

sive symptomatology, in particular retardation scores and SCL-90-R scores, as well as impulsivity assessment methods.

### ELECTROCONVULSIVE THERAPY — A TREATMENT OF CHOICE IN CONTEMPORARY PSYCHIATRY?

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Recent development in psychiatric care has focused on outpatient interventions and restriction of hospitalization to the most severe cases where community based support, psychotherapy and drug attempts have failed. In Sweden the number of outpatient receptions and day-care units for psychiatric patients have increased in number during the last 10 years. At the same time a new group of antidepressant drugs, the SSRI:s, with less side effects than traditional tricyclic agents has been introduced. Under these circumstances the use of such a biomedical method as the electroconvulsive therapy (ECT) would be expected to play a decreasing role as a treatment alternative.

We investigated in retrospect the use of ECT in our clinics during the last 25 years with special focus on the last five years. Relapse in depressive disorder five years following ECT was studied from the patient records. The number of ECT:s given per year fluctuated between ups in 1971 and 1986 and downs in 1976 and 1991. In contrast there were very small fluctuations over the months of the years, i.e. the seasonality of affective disorders was not reflected in the ECT activity. As expected the majority of treated subjects were women (68%) and the most common diagnoses were melancholia and other forms of depressive illness. The mean number of shocks given per patient was 7 with a range of 2–14. There was no tendency toward a decline in frequency over the last 20 or the last five years. The rate of relapse in a five year period was not related to a low number of shocks given initially but rather to a high number of shocks, indicating that these patients had a depressive disorder which was difficult to treat and refractory to rehabilitation and prophylaxis.

In conclusion, despite successive development of psychosocial programs and improved pharmacological agents ECT remains a treatment of choice for selected patients with severe affective and other syndromes.

### SELF-REPORT GENDER DIFFERENCES IN AFFECTIVE DISORDERS

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We have administered the Spanish version of the SCL-90R to a representative sample ( $n = 570$ , 299 women and 271 men) of the general population of Tenerife (Canary Islands) and to a sample of 80 outpatients (45 women and 35 men) suffering an affective disorder (ICD-10, F3) in order to evaluate the influence of the variable gender in the scores obtained. The SCL-90R is a self-report questionnaire of 90 items, grouped in 9 primary dimensions, that the patients rate on a five point scale the degree to which they have been distressed by the symptom during the previous week. The instrument also provides three global indexes: the Positive Symptom Total Score (PST), the Positive Symptom Distress Index (PSDI) and the Global Severity Index (GSI). GSI is the most sensitive single numeric indicator of the respondent's psychological distress, combining information on number of symptoms and intensity of distress. PSDI represents a pure "intensity" measure, more or less "corrected" for numbers of symptoms, and additionally tells about the patients style in experiencing distress. PST simply reveals the number of symptoms the respondent endorses to any degree.

Index	General Population			Outpatient Sample		
	Male	Female	Difference	Male	Female	Difference
PST	22.9±13.3	27.4±14.8	$p < 0.001$	59.3±15.4	59.7±16.2	$p = 0.90$
PSDI	1.68±0.47	1.79±0.49	$p < 0.01$	2.11±0.60	2.53±0.59	$p = 0.002$
GSI	0.43±0.30	0.57±0.40	$p < 0.001$	1.42±0.58	1.73±0.71	$p = 0.05$

In the general population, women experience significantly higher number of symptoms than men as well as refer significantly higher intensity in the symptoms that they experience. As we expected, all the global indexes of the outpatient sample registered significantly higher values than general population. In the patients with affective disorders the tendency persists to score higher in the symptoms experienced although the number of symptoms in this sample is almost identical in both sexes. These results confirm a substantial sex difference in the self-perception of minor psychiatric morbidity in our culture.

### SOCIODEMOGRAPHIC CHARACTERISTICS OF SUICIDE ATTEMPTERS REFERRED TO THE PSYCHIATRY CLINIC OF A GENERAL HOSPITAL

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One hundred and eleven suicide attempters referred to psychiatry clinic of Ankara Numune Hospital in Turkey, were evaluated by a team of psychiatrists, psychologist and a family physician. A semi-structured interview and a battery of suicidal intent scales were used, besides a sociodemographic characteristics checklist.

The patients were interviewed after a mean time interval of 19.1 hours after their attempt. 73% of the attempters were female and 86.6% were in 15–24 age group. Percentages of married and single individuals were similar (44.2% and 48.6% respectively). Most of the attempters were housewives (45.9%) or students (20.7%). The attempters were predominantly living with their family (85.5%) and they were brought to hospital by them (62.1%). For 72.1% of the attempters, this was their first attempt, and 54.7% had decided to attempt suicide impulsively. Only 16.1% were thinking of suicide for more than 6 months. 88.4% had attempted suicide by taking drug overdose. When stressful life events were investigated, 33.9% had family discordance and 17.8% had emotional difficulties in their relationships. Thirty-three percent of the attempters regretted their attempt, 24.1% were happy that they had survived, but 24.1% were angry for their revival.

Our results were comparable with other prospective studies in similar conditions.

### DEPRESSION, HOPELESSNESS AND SUICIDE INTENT IN SUICIDE ATTEMPTS

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112 patients who attempted suicide, included in the study. The objective of the study was to evaluate the relationship of hopelessness, depression and suicide intent. 80 were female and 32 were male. The mean age of the group was  $23.10 \pm 0.73$  (range 15–59). The patients were interviewed in the first 24 hours after their attempt, by a psychiatrist and a psychologist from the team. Hamilton Depression Rating Scale, Hopelessness Scale and Suicidal Intent Scale were given to the patients.

The mean score of Hamilton Depression Rating Scale was  $13.5 \pm 7.4$ , Hopelessness Scale  $10.4 \pm 6.2$  and Suicidal Intent Scale was  $11.7 \pm 6.2$ . Hamilton Depression Rating Scale and Hopelessness Scale, Hopelessness Scale and Suicidal Intent Scale and Hamilton Depression Rating Scale and Suicidal Intent Scale were significantly correlated. ( $r = 0.45$ ;  $r = 0.37$ ;  $r = 0.39$  consequently.)

The negative evaluation of the future is one of the factors of the Cognitive Triad of Depression as seen from the result. The results support the objective that hopelessness is a common factor on depression and suicide.

#### AN INVESTIGATION OF 'EARLY' PSYCHIATRIC READMISSIONS

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The study investigated readmissions to an acute psychiatric inpatient unit within three months of discharge. First, it aimed to establish clinical and demographic risk factors associated with these early readmissions. Second, it aimed to explore and compare the views of readmitted patients and members of their clinical team concerning the cause and possible prevention of these readmissions.

All discharges within a specified period were classified as index discharges. Patients readmitted within three months of this index discharge were compared to a selection of patients who were not readmitted. In addition, semi-structured interviews were conducted, both with readmitted patients and with senior members of their clinical team. Interviews focused on perceived causes of the readmission and on whether or not the readmission could have been avoided.

A statistical comparison between the readmission and non-readmission patient groups found the following factors to be significantly associated with early readmission: number of previous psychiatric admissions, younger age at first psychiatric admission, and discharge against medical advice (AMA) on the patients' previous hospital admission. Of those discharged AMA, a substantial 83% were readmitted within three months. Furthermore, patients discharged AMA were given significantly fewer aftercare referrals than patients discharged with medical approval.

Interviews indicated that staff and patients held broadly similar opinions about the cause of readmissions. The majority of patients (63%) and staff (71%) considered the nature of the patient's illness to be the primary cause of the readmission. However, significantly more patients than staff thought the readmission could have been avoided, usually through increased support services arranged on the patients' previous discharge.

To conclude: Patients who have a number of previous admissions, who were first admitted to a psychiatric hospital at a young age, and who were discharged against medical advice on their previous admission are at increased risk for 'early' psychiatric readmission. Given the complexity of circumstances surrounding premature patient discharge, hospitals may consider offering a range of alternatives (eg, a few days leave) to patients who wish to discharge themselves. The study also confirms the need to ensure adequate follow up support for patients who are discharged against medical advice.

#### ORIGINAL TECHNIQUE OF DEPRESSION SCALING

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The group of thalamic neurons is the part of afferent optic tract and the only one that intermediates color sensitivity. Therefore, the level of color sensitivity threshold at the same moment reflects emotional state of patient. 180 patients with affective disorders were examined. Registration of some parts of light spectrum sensitivity was used. The specific color sensitivity profiles of some basic affects were obtained, the original method of affect evaluation was developed. The simple technical solution is found for clinical practice. The patients were offered to contrast the two-color picture. Illusive distortion levels were obtained. The high precision, validity and reliability of

this method was proved in comparison with Hamilton and Beck scales. The use of this technique for other affects estimation is studying. The proposed method is examining in patients with anxiety disorders.

#### MONOAMINE PRECURSORS, TRANSMITTERS AND METABOLITES IN CEREBROSPINAL FLUID: A STUDY IN HEALTHY MALE SUBJECTS

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*Objectives:* To elucidate methodological aspects of cerebrospinal fluid (CSF) investigations of precursors, monoamine transmitters and their metabolites.

*Methods:* 14 healthy male subjects were lumbar-punctured in the sitting position at the L4–5 level following a strictly standardised procedure. 2 x 6 ml of CSF was drawn with a 0.70 x 75 mm needle.

*Results:* The transmitter metabolites 5-HIAA and HVA (but not HMPG) had concentration gradients. We also found pronounced gradients for the precursors tryptophan and tyrosine, as well as for serotonin, dopamine and the dopamine metabolite DOPAC. Dopamine and atmospheric pressure showed a positive intercorrelation. Age correlated curvilinearly with tryptophan. In contrast, age showed a negatively directed linear correlation with serotonin. Serotonin and its metabolite, 5-HIAA, showed no intercorrelation.

*Conclusions:* Our results suggest an age-dependent activity of tryptophan hydroxylase. The presence of gradients for serotonin, dopamine and DOPAC has to be taken into account. The absence of correlation between serotonin and 5-HIAA is notable.

#### A DELPHI METHOD APPROACH TO DESCRIBING MENTAL HEALTH PRACTICE

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Descriptions of UK community mental health practice are usually confined to generalised macro-level programme descriptions. These encompass a broad range of practice and are of little use in describing and monitoring service delivery.

*Aim:* This study examined whether a Delphi process could be adapted to identify a set of clinician-generated categories with which to classify the common clinical interventions used with severely mentally ill clients in the community.

*Method:* A three round 'conventional Delphi' method was used with practising clinicians as experts. Results from the Delphi process were used in a final discussion group for deciding on the categories. A check for clinical adequacy was performed.

*Results:* The spread of responses to the third Delphi round (analysed by semi-interquartile range) indicated strong consensus. Consensus was present in 37 of the 38 categories (97.4%) and there was a strong consensus in 34 categories (89.5%). A set of ten comprehensive and mutually exclusive categories divided into a total of 44 sub-categories was produced in the discussion group.

*Conclusion:* The Delphi based methodology produced a meaningful set of categories with which to describe mental health care practice. Combined with quantitative techniques, they have great