a significant group difference in  $2^2$ - $c^2$ -testing was selected.

Furthermore as regards prediction of single patients, only 40% were correctly and 15% incorrectly classified by all models. Thus the correct individual prediction depends on the model in 45% of patients.

### P39. Psycho-social factors and mental health (contd.)

#### P39.01

Social stresses in relation to psychiatric morbidity in menopause

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**Objectives:** To explore the social factors related to psychiatric illness in menopausal women in Upper Egypt.

**Method:** 129 menopausal women suffering from anxiety or depression (Group A) were compared to 100 menopausal women attending the gynaecology out patient clinic (Group B), 51% of them showed manifestations of anxiety and/or depression.

**Results:** Several factors were detected.

1. Disturbed family life being widowed, divorced or not having living children ( $P < 0.01$ )
2. Living with children without the husband, with the husband without children or living alone ( $P < 0.05$ ).
3. Life problems related to children, husband or other relatives considered as distressing ( $P < 0.01$ ).
4. History of previous psychiatric illness ( $P < 0.01$ )
5. Negative attitude towards menopause ( $P < 0.01$ )

**Conclusions:** Life situation and social background is important psychiatric symptoms at the menopause.

#### P39.02

The comparative clinical analysis of endogenic psychoses in health resort conditions

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For the first time this work provides a clinical and clinicocategorical comparative analysis of the typology and the course of schizophrenia, paranoid conditions and affective psychoses during the temporary migration to a health resort. The symptoms of a migration stress are revealed, as well as the dynamics of the course of the illness after the temporary migration stress and the dependence of the clinical picture of endogenic psychoses upon the climatic conditions, the social and psychological environment. The inclusion of the results of these analysis permits to put up a question about the treatment of patients predisposed to endogenic psychoses in sanatoria and health resorts. Due to this work, the prohibition to attend health resorts by mentally ill people, which existed in the previous years, has now been cancelled and such a category of patients has equal rights to take courses of treatment as well as other people. Thus, the limitation, which made such people feel their inferiority and suffer, is proved to be groundless.

#### P39.03

Coping patterns, health status and personality in burned adults

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The aim was to explore coping patterns, health status and personality traits in burned adults. Subjects were 161 patients injured 1980–1995. Health status was measured with the Burn Specific Health Scale-Brief, personality traits with the Swedish universities Scales of Personality and coping with the Coping with Burns Questionnaire (CBQ). A cluster analysis of the CBQ resulted in three clusters: Extensive, Adaptive and Avoidant copers. The Extensive copers reported the highest coping use and intermediate ratings on health status and personality traits. The Adaptive copers reported low use of coping, but preferred Emotional support and Optimism/problem solving. They reported the highest health status and the lowest on Neuroticism and Aggressiveness. The Avoidant copers preferred Avoidance and had the lowest use of Emotional support and Optimism/problem solving. They reported the lowest health status and the highest ratings on Neuroticism and Aggressiveness. The groups did not differ regarding age, years since injury or burn severity. In sum, the CBQ identified three groups of copers. Those who preferred Avoidance and lacked adaptive strategies displayed more maladaptive personality traits and a poorer long-term outcome.

#### P39.04

Ten year follow up study quality of life people from FRY

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Behavior is determined by the interplay among a person's environment, life experiences and biological endowment.

Last ten years have been a period of great changes and significant and serious social movement, in which people from FRY experienced the consequences of civil war, economic blockade, NATO bombing and society changes (changes in governmental authority). There are very few investigations about the psychic health and the