

P50.14

Time perspective in suicide attempters

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Time experience is related to mental health as well as to personality traits like impulsivity.

The aim of this study was to investigate whether suicide attempters show a time perspective which is different from healthy volunteers.

53 suicide attempters and 51 healthy volunteers filled in the Zimbardo Time Perspective Inventory. Suicide attempters were divided into a high and a low impulsive subgroup by using the planning item and the previous considerations item of the Suicide Intent Scale by Beck.

Suicide attempters scored higher in the Past Negative and the Present Fatalistic and lower in the Past Positive subscale than healthy controls. Subjects with high impulsive suicide attempts attained higher scores in the Present Hedonistic subscale ($p < .05$).

Suicide attempters suffer from more traumatic or frustrating and less encouraging experiences and from present feelings of helplessness and external control. Subjects with high impulsive suicide attempts tend to act on a spur of a moment and to respond to immediate stimuli rather than to consider future possibilities.

These findings give some orientation related to approaches of psychotherapy of suicide attempters.

P50.15

Self-aggression of soldiers and possibilities of psychoprophylaxis

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Incidence of self-aggression in soldiers is one more important aspects of psychoprophylaxis in the conditions of military environment. Suicidal attempts with fatal effect or just attempts always disturb the course of military service and cause disorganisation. Moreover, they create tendencies to recurrency of this type of behavior, are serious danger for other soldiers and lead to inappropriate opinion and groundless attacks against the army. In this situation, understanding and identification of the causes and conditioning and proper assessment of the risk of suicide and adequate to situation management of the soldiers showing self-aggression, is of great importance. Analyzing causes of suicides of soldiers, frequent coexistence of their basic factors should be emphasized: specific mental state (depression, personality disorders, dependence), negative effect of psychosocial factors not necessarily connected with military service and unnoticed by others the appearing suicidal risk, particularly the symptoms of presuicidal syndrome. However, it should be remembered, that conducting even broad psychoprophylactic activity, applying the most professional methods will not bring about any measurable effect if it is not supported with the understanding of another man being in psychologically difficult situation.

P50.16

Suicide in mental health service users diagnosed with schizophrenia

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Objectives: To describe clinical characteristics of people diagnosed with schizophrenia who have committed suicide and have been in recent contact with mental health services.

Methods: A national clinical survey based on a 4-year sample of suicides in England and Wales. Data was collected on those in contact with mental health services in the year before death.

Results: 960 (20%) of the sample had a diagnosis of schizophrenia. A quarter of these were in-patients at the time of death and a further 20% died within 3 months of discharge from in-patient care. Whilst the majority had a follow-up appointment arranged following discharge, 101 (17%) people had committed suicide before this took place. 24% were not under the Care Programme Approach at the enhanced level and of these, half had a history of deliberate self-harm. 27% were out of contact with services when the suicide occurred. There were high rates (30%) of reported non-compliance with medication.

Conclusions: Mental health services must ensure all patients with schizophrenia receive the most intensive level of care with particular emphasis on closer supervision, improving compliance and early follow-up after discharge from in-patient care.

P51. Somatoform disorders**P51.01**

Conversion disorders and the subtypes

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Objectives: The concepts of conversion disorder was historically defined in late 19th century but the subtypes of this disorder was defined for the first time in the DSM-IV. The publications which investigated the subtypes of conversion are very rare in medical literature. Recent studies investigated pseudoseizures and aimed to distinguish the conversion disorder from the other diseases especially from the neurologic diseases. In this study we aimed to investigate the differences between the subtypes of conversion disorders.

Methods: With this aim 95 patients who were seen by two researchers and diagnosed as conversion disorders were included in this study and their subtypes were determined according to criteria DSM-IV. All the participants gave informed consent and completed the following questionnaires; The Form of Socio-Demographic features which was improved by the researchers, the Symptom Check List (SCL-90-R), Dissociative Experience Scale, Social Adaptation Scale and Suicide Ideation Scale.

Results: Of the 95 patients with conversion disorders presented 23(24.2%) motor symptoms or deficits (Type 1), 5(5.2%) sensory symptoms or deficits (Type 2), 24(25.2%) seizures or convulsions (Type 3), 43 (47.3%) mixed presentations (Type 4). The socio-demographic variables such as; the educational level, occupation, place of settlement, family history of psychiatric disorder were statistically different among the groups ($p < 0.05$). Clinical variables such as; Dissociative Experience Scale, Suicide Ideation Scale, subgroups of the SCL-90 were obsessive-compulsive, interpersonal sensitivity, anxiety, anger-hostility, fobic anxiety, paranoid ideation, psychoticism and general symptoms index points, and social adap-