

Image of disease, are the sample of a paternalistic psychiatry and hinder to reach the real therapeutic alliance.

### P03.447

#### SECONDARY BRAIN DAMAGE WITH HIV/AIDS

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**Background:** The early diagnosis of the infection is a favourable factor from the point of view of further course of HIV/AIDS. Nevertheless, in some patients the diagnosis of AIDS is determined only on the base of clinical symptoms of secondary damage of brain.

**Methods:** The symptoms of secondary damage of brain and the occurrence of neurological and psychiatric symptoms of this damage were evaluated in retrospect in the documentation of all patients of the AIDS centre who had already died of the AIDS disease.

**Results:** Since 1990, 5 patients out of 31 cured patients died. Toxoplasmosis of brain as a complication of course of death was found out in four patients. Brain lymphoma was proved by the dissection of one patient. The AIDS diagnosis was determined on the base of clinical symptoms of toxoplasmosis of brain in two patients of the dead ones. Brain damage in individual cases was shown by organic psychosyndrome, a rapid progression of dementia, states of delirium and epilepsy.

**Conclusions:** The occurrence of serious secondary damage of brain has been delayed as a result of modern treatment of HIV/AIDS. Nevertheless extensive secondary damage of brain can be recorded as the first clinical symptoms of HIV/AIDS.

### P03.448

#### NEURASTHENIA-CHRONIC FATIGUE SYNDROME. THE BASIS AND THE MEANING OF MEDICATION AND OTHER THERAPY

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The term chronic fatigue syndrome (=CFS) is used to describe a clinical entity characterized by severe chronic fatigue and generalized incapacitating of longer than 6 months. This is associated with multiple physical and neuropsychical symptoms. Neurasthenia (ICD 10) has nearly the same diagnostic criteria like CFS. A number of somatic and psychologic hypotheses has been proposed as possible explanations of the cause of neurasthenia-CFS.

We wanted to show the efficiency of "the newer antidepressants", such as SSRI-sertraline (f.o. Zoloft) 50 mg bid, hypericum extract Li 160 (f.o. Jarsin) 900 mg tid and RIMA- moclobemid (f.o. Aurorix) 300 mg bid.

60 patients with diagnosis CFS had been immunologic, internal and psychiatric examined at University Hospital Plzeň. 33 patients were included into the study. All patients have undergone an extensive physical and psychological examination (Cattell 16 PF). We found some typical psychological characteristics in this small subject.

We did not find any other serious abnormality in laboratory tests. Mg ery was low, but there was no statistically significant difference between the patients and controls - 1,600 versus 1,6475 ANOVA ( $p < 0.344$ ).

We recorded improvement in all tests by the patients about 50% in scores of questionnaires. The most significant improvement was

recorded in myalgia (50%) by more than 76% of patients ( $-1.18 \pm 0.73$ ,  $p < 0.0001$  test).

Newer antidepressants (SSRI, herbal antidepressants and RIMA) should be effective in the treatment of CFS. The diagnosis and treatment of CFS should employ a multi-axial approach. The care centers of this patients should be necessary and especially beneficial.

### P03.449

#### PROFILE OF THERAPEUTIC ACTION OF MEXIDOL IN PATIENTS WITH ORGANIC BRAIN INJURY

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The present study aimed to evaluate the clinical pharmacological actions and therapeutic efficacy of Mexidol, a novel agent among 3-oxypyridine derivatives, in patients with emotional lable and cognitive disorders induced by the organic brain injury (F 06.6 and F 06.7 according to ICD-10).

Mexidol at a dose of 500 mg was tested in 15 young patients and 16 elderly patients over 28 days. The average age made  $37.34 \pm 5.87$  and  $58.12 \pm 3.45$  years accordingly. The therapy begun following the 5-7 day placebo treatment. The psychometric scales were employed to assess the action of Mexidol.

Mexidol was found to combine in the spectrum of its action the anxiolytic, stimulating (vegetotonic) and nootropic effects. Applying the MMS scale variables it was shown that the nootropic action of the drug is firstly and mainly realized as normalization of attention focusing and counting performance and short term memory parameters. The reduction of disturbances in the long term memory, performance and self-service occurred by the end of therapy course. The age-related differences in Mexidol action were identified as more pronounced antiasthenic effect in young patients, whereas in elderly subjects the anxiolytic component was displayed more apparently. Mexidol prove more effective in the young patients. No obvious undesirable side effects were detected. Findings from this investigation form the reliable platform for a promising therapeutic potential of Mexidol as an agent for treating the organic CNS pathology and its application in gerontological practice.

### P03.450

#### PHARMACHOTHERAPY AND PSYCHOTHERAPY OF DEPRESSIVE DISORDERS

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**Objective:** Revealing a role of personality traits in choice of methods of treatments of depressive disorder.

**Methods:** Psychopathological, PDQ-IV, and SCL-90, component analysis.

**Results:** 150 depressive patients were examined (F 31, F 32, F 33, F 34.0, F 34.1, F 60). The component analysis has allowed allocating 2 groups. Patients with dependent and borderline traits of personality was characterized deeper sadness, motor retardation, asthenia, prevailing sympathicotonia (F 31 ( $P < 0.005$ ), F 34.0 ( $P < 0.001$ )), and require active treatment tricycles antidepressant. Patients with schizoid, avoidant traits of personality was characterized deep-anxious, depersonalization symptoms persistent somatization, hypochondrial ideation's (F 33 ( $P < 0.01$ ), F 34.1 ( $P < 0.01$ ), F 60 ( $P < 0.05$ )) and require treatment of combination antidepressant (SSRIS) with cognitive therapy. Long-term psychotherapy and stabilising pharmacotherapy is most effective at borderline and narcissistic personality disorder.

**Conclusion:** The choice of methods of psychopharmacotherapy and psychotherapy in the greater degree was determined by pre-morbid traits of personality.

### P03.451

ANTIDEPRESSANTS FROM DIFFERENT CHEMICAL GROUPS IN TREATMENT OF MODERATE AND SEVERE DEPRESSION: CLINICAL AND NEUROPHYSIOLOGICAL ACTIONS

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107 patients, aged 20–42, with depressive episode (38.3%), recurrent (53.3%) and bipolar (8.4%) depressive disorders, were treated with amitriptyline (n = 25), tyranepine (n = 28), fluoxetine (n = 32) and moclobemide (n = 22). Depression severity was assessed by clinical examination as well as by the HAM-D Rating Scale', CGI Scale' and Scale' of Adverse Effects screening, collected on the 10<sup>th</sup>, 20<sup>th</sup> and 40<sup>th</sup> days of the treatment. Computer brain-wave mapping was recorded before the therapy and on its 20–21st days. Control group consisted of 25 healthy people. The results of the trial showed tyranepine, fluoxetine and moclobemide to be as effective as the standard reference antidepressant-amitriptyline, although each of above-mentioned drugs had its own advantages and shortcomings.

Brain-wave mapping of depressed patients showed the zones of "increased" activity in the right temporal fields and those of "decreased" activity in the left temporal fields. All used antidepressants produced both-similar (core pattern) and different effects on the brain electric impulses at the same time. All used agents caused the elimination of delta-rhythm' interhemispheric asymmetry, beta-index reduction in the right temporal zones and bilateral decrease of alpha-index in occipital zones. Differences in the drugs neuro-physiological action reflected their specificity. Establishing clinical-neurophysiological correlations enables researchers to reveal some principles of depression pathogenetic mechanism as well as studied antidepressants effects on the depressive illness.

### P03.452

NEW APPROACH TOWARDS A CLASSIFICATION OF ORGANIC BRAIN DISORDERS ACCORDING ICD-10

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**Background:** We propose a suggestion for an alternative classification of organic mental disorders due to our meaning the present approach to the group of these disorders is to some extent influenced by what may be called reductionistic approach considering etiology and pathogenesis.

We suppose that nosological diagnosis is fully reasonable in this group of disorders due to the fact that brain disturbance is basic and primary reason. Syndromological diagnosis however justifiable and sufficient does not fully represent this clinical entity and therefore it is not equal with psychiatric clinical diseased reality.

Therefore we offer following subdivision of this group of disorders: F00. NOS disorders, F01. Mental disorders due to brain disturbances, F02. Mental disorders due to brain trauma, F03. Somatogenic disorders due to... (indicate the general medical condition), F04. Intoxication disorders (including industrial intoxication), F05. Mental disturbances due to external/environmental conditions, F06. Behavioral disturbances due to disturbances of physiological functions and somatic factors, F07. Gender-related mental disturbances in women, F08. Psychosomatic disorders.

**Conclusion:** The aim of our approach is to stimulate the discussion about current classification systems and to make an attempt to support the effort to create more precise diagnostic system that will better correspond with the current level of knowledge.

### P03.453

FEATURES OF CLINICAL PATTERNS OF SUICIDAL BEHAVIOUR IN MENTAL ILL PATIENTS WITH POST-TRAUMATIC BRAIN LESIONS

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**Abstract:** Subjects of the study were patients aged 30–70 y.o. with posttraumatic brain lesions which attempted suicide from October, 1998 through October, 1999. The length of follow-up did not exceed three years. The prevailing syndromes in suicides studies were distributed as follows:

1. neurosis-like syndrome – 38 cases
2. verbal hallucinosis – 21 cases
3. psychopathic-like syndrome – 8 cases
4. paranoid syndrome – 3 cases.

Based on the life and disease history, mental status, analyses of suicidal behaviour, examination of suicide messages, post-suicide follow-up we identified three different clinical types of suicidal behaviour in patients with post-traumatic brain lesions:

1. infantile-primitive – 33 cases
2. affective – 19 cases
3. psychological – 18 cases

In conclusion, examining relationships between suicidal behaviour and a set of intrinsic and extrinsic factors offers an opportunity to forecast suicides. The risk of completed suicide depends on the combinations of clinical, social, psychological, environmental and individual factors. Criteria for suicide risk should be rested on the concepts which ave cause-effect relationships with the phenomenon studied. The individual "markers" of suicide risk are "located" in personal motivation sphere.

### P03.454

DEPRESSION REDUCES THE HEALTH-RELATED QUALITY OF LIFE

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**Objective:** To determine if there are differences in the health-related quality of life of major depression outpatients and comparably in normal population sample.

**Method:** 165 outpatients with major depression and 165 age- and gender-matched controls from a normal population sample were compared assessing their quality of life by the RAND-36, a self-report instrument.

**Results:** Statistically significant reductions in RAND-36 scores of major depressive patients were seen in both genders in all of the eight domains of the RAND-36 compared with matched controls.

**Conclusions:** Because health-related quality of life is markedly reduced in major depressive outpatients, these aspects have to be addressed in the treatment of depression.