

P03.432**COMPARISON BETWEEN SCL90R AND S.C.I.D. I IN EATING DISORDERS PATIENTS**

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Objectives: At the Eating Disorder Unit, University Hospital "a. Gemelli" in Rome, a comparison has been made between S.C.L. 90-R., Symptom Check List (Derogatis et al., 1983) and S.C.I.D.-I, Structured Clinical Interview for D.S.M.III-R (Spitzer et al., 1990) as to establish that the results of both tests are converging.

Methods: S.C.L. 90-R and S.C.I.D.I were administered to a sample of 40 female patients, between 15/30 years of age, students, not married with diagnosis of E.D. by D.S.M.IV consecutively admitted at the unit.

Results: We saw a high correlation between the two tests so that we can hypothesize the use of S.C.L.-90-R with a great cut off of time and cost.

P03.433**TREATMENT OF SOMATOPHORM DISORDERS IN RUSSIAN HOSPITALS**

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In 1995 the Ministry of Health of Russia promulgated the Order "About of psychiatric and psychotherapeutic care". In accordance with this Orders in 1907 in large (more 1250 beds) multiprofile hospital No 36 the Dep. of Psychotherapy (2 psychiatrists, 1 psychotherapist, 1 medical psychologist) started to work. Psychiatrists and psychotherapist conducted the consulting-treatment care somatic patients with numerous neurotic, neurotic-like, somatophorm and somatogenic disorders. For the last 2.5 years psychiatrists, psychotherapist and medical psychologist carried out 4825 consultations and 380 seances of group psychotherapy and unnumerable stances of individual psychotherapy. In 75.2% cases have been observed different neurotic and neurotic-like disorders (1st group), in 21.1%-psychotic disorders (2nd group) and in 3.7%-mental retardation (3rd group). Diagnosis in the 1st group of patients were presented neurosis as comorbid psychiatric disorders of somatic illness (CPDSI)-33.2%, neurosis-like disorders as CPDSI because of cerebral atherosclerosis-12.5%, psychosomatic disorders as CPDSI because of hypertonia, bronchial asthma, ulcer of stomach, colitis-9.6%, neurosis-like somatophorm disorders because of alcoholic abstinent syndrom as CPDSI-8.5%, neurosis-like somatophorm disorders as CPDSI because of organic diseases of brain-5%, psychopathies, with somatophorm disorders as CPDSI-2.1%, reactive states of neurotic level as CPDSI-1.9%, epilepsy with somatophorm disorders as CPDSI-1.46%, neurosis-like specific symptoms as CPDSI-0.8%. In 2nd group: psychosis and dementia of senile age with somatophorm disorders as CPDSI-9.35%, abstinent alcohol delirium as CPDSI-5.41%, schizophrenia with somatophorm disorders as CPDSI-4.16% reactive psychosis with somatophorm disorders as CPDSI-2.2%. In 3rd group: debilitis as CPDS-3.7%. In treatment somatic patients with comorbid psychiatric disorders we used psychopharmacotherapy and various psychotherapy.

P03.434**PSYCHIATRIC COMORBIDITY AMONG DRUG ADDICTS: EVALUATION OF PREVALENCE RATE AND CREATION OF A NETWORK OF INTERVENTION**

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Several studies were carried out to assess the presence of coexisting psychiatric disorders in drug addicts to improve diagnostic efficacy and prognostic evaluation. The aim of this study is to assess the prevalence rate of psychiatric comorbidity among drug addicts and to create a network of professionals of both Psychiatric and Addiction Treatment Units. Professionals shall work together identifying specific therapeutical projects related to the presence or absence of comorbidity and selecting patients if they are diagnosed as affected from Axis I disorders rather than personality disorders. Our project will be developed in three phases. In the first phase patients will be administered with MMPI II in order to analyze their psychological profile and with a structured interview (CID1) to estimate the possible presence of Axis I disorders; eventually the patients will be evaluated with EUROPASI. Methodological criteria for admission are: age between 18 and 45 years old; methadone maintenance therapy for a period of more than three months and drug free condition (heroin or other psychoactive substances, apart from therapeutic drugs) at least for one month. We also will take into account if patients are pure opiate addicts or polydrug abusers. In the same period we will building up a professional network that can be viewed as a referent point for Addiction Treatment Units and Psychiatric Services professionals. In the second phase we will analyze patients with comorbidity diagnoses in order to give them adequate treatment. In the third phase we will be able to evaluate the results and to publish them. This project, supported by Veneto Region, is related to drug addicts population of Padua and hinterland on an estimate population of about 800 persons.

P03.435**COMPLEX TREATMENT OF EMERGENCY CONDITIONS IN PATIENTS WITH DRUG ADDICTION**

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Introduction: Long-term drug addiction is associated with homeostasis impairments, toxic encephalopathy, somatic pathology and often leads to fatal outcomes due to drug abuse. The experimental study of toxic brain edema by using light microscopy and found that hyperbaric oxygenation (HBO) activates the rhybonucleoprotein synthesis in the neurons, intensifies proliferative glial reactions, and thus, improves the cerebral metabolism. In this connection, the use of HBO in the treatment of emergency conditions associated with drug abuse is well-grounded from the point of pathogenesis.

Methods: A comparative study including 231 patients randomized into two groups was undertaken. The 1st group included 166 patients who received sessions of HBO The 2nd group included 65 patients who received a standard pharmacological therapy. We performed the following investigations: KT, EEG, the study of cerebral blood flow, biochemical studies, neuropsychological studies.

Results: HBO stimulates changes in the neuromediator systems: the increase of blood serotonin that correlated with the subsiding of depression symptoms in the patients and the decrease of blood histamine. Using HBO enabled to balance POL/AOS system. The use of HBO also prevents the development of complications and contributes to normalizing neurochemical processes. We also noted a stabilizing hypnotic and anxiolytic effect of HBO sessions.

Conclusions: HBO treatment to prevent the development persistent neuropsychologic disturbances, and to decrease the incidence of delayed neuropsychological sequelae. The use of HBO posing detoxication, antihypoxic and metabolic effects in the complex treatment of drug - addiction to improve the outcomes. Thus, HBO may be used as a method of a metabolic brain protect.

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CLINICAL SYMPTOMS AMONG FEMALE AND MALE DRUG-NAÏVE SCHIZOPHRENIC PATIENTS

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Background: Gender has been recognized to be an important factor in the expression of schizophrenic illness. The aim of this study is to identify differences between female and male drug-naïve first-episode schizophrenics regarding their clinical symptomatology and psychosocial functioning.

Methods: Twenty-five drug-naïve first-episode schizophrenic patients (14 women, 11 men) consecutively admitted at Eginition Hospital, Athens, were included in the study. Their mean age was 27.8 (± 6.8) years. Patients were assessed on admission (during the first week) using the Positive and Negative Syndrome scale (PANSS, Kay 1991) and the Global Assessment of Functioning Scale (GAF, APA 1987). There were no statistically significant differences between female and male schizophrenic patients regarding age (27.8 vs 27.7), education (years of schooling, 12.2 vs 12.0), employment status (unemployment, 78% vs 55%), way of admission (voluntarily, 93% vs 91%).

Results: Female and male schizophrenics did not differ in terms of the total PANSS score (113.7 vs 117.8), the PANSS-positive subscale score (27.3 vs 28.9), the PANSS-negative subscale score (27.8 vs 29.4), the PANSS-general psychopathology subscale score (58.6 vs 61.3) and the GAF score (32.2 vs 29.6). However, women more often presented with hostility (79% vs 18%, $p < 0.01$) and depression (86% vs 45%, $p < 0.05$) while men with grandiosity (21% vs 63%, $p < 0.05$).

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ARE REGIONAL SUICIDE RATES MIRRORED IN SUBSEQUENT NATIONAL POLITICAL CHANGES?

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Recently, political changes in Austria have received worldwide attention. We subjected the voting pattern in the preceding general elections in Austria (autumn 1999) to a suicide-epidemiological analysis. Previous research studied short-term effects of political changes on suicide occurrence. Regional suicide rates were found to decrease during U.S. Presidential campaigns and elections, and regional parasuicide and suicide rates were found to decrease after U.K. general elections. Reversing the question we investigated, whether regional suicide rates in Austria were related to the subsequent national political changes. For the 121 political districts in Austria, weighted by their size (measured by persons entitled to vote), we regressed 7 predictor variables (percentage of gains/losses of the 5 important political parties in Austria in the 1999 general election, as compared to the 1995 general election, '99-to-'95-changes of voters' turnout, and proportion of invalid voting) on average standardized suicide rates (SMR) for the preceding period (1988-94). Stepwise weighted multiple regression analysis lead to

a significant model, including 3 of the predictor variables. The '95-to-'99-changes for two oppositional parties and the changes in the proportion of invalid voting together accounted for no less than one quarter of the variability in preceding district-level suicide rates. Generally, pronounced caution should be exercised in interpreting this pattern as representing cause-effect relationships. Thus, additional analyses aiming to rule out possible confounding variables in the statistical model are presented. Nevertheless, this result gives some preliminary evidence that variations in preceding regional suicide incidence (which at first may seem of little direct concern to voting behavior) actually may be mirrored in subsequent changes in voting behavior (proportion of invalid voting, gains/losses of oppositional parties). This finding can be discussed and understood in terms of the classic Durkheimian concept of societal anomie.

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AN ACID TEST FOR NOSTRADAMUS: TOTAL ECLIPSE OF THE SUN 1999 AND SUICIDE INCIDENCE

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Apart from the millennium, the total eclipse of the sun on Wednesday, August 11th, 1999, was definitely the single most important mass-media event in Middle Europe that year. In Austria, extensive and in-depth mass-media coverage, announcing and hailing the coming event, started months before, leading to a collective experience of almost spiritual dimensions in the population. Approx. 40% of the Austrian working population were on leave that day, and approx. 750,000 of Austria's population (8 million inhabitants) traveled into the narrow strip (approx. 110 km wide) of eclipse totality, causing severe traffic jam and public transport disruptions. In advance of the event, several concerns of possible individual and collective psychiatric affections as well were published (Grallton & Line, 1999). However, any data concerning an eventual short-term impact of total eclipses of the sun on national suicide incidence are lacking. Given the circumstances of the event as described above, we took the opportunity to address this question. Austrian individual records suicide data for 1999 will be available from Statistics Austria in May 2000. The results of a comparison of suicide incidence at and around the day of the total eclipse with a preceding control period (suicide incidence on and around August 11th in the years 1984-98) will be presented. We hypothesize that a "Nostradamian" view (apocalyptic/bad omen) of the event under scrutiny will not withstand this acid test: in a line with broad empirical evidence upon the timing of suicide (cf. Voracek & Sonneck, 1999) we expect a significant decrease in Austrian suicide incidence before and at August 11th 1999. Furthermore, that decrease should have been more pronounced for regions within the narrow strip of total visibility of the eclipse.

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SUICIDAL BEHAVIOR IN PRISON INMATES: PROSPECTIVE AUSTRIAN NATIONAL DATA 1996-99

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It is widely known that prison inmates represent a special, high-risk subpopulation for suicidal behavior and suicidal acts. Typically, investigations of prison suicide are based on retrospective research designs (cumulative case records). For apparent reasons, reliability, validity, and generalizability of suicide-epidemiological findings from such retrospective research designs are clearly limited. In Austria, within an ongoing surveillance system and prospective research design which started in 1996, extensive data of all suicidal