

tablet 3 times/day (37.5 mg) on the third day of treatment. From the third day all patients reported the significant decrease in the level of anxiety, tension and severity of obsessions; mood improvement was registered in majority of cases with feeling of emotional comfort. Such dynamics permitted patients to function more productively and to show positive approach to problems solving. In such a way, tianeptine proved to be an effective mean for the treatment of neurotic states with depression, without excessive sedation, that makes it valuable for out-patient service.

P03.374 VISUO-SPATIAL FUNCTIONS IN THE SCHIZOPHRENIC SPECTRUM

M.C. Hardoy*, M.G. Carta, M.J. Hardoy¹. *Institute of Psychiatry, University of Cagliari, Cagliari; ¹Department of Neurological and Psychiatric Sciences, University of Florence, Florence, Italy*

Objective: This preliminary study investigated the function of the visuospatial processing in psychotic disorders with a task that had no memory component, but rather required judging the orientation and the location of lines.

Method: A sample of 30 DSM-IV schizophrenic patients, 15 patients with Delusional Disorder and 42 age, sex and educational level-matched controls was assessed elemental visual spatial processing abilities employing the Benton's Judgment of Line Orientation Test (JLO).

Results: Mean scores between groups showed an ability gradation. Controls were on the first rank followed by patients with Delusional Disorder followed by schizophrenic patients. Different levels of performance between groups with a low overlapping of specific ranges was demonstrated. The JLO had an excellent discriminant capacity between groups, a good sensitivity and specificity.

Conclusions: Data seem to suggest a sort of continuum between "normality" and the schizophrenic psychosis. Changes on test performance appear to be present in variable degrees throughout the whole distribution of patients. Further studies are recommended.

P03.375 THERAPY TREATMENT-RESISTANT DEPRESSIONS

G. Mazo. *Bekhterev Psychoneurological Research Institute, St. Petersburg, Russia*

The aim of this trial is study of efficiency selective serotonin reuptake inhibitors (SSRIs) at therapy treatment-resistant depressions.

The trial included 60 patients had a history of Amitriptylin treatment nonresponse. All patients have received treatment course of adequate doze of Amitriptylin (175–300 mg/day) before beginning trial. Duration of previous treatment was 8 weeks. All patients have been investigated in the present study met criteria DSM-IV major unipolar depressive disorder. The patients were treated by SSRIs - Fluoxetine (Lilly), Fluvoxamin (Duphar), Sertraline (Pfizer). Trial lasted 8 weeks, after wash-out period of 7 days. Hamilton Rating Scale for Depression (HAM-D₁₇) was used to assess the mental state. The criterion of good therapeutic effect was the decrement in HAM-D₁₇ at least more than 50%. These patients composed the group of responders.

The searching of optimization ways therapy was conducted in two directions. There was use switching from TCA to SSRIs in first groups (45 patients. The SSRIs-TCA combinations were use in the second group (15 patients). The 22 patients (48.8%) have reacted positively on monotherapy SSRIs in first groups. Besides, 2 patients were registered selective sensitivity to Fluoxetine. Condition of patients was worsened after switching from Fluoxetine to other

preparations (including other SSRIs) after the completion of study. Recurrent purpose Fluoxetine had a positive effect.

The 14 patients of the 15 were registered positive result of therapy in second group.

So, the SSRIs are efficient to some of patients treatment-resistant at therapy Amitriptylin. The SSRIs-TCA combinations therapy is more method at therapy treatment-resistant depression.

P03.376 TO PHILOSOPHIC STATEMENT OF A QUESTION ABOUT MENTAL HEALTH IN RUSSIAN CULTURE

V. Skavych. 129329, *Moscow Private Clinic 6, Kolskaja Street 2, Moscow, Russia*

We mustn't give definitions of the particular from the point of Logic without knowing the definition of the general. Without having no definition of Man's health we mustn't give any interpretation of his diseases, that is declinations from the normal state. In the manuscript titled "A book about a soul" (Kitab an-Naphs) by Abu Ali Ibn Sina there are such words: "Knowledge about the particular exists only to knowledge of the general. The correct way of learning is to give first of all some information about "soul", and then some information about "body", than to speak at first about "body" and then about "soul". For the usefulness of learning emotional states is more important than the usefulness of learning "body" so that to learn the state of "soul", though each of them helps each other". In the treatise "Kitab al-Isharat" Ibn Sina wrote the following: "Logic of a Man means his canon weapon, and applying this weapon a man can defend his thought from not being in error or delusion... The way of learning X is through the well-known, but even knowing it is impossible to sought for the unknown quantity if there's no way, which could lead to this unknown quantity."

Monach Avvakum (XVIIth century) said: "Be with Your intelligence, and I will be with my Apostolic foolishness". We think that "Mental Health" means some religions approach to things. For atheism - is some way of religious thinking. The absence of philosophy is by itself some definite philosophy. There are the similar ideas said L.S. Vygotsky in his famous monography "Thought and language". Mental Health - is a harmonic trinity of three notions, three rhythmic in a Man, as its pictured in Holy Trinity by monach Andrey Rublev (XIVth century). We discover isomorphism-trinity in microcosmos and macrocosmos, as well as in a person and in a nation: 1) general religion - spirit, 2) general language - soul, 3) general body - blood-family relations.

P03.377 RUSSIAN PSYCHOANALYSIS MUST CORRECT THE FREUD'S MISTAKE

V. Skavych. 129329, *Moscow Private Clinic 6, Kolskaja Street 2, Moscow, Russia*

Freud made a mistake on considering religion to be "collective neurosis". The rituals of an neurotic are similar from the first glance to the religious ones but it doesn't mean at all that religion is a "massive neurosis". Freud also made a mistake when he gave up hypnosis, that is to treat people by suggestion and by gaze. There are such ideas that you may find with Ibn Sina. Avicenna's words are the following: "It goes without saying that in metaphysics that primacy matter of this world is subjected to soul and intelligence and that a way of thinking that appear in our soul, is a source to some extent of these images in this world. ...But a soul of Man is weak. And though a soul is weak, but it is like a world soul according to some actions. A soul of Man is out of a man's body,