

the subjects were being treated on a ward with a milieu based on a therapeutic community model, that specialises in psychotherapeutic interventions.

Twelve young adult male patients, defined by structured interview for personality disorder and clinical diagnosis for mental illness, participated in the week long dramatherapy project. They were evaluated using self-report questionnaires (an Anger Inventory tailored to the maximum security hospital environment; the State-Trait Anger Expression Inventory) both before and after the week, as well as at three month follow-up.

The main result was that measured levels of anger significantly reduced from before to after the theatre week. This improvement was maintained at three month follow-up. There was an associated increase in the frequency of attempts to control the expression of anger.

Our conclusion is that a dramatherapy project within a psychotherapeutic environment may be an effective treatment modality for reducing anger levels in young mentally disordered offenders.

PSYCHOPATHOLOGY AND COGNITIVE IMPAIRMENT IN MYOTONIC DYSTROPHY

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Introduction: Myotonic Dystrophy (DM) is primarily considered a neurological disease characterized by myotonia and muscle weakness. Psychiatric manifestations and cognitive impairment have been considered important aspects of this disease. However, most studies of these features were performed on comparatively severely affected individuals with unequivocal clinical diagnoses. The recent discovery of the DM mutation, a trinucleotide repeat expansion, has allowed us to ascertain and study subjects with milder disease. Thus, we could exclude the confounding effects of low intelligence and severe disability associated with congenital and early childhood onset disease.

Aims: To delineate and characterize the psychopathology and cognitive features of milder cases of DM and to investigate the relationship between the size of the trinucleotide repeat and any impairment. Psychopathology in DM subjects was compared with that in Charcot-Marie-Tooth disease, another genetic and peripheral neurological illness in order to establish if these manifestations were primary rather than secondary to the muscle disease.

Results: We found no excess of major depression in the DM patients, in contrast to previous studies. However, apathy was a prominent feature of DM in comparison with Charcot-Marie-Tooth disease. Hypersomnolence was also a common symptom specific to DM, but showed no correlation with apathy. Our data suggest that apathy and hypersomnolence are distinct and independent primary symptoms resulting from the DM mutation, as opposed to being secondary to muscle weakness and/or disability. Contrary to previous findings we do not confirm an impairment in general intelligence. A previous study suggested severe impairment of executive function. In this study two out of three executive function tests revealed tendencies towards impairment, which were of borderline significance. Although the DM subjects were of normal intelligence as a group, there was evidence of impairment of memory function using the Rivermead Behavioural Memory Test. This suggests that memory function may be more sensitive to small CTG repeat expansions than general intelligence.

Conclusions: Apathy is the most striking psychopathological feature in DM. Intelligence is normal in milder DM although a downward shift in memory function in the group as a whole was observed.

INTRODUCTION TO THE PSYCHIATRIC PROBLEMS AND MENTAL HEALTH IN LITHUANIA

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Lithuania is a newly discovered country for many people in the world. For a long 50 years of Soviet occupation Lithuania had not been mentioned on the world's map. We were locked away from any communication. Only the KGB examined persons were allowed to visit us from overseas. Attention needs to be given to the fact that idealized culture not reality had been presented to the world all these years. The real cultural stress, conflicts, existing climate of fear and tension, influences that had been sending a person to therapist- all these were carefully locked away from the world. We always had to control ourselves as we knew what we could express, what verbalize and what we could not. Thinking and feeling were of one contents but verbalizing of another. From here paranoia and depression were spreading from person to person. God was taken away from us. We were praying secretly. It was a crime. Psychotherapy had not been supported because of the intention to prevent people from thinking and analysing processes.

Still a law of mental health is not accepted. There is no social psychiatry in the Republic at all. All the social work has to be done by a physician. The payment for a doctor is \$70 per month.

Currently the psychiatric services in the Republic of Lithuania are provided by the Ministry of Health, the Ministry of Social Welfare and to some extent by the Ministry of Culture and Education. The strongest component of psychiatric services still remains in-patient. To sum up, for several decades the state hospitals fulfilled the functions for society of keeping mentally ill out of sight and thus- out of mind. Unfortunately the ways in which state hospitals achieved this structure, led to everyday abuses that have left scars on the psychiatric services and the mental health services on the whole. Only socially and politically neutral scientific investigation have been carried out during these five decades in Lithuania. Research projects have not been financially supported by governmental or other resources and was supposed that scientific investigation is the personal problem. The same situation lasts until today.

The radical changes in all fields in Lithuania stimulated the growing awareness among psychiatrists that they themselves must be responsible on a professional group for the future of Lithuanian psychiatry.

ACUTE ALCOHOL INTAKE: RELATIONSHIP BETWEEN NEUROPHYSIOLOGICAL PARAMETERS AND PERFORMANCE TASKS

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It is known that ethanol acts as a depressor of CNS and induces impairment in different performance tasks. The results of experiments with single neurons, with animals *in vivo*, and electroencephalographic recordings show that ethanol depresses neuronal electric activity. However, these effects have been shown to depend of the doses used, post-ingestion time, and cerebral zone studied. Therefore, the establishment of correlations between the electroencephalographic activity registered and the task performance, considering different doses, times post-ingestion and electroencephalographic derivations could contribute useful information to clarify these effects. To this end, in our work twelve young men were used as experimental subjects with cross-over design and three experimental conditions (placebo, 0.4 g/Kg y 0.8 g/kg). Every ten minutes, the subjects performed perceptive-motor tasks, and electroencephalographic recordings were