

after the promulgation of the Projects Objective 1994–96 and 1998–2000 on the cultural, professional, organizational and technical ground, with meaningful repercussions on the behavior and on the same professional identity of the operators, particularly of the psychiatrist. Some aspects became more important, as the definition of homogeneous minimal levels in assistance, individualization of the priorities of intervention in relation to the totality of the question (the problem of the severe patients), standardization of the procedures of operation of the services (when and how to effect a performance), analysis of the loads of the job, evaluation of the services and the performances in relationship to the levels of structure/process/activity, introduction of guidelines for a better technical appropriateness of the interventions, definition of packets of indicators for monitoring activity, introduction of specific managing techniques, planning of the objectives, negotiation of the budget, etc.

Our contribute, departing from an analysis of the impact of these elements on culture and on the territorial psychiatric practice will face particularly some aspects:

the organization of our job for objectives;

the disease management for the taking care of the serious mental troubles;

the objectives and the tools of psychotherapy in the public services; the procedures and the indicators for the evaluation of the assistance on the territory.

Such problematics will be faced on the base of experience matured in the Mental health Department of Genoa, Italy, through a critical analysis of potentialities and difficulties.

## P26.08

The increasing importance of psychology in the determination of the ecological problems

V. Durcik<sup>1</sup>\*, D. Ignjatovic<sup>2</sup>, M. Ignjatovic<sup>2</sup>. <sup>1</sup>Technic University, Faculty of Ecology & Environment, Zvolen; <sup>2</sup>Policlinic Psychiatric Out-patient Department, Banska Bystrica, Slovak Republic

At the present time the problem of the human health in the interaction of man and environment reaches global dimensions. Scientific and technological progress brings big pressure on population, which is conditioned by physical factors, chemical illness, new technological trends and psychological factors too. They have serious repercussions/after effects/for a beginning/genesis/of the civilised diseases/disorders. For the future will be determined by progress in biology and especially in psychology and ecology. It will be continued development trend of genesis of frontier academic disciplines, among which is included the genesis of an ecological psychiatry too. It is in line with a primary sending of department of the psychiatry – prevention, diagnostics and therapeutics of the mental disorders.

## P27. Mental retardation

### P27.01

Early detection of psychosis in mentally retarded: particularities

F.T.K. Schultze-Lutter. *Central Institute of Mental Health, Mannheim, Germany*

Contradicting Kraepelin's notion of a 'Pffropfschizophrenie', studies indicate that mental retardation and schizophrenia are distinct entities, yet there is broad consensus on an increased risk of schizophrenic disorders among the mentally retarded of about 3% point prevalence.

For schizophrenia, it was shown that it can be identified by subtle self-experienced deficits especially of information processing and perception – as assessed with the 'Bonn Scale for the Assessment of Basic Symptoms – BSABS'.

Comparing persons with schizophrenia, mild mental retardation, both diagnoses and controls for BSABS subsyndromes, schizophrenics with and without mental retardation did not differ, but reported more information processing, perception and proprioception disturbances than mentally retarded and controls. Stepwise logistic regression showed that information processing and perception disturbances separated schizophrenics from controls, but not from mentally retarded that were separated best by disturbances of body perception and feelings of alienation.

The results support the prior notion that the basic course of schizophrenia in mentally retarded indeed is not altered, but indicate that for an early detection in this group different disturbances than in intellectually undisturbed persons should be focused.

### P27.02

The psychopathological phenotype of Velo-Cardio-Facial Syndrome

W.M.A. Verhoeven\*, S. Tuinier, A. Vogels, A. Swillen, L.M.G. Curfs, J.P. Frijns. *Vincent van Gogh Institute for Psychiatry, Venray, The Netherlands*

Velo-Cardio-Facial Syndrome (VCFS) is a common genetic disorder associated with deletions on the long arm of chromosome 22, denoted as del22q11. VCFS was originally described in 1978 and its clinical phenotype is characterized by a variable degree of intellectual disability, cardiac anomalies, pharyngeal hypotonia and cleft palate, abnormal facies, thymic hypoplasia and hypoparathyroidism.

The behavioural phenotype in childhood and adolescence comprises social withdrawal, a special attachment to mother or other caregivers, poor social skills, emotional instability, affective problems, anxieties and attention deficits. In patients after adolescence a high prevalence of psychiatric illness is reported including psychotic disorders especially schizophrenia-like psychoses and bipolar spectrum disorders.

The patients included in the present study were referred for psychotic deterioration and recruited from the outpatient VCFS clinic of the Center of Human Genetics, Leuven, Belgium (n=8) or from the consultation department of the first author (n=8).

The behavioural phenotype was characterized by oppositional behaviours, clinging to mother or caregiver, social withdrawal, aggression and compulsive behaviours, whereas the actual psychopathological phenotype comprised anxieties, affective instability, mood swings, obsessive-compulsive symptoms, ideas of reference, paranoid ideation and auditory hallucinations. In none of the patients treatment with psychotropics and/or mood stabilizers resulted in a sustained symptomatic improvement. Thus, the most adequate diagnosis is Velo-Cardio-Facial Psychiatric Syndrome.

### P27.03

Hyponatremia during carbamazepine therapy in the learning disabled

B. Kelly\*, J. Hillery. *Stewarts Hospital Services Ltd, Dublin, Ireland*

**Objectives:** To determine the prevalence of hyponatremia during carbamazepine treatment in the learning disabled; to investigate risk factors and clinical features of hyponatremia in this group.