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EXPLICIT AND IMPLICIT MEMORY TESTING: A NEW CLINICAL TOOL

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Memory impairment is a common feature in a large number of clinical entities and valid tests to explore the various components of memory function are a useful clinical tool. Existing memory tests usually concentrate on only one aspect of long-term memory functioning, i.e. explicit memory while ignoring implicit memory. In addition, they rarely provide normative data for people over the age of 70.

Objective: (i) to provide a test combining the evaluation of both explicit and implicit memory; (ii) to provide normative data for the memory functioning of normal individuals between the ages of 20 and 95.

Method: A test was created comprising two explicit (free recall and recognition) and two implicit (priming tasks) memory measures. Participants were 256 healthy subjects assigned to one of eight age groups (32 subjects per group),

Results and conclusions: (i) there is an age-related decrement in the two explicit memory measures; (ii) there is an age related reduction in one of the implicit memory tests only. It was concluded that the data is useful to provide stratified norms of memory functioning that (i) cover a larger age range than usually available, and (ii) including implicit memory measures.

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CORRELATIONS BETWEEN EEG-MAPPING AND CEREBRAL CIRCULATION IN PATIENTS WITH ALCOHOLISM

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EEG was registered in frontal, pariental, occipital and temporal regions in both hemispheres (10-20 system, monopolar montage against common reference). EEG-maps and cerebral circulation were analyzed in 30 healthy subjects and 23 patients with alcoholism (men between the ages of 28 and 40). Cerebral hemodynamics were based on assessment of rheoencephalographic parameters including vessels filling with blood in the system of a. Carotis (Cc); also in the a. Vertebralis system (Cv); the tone of distributory arteries (V1); tone resistant arteries (V2); the asymmetry of blood filling of vessels (AS); and the condition of venous outflow (MK). Coefficients asymmetry (CA) showed a greater hemispheric asymmetry of spectral power in the alfa band in occipital regions of normal subjects. This is decreased in patients while CA of beta, theta and delta rhythms increase in the anterior regions of the brain (particularly the frontal and temporal). The decreases in Cc and in particular, Cv were caused mainly by changes in V2. The majority showed considerable AS due to the predominance of angiospasm in the right hemisphere. They also showed restrained MK especially in the basal regions.

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THE EFFECT OF HYPERBARIC OXYGENATION IN THE TREATMENT OF ALCOHOL ABUSE AND NARCOMANIA

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The objective of the study was to evaluate the efficacy of hyperbaric oxygenation as a non-medicamentum method of treatment in patients with alcoholism and narcomania associated with somatic diseases

Methods. Hyperbaric oxygenation was used in the treatment of 340 patients with alcoholism, narcomania in the postintoxication and withdrawal periods; 291 of these were alcoholics and 49 opium narcomaniacs. Control group included 185 patients who received drug therapy alone.

Results Exposure to hyperbaric oxygenation had a favorable effect on the patient's status during sessions and persisted for some time after them. Patients with different premorbid symptoms and initial status experienced tranquilizing or bioenergizing effects of hyperbaric oxygen A comparative clinical and psychopathological examination of patients in both groups showed accelerated reduction of psychoneurologic and somatovegetative disorders, this bringing about an approximately two-fold decrease of treatment duration and preventing the development of complications. The parameters of central hemodynamics normalized and myocardial status improved, which allowed to prevent the development of cardiovascular decompensation.

Conclusions Such a favorable time course of events appears to be due to the antihypoxic detoxifying and bioenergetic effects of hyperbaric oxygen

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ONSET OF RESPONSE TO CLOMIPRAMINE TREATMENT

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Efforts towards consensus definitions in terms of major depression have led to an emphasis on the need to distinguish between symptom severity and time course of symptom changes. The present study has proceeded through survival analysis to investigate this latter aspect in a cohort of 98 patients who received clomipramine and who were evaluated for depressive symptoms (MADRS scale) and occurrence of adverse effects (UKU scale) every 10 days over a median 43 day follow-up period (range 13-116). At discharge, the median dose of clomipramine was 100 mg/day) (range 50-250). The median most recently measured showed a concentration of 172 ng/ml (range 21-658).

Whereas the median time for response (50% improvement on MADRS scale) was 31 days, the probability of non-response after 12 weeks was 15.4%. Alternative the medical time for remission (MADRS score $\leq$ 10) was 52 days with a 28.7% probability for patients to remain symptomatic after 12 weeks. Neither initial depression severity nor anxiety significantly influenced these figures. Further analysis indicated that improvement may occur in two phases with an earlier phase ($\leq$ 3 weeks), possibly non specific to treatment modalities, and a later phase significantly influenced by antidepressant medication and patient compliance. Of relevance to clinical practice is that about 30% of patients may be characterized by delayed onset of response to clomipramine therapy.

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