Conclusion: Homelessness is associated with an early age at onset of alcoholism, frequent admissions for detoxification, high prevalence of psychiatric comorbidity. Proper detection of psychiatric comorbidity and intensive treatment of alcoholics with early onset is needed

FC44-4
DUAL DIAGNOSIS: A SURVEY IN PARIS AREA

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Comorbidity between addictive behavior (concerning alcohol or other drugs) and mental illness, also called "dual diagnosis", has been a major subject of research in the USA during the last decade. Figures reported for addictive behavior prevalence among patients treated for mental illness have been estimated between 20 and 75%. In schizophrenic patients, addiction is a source of treatment resistance and increases the use of health care resources.

This study is an extension of the survey on drug addiction performed by the SESI (Statistical Department of Ministry of Health) in November 1996.

428 dual diagnosis patients, reported by 34 sector community mental heath teams, were studied in terms of diagnosis and treatment. Schizophrenia appear as the most frequent diagnosis (44%), followed by personality disorders (34%), and affective disorders (22%).

Dual diagnosis patients, when hospitalized, have longer and more frequent stay. Implications of these results in terms of treatment are discussed

FC44-5
DETERMINANTS OF REPORTED AMNESIA FOR THE OFFENCE IN 246 DEFENDANTS

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Introduction: Inability to remember the circumstances of the offence is frequently claimed by defendants in court and may be difficult to evaluate by the psychiatric expert for its subjective nature.

Methods: Data from psychiatric examinations of 246 defendants were analysed to detect parameters that influence the ability to remember the offence. Bivariate correlations were supplemented by logistic regression analysis to determine the relative contribution of alcohol, crime category and other possibly intervening variables on memory loss.

Results: 28.9% of the population claimed partial amnesia for the circumstances of the crime, 10.2% reported full amnesia. Alcohol intoxication which was present in 65.9% of defendants showed an influence of memory impairment that increased with level of intoxication, but other variables, notably the type of offence, also influenced the occurance of memory loss. Logistic regression analysis revealed that different parameters influence the two types of amnesia: Partial amnesia was significantly predicted by alcohol intoxication at the time of the offence (odds ratio 2.7, $p = 0.01$) and independently by a diagnosis of alcohol dependancy (odds ratio 2.0 $p = 0.04$). Reported complete amnesia was best predicted by a violent crime (odds ratio 5.05, $p = 0.03$) but only marginally by alcohol intoxication at the time of offence (odds ratio 2.95, $p = 0.07$).

Conclusions: We conclude that there might be different mechanisms leading to partial and complete reported amnesia respectively. Whereas partial amnesia was mainly explained by alcohol intoxication at the time of the crime and a diagnosis of alcoholism, total amnesia was primarily predicted by presence of a crime of violence and only weekly related to alcohol intoxication. Thus total amnesia may be a more complex phenomenon with psychological and intentional factors contributing.

FC44-6
CROSS-CULTURAL COMPARISON OF LAY VERSUS PROFESSIONAL CONCEPTS OF ALCOHOL USE. A NINE-CULTURE STUDY

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There is a great deal of data recognizing that cultural factors play an important role in assessment, diagnostic, and therapy of mental disorders. WHO/NIH Joint Project on Diagnosis and Classification of mental Disorders, Alcohol- and Drug-Related Problems aimed to explore those cultural factors relevant for identification and description of substance use disorders and the extension to which cultural factors may influence the assessment process, bridging the "gulf" between lay and professional concepts of illness.

The underlying assumption in this study is that lay concept of illness and health occur within a particular culture that fundamentally are rooted in beliefs, attitudes, and actions surrounding illness and healing. Cross-Cultural Applicability Research (CAR) Study was devoted to provide ethnographical evidence about applicability of words, terms and concepts used in WHO assessment instruments for alcohol use and related problems (CIDI and SCAN).

Nine centers from different culture, language and religious have been participated in the CAR study: Ankara (Turkey), Athens (Greece), Bagalore (India), Flagstaff-Arizona (USA), Ibadan (Nigeria), Jebel (Romania), Mexico City (Mexico), Santander (Spain), and Seoul (Koreea). This study used the data obtaining from two ethnographic studies: key informant interview and focus group. Both were designated to elicite more expanded information about cultural constituencies of concepts and terms already used in the diagnosis of alcohol use disorders.

The paper built an appropriate frame toward "demistification" of the diagnostic process of alcoholism and its item criteria. Each diagnostic category (harmful use, abuse and dependency syndrome, withdrawal state) and item criterion (tolerance, loss of control, craving, progressive neglect, time spent, etc) is put face-to-face with lay meaning in these nine cultures, highlighting the cultural appropriateness of each of them and shaping an dialogue. The importance for assessment process is discussed in the end.

FC44-7
DOES PSYCHIATRIC MORBIDITY HAVE A ROLE IN INCREASING SMOKING LEVELS IN THE COMMUNITY?

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Background: The proportion of smokers has decreased by 40% over the past 20 years but 27% of the British population still smoke and they are more likely to be nicotine dependent. Psychiatric morbidity in nicotine dependent smokers is associated with failure to cease smoking in smokers' clinics. Could psychiatric morbidity which is common in the general population, such as anxiety and

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mild depressive disorders, also be associated with continuation of smoking in some smokers in the community?

Aims: 1. Whether psychiatric morbidity 12 months ago is associated with increased smoking 2. Whether worsening psychiatric morbidity during a 12 month period is associated with increased smoking.

Method: the design was a prospective panel cohort study of a community sample aged 16–75 years. A secondary analysis of the British Household Panel Data which has five annual waves of data with 45 341 records on 12057 individuals. Repeated observations on number of cigarettes smoked and psychiatric morbidity, as measured by the 12-General Health Questionnaire (cut off score = 3), were used to measure changes in smoking and psychiatric status. The associations between increased smoking from the previous year (by 5 or more cigarettes/day) with a history of psychiatric morbidity 12 months ago and with worsening psychiatric morbidity were tested using classical, regression and clustering methods. Confounding by age, sex, socio-economic status, educational level, marital status and health problems were accounted for.

Results: Increased smoking was weakly associated with previous psychiatric morbidity (adjusted OR 1.12, 95% CI 1.00 to 1.25, p = 0.046). Current psychiatric morbidity had a stronger association with increased smoking (adjusted OR 1.34, 95% CI 1.20 to 1.50, p < 0.0001). Worsening psychiatric morbidity over one year was associated with increased smoking (adjusted OR 1.25, 95% CI 1.09 to 1.42, p = 0.001).

Conclusions: Psychiatric morbidity, particularly current, makes a small contribution to increased smoking in the general population. Repeated observations on the same individual is a useful epidemiological approach to understanding the mechanisms between smoking and psychiatric morbidity.

S45. Bipolar disorders

Chairs: J Angst (CH), M Maj (I)

S45-1
GENETIC ASPECTS OF BIPOLAR DISORDERS

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The recent advances in molecular genetic techniques, applied to linkage and association methodologies and the use of candidate genes and polymorphic markers have contributed to underline some promising DNA regions of susceptibility in the etiology of affective disorders. These include markers on chromosomes **X, 18, 5, 4, 21, 11 and 17.** Some of these DNA regions contain candidate genes implicated in central nervous system neurotransmission. The lack of replication between studies has often been attributed to the genetic heterogeneity which is now well recognized in behavioral disorders. Molecular genetic studies in affective disorders have recently extended beyond the field of classical DNA markers by studying dynamic mutations such as trinucleotide repeat expansion, which may play a role in phenomenon of anticipation clinically observed in some families of patients with affective disorders. These new molecular studies will be discussed in relation to gene-environment interactions and therapeutic implications.

S45-2
ASSORTATIVE MATING IN BIPOLAR DISORDER

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Objective: It has long been observed that persons do not select their mates at random within the population but rather choose persons physically and psychologically similar to themselves. Studies on the occurrence of assortative mating with respect to psychiatric disorders and personality have reported contradictory findings, most likely as a result of differences in study methodology. In the context of an ongoing family study of treated bipolars, we compared the rates of lifetime psychiatric diagnoses in spouses of bipolar probands and normal controls.

Method: Both proband and spouse DSM-IV Axis I diagnoses (including childhood diagnoses) were derived from the semi-structured Diagnostic Interview for Genetic Studies or, in the case of spouses who refused to be directly interviewed, from a modified version of the Family History-Research Diagnostic Criteria.

Results: Spouses of male bipolar probands had significantly higher rates of affective and overall psychiatric diagnoses.

Conclusion: Mating type is an important element to consider both in treatment settings and family study research on bipolar disorder.

S45-3
EPIDEMIOLOGY, VALIDITY AND COMORBIDITY OF MILDER BIPOLAR SUBGROUPS

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The scope of most epidemiological studies on bipolar illness has been limited to bipolar I disorder, with the largest studies having found a lifetime prevalence rate of 1.2 to 1.6%. However, less is known about the prevalence of bipolar II disorder (0.5 to 1.0% or more) and cyclothymia (1.5 to 2.8%). A Hungarian study and our Zurich Study found DSM-mania/hypomania in 5% of the population, while, in addition, the Zurich Study identified brief hypomania in a further 2.2%.

All subgroups of hypomania and mania can be regarded as constituting a spectrum subdivided artificially by operational criteria (severity, length, frequency). In line with the spectrum concept, the Zurich Study data showed that the milder subgroups had very similar symptom profiles and comparable validity. Hypomania and brief hypomania were shown to overlap to a very great extent with diagnoses of depression (especially atypical depression), a history of suicide attempts, with panic disorder, GAD, obsessive-compulsive syndromes and with substance (including tobacco and cannabis) abuse. Hypomania was also associated with binge eating, menstrual, gastrointestinal, respiratory and cardiovascular symptoms and, paradoxically, with neurasthenia, but not with backache or migraine. Hypomania showed a family load of mood disorders, elevated levels of self-induced stressful life events, high divorce rates and diminished quality of life. The personality features found were: cyclothymic (30 to 40%) or anxious personality traits and elevated neuroticism scores and, on the other hand, sociopathic features, with truancy in childhood/adolescence, elevated aggression scores and a risk of delinquency in adult life.

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