

**P14.08**

## Attachment styles and cognitive functions in eating disorders

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A poor quality of the patient/parent relationship, as well as the presence of cognitive dysfunctions, have been reported in eating disorders (EDs). However, no study has explored the relationships between attachment style and cognitive functions in EDs. In the present study, neuropsychological indices and attachment style, as well as their relationships, were evaluated in 50 drug-free ED patients (34 bulimics and 16 anorexics) and 49 healthy controls.

The neuropsychological battery included tests exploring executive functions, attention/short term memory and automatic learning. Attachment styles were investigated by means of the Bartholomew Scale, the Attachment Style Questionnaire and the Parental Bonding Instrument.

Compared to controls, ED patients showed: 1) a higher accuracy on tests evaluating executive functions, and a slower performance on the non-verbal automatic learning test; 2) higher levels of insecurity in their relationships with both parents and peers.

In ED patients, a low paternal care was associated with a less accurate execution of the non-verbal automatic learning test. Our results suggest the presence in ED patients of an insecure attachment style associated with a dysfunction of non-verbal automatic learning.

**P15. ECT****P15.01**

## ECT for patients taking lamotrigine

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ECT remains the most powerful antidepressant treatment for many patients with bipolar disorder. Anticonvulsive agents are among the novel mood stabilisers used in long-term prophylaxis. Their anticonvulsive activity complicate ECT administration. Lamotrigine, an antiepileptic drug, may have genuine mood stabilising properties, and is often used in bipolar disorders. Nothing has yet been published on ECT administration for patients on lamotrigine. We present two patients with treatment resistant bipolar depression, who received ECT with the Thymatron DGx apparatus while taking lamotrigine. One had unilateral ECT, the other received bifrontal stimulation. Standard unilateral ECT with stimulus charge set according to the patient's age tended to give unsatisfactory seizures. To achieve generalised seizures of adequate length, maximum charge (504mC) had to be applied. If the dosage of lamotrigine exceeded 300mg a day, stimuli had to be manipulated using the Flex-Dial system. At 0.5ms, 70Hz stimulation at maximum charge we achieved clinically effective ECT with a minimum of side effects in both patients. We conclude that lamotrigine does not preclude effective ECT, but the dosage should be carefully titrated to allow for adequate seizure duration.

**P16. Education in psychiatry****P16.01**

## Education in families with autistic children in comparison

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**Objectives:** Standardized assessment of education is not used routinely although these factors may play an important role in the

course of psychological disorders in children. Thus the aim of the present study was to investigate families of autistic children with regard to differences with regard to education in their families.

**Methods:** Families of 115 autistic children (aged 6–12y), diagnosed by means of the Mannheim's Parents Interview (Esser et al., 1989) were included for evaluation and compared with a matched, healthy control group. Parents were asked to complete a form assessing education ("Erziehungspraktiken", Schneewind et al., 1985). Group comparison was made by the Mann-Whitney-U-test.

**Results:** The results show that there are less emotional attention, less material reinforcers and more physical punishment in families whose children belong to the autistic group.

**Discussion:** It could be shown, that there seems to be a significant influence of autism on education which should make therapists focus their efforts not only on the "index" children as such but also on their families.

**P16.02**

## Evaluating a training course for GPs in the management of depression

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**Objectives:** To assess whether a training intervention leads to health gain for patients, to investigate GPs' understanding of the impact of the intervention on them and how this may explain the effect of training on patient outcome, to explore GPs' understanding and experience of depression and its treatment in practice.

**Methods:** A randomised controlled trial of 38 GPs, with depressed patients followed-up at 3, 6 and 12 months. In-depth interviews with GPs analysed using a Grounded Theory approach.

**Results:** Quantitative results showed no overall differences in outcome between intervention and control groups. Qualitative analysis showed that skills and technical knowledge-based training interventions alone are inappropriate to the treatment of depression. The influence and implications of GPs' dispositions, created by their medical training, are significant to the way that depression and its treatment are perceived by GPs in practice.

**Conclusions:** Depression training programs for GPs do not achieve generic health gain for depressed patients. Improving integration between training and practice would lead to more appropriate dispositions for GPs of the future, and in turn to more effective management of depression.

**P16.03**

## Development of communicative skills and self-knowledge of students

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**Objective:** To overcome school stereotypes of education and development of communicative skills and self-knowledge of students.

**Methods:** 121 ten day trainings of personal growth for groups of first course students (10–12 students in each group) from the department of psychiatry, psychology and clinical psychology of Kyrgyz Russian University, Bishkek, Kyrgyz Republic. Psychotherapeutic technologies have eclectic character, but the eclectic is formulated on compatibility of technologies and bigger effectiveness during main objectives implementation.

**Results:** Analysis of work in a group shows that skills, which are strengthened by school education, form stereotype, model of creative