

to measure fundamental dimensions of personality suggested to correlate with specific neurotransmitter functions.

Supposed that suicidal behaviour is associated with changes in the central serotonergic system, there could be an association between genotypes related to the serotonergic transmission and predisposition to suicidal behaviour. Furthermore, there could be a relation between the temperament dimension harm avoidance (HA) of the TCI, which is suggested to correlate with the serotonergic system, and suicidal behaviour.

We studied candidate genes in a sample of unrelated patients with a lifetime history of suicide attempts and healthy controls searching for a possible association between polymorphic DNA markers of the serotonin transporter (SERT), the serotonin 2A receptor (5-HT_{2A}), and suicidal behaviour.

Fourty two unrelated patients (29 females, 13 males, mean age 37.5 yrs) suffering from bipolar affective disorder (n = 25), schizoaffective disorder (n = 9), and unipolar affective disorder (n = 8) (blind consensus diagnoses, DSMIV) with a lifetime history of suicide attempts and 84 healthy controls (57 females, 27 males, mean age 33 yrs) were examined. A self-report questionnaire was done by each participant, giving measures for four personality (harm avoidance, novelty seeking, reward dependence persistence) and three character dimensions.

Differences in genotype distribution in suicide attempters compared to controls concerning SERT as well as 5-HT_{2a} did not reach significance. Patients with a positive lifetime history of suicide scored significantly higher on HA (p < 0.000) and RD (p = 0.0049) in the TCI than controls. We could not find any association between two genes related to the serotonergic system and suicidal behaviour. Concerning the TCI, our results support the hypothesized association between Harm Avoidance and suicidal behaviour. The impact of the high scoring on RD in our patients, has to be further investigated.

P01.105

ALPHA-1-ACID GLYCOPROTEIN AND SUICIDALITY IN MAJOR DEPRESSIVE DISORDER

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a) Background: Diurnal concordance of human platelet serotonin content and plasma alpha-1-acid glycoprotein (AGP) levels was found. A negative relationship between platelet serotonin concentration and suicidal behavior was described in major depression. Therefore, studies focusing on the possible role of AGP as a putative marker of suicidal behavior are warranted.

b) Methods: Plasma AGP levels were measured in 36 subjects with major depressive disorder. Comparative analysis between 6 depressives who made suicide attempt in current episode, 18 depressives who had suicidal thoughts and 12 non-suicidal depressives was performed.

c) Results: Depressed patients attempting suicide during the current episode had significantly (P < 0.04) lower plasma levels of AGP than non-suicidal depressed patients.

d) Conclusions: Acute suicidality in major depressed patients is associated with low AGP plasma levels.

P01.106

ERECTILE DYSFUNCTION SECONDARY TO PARTNERS VAGINISMUS: CULTURAL PERSPECTIVE: CASE REPORTS

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The study of human sexuality seems to be under the influence of many cultural and social factors like the heavy emphasis on male's erectile and penetration capability.

This paper presents three cases admitted to a university psychiatric clinic in Turkey who had erectile difficulty, developed secondary to their partners vaginismus. All cases were evaluated by a data sheet that was adapted and modified from the classification of psychological causes of sexual dysfunction by K. Hawton. The modified Zilbergeld's myths form was used to screen the false beliefs about sexuality.

All cases and their partners, thought that it was male-responsibility to have a satisfactory erection and penetration although they were all aware of vaginismus. They defined vaginismus late in the course of therapy.

Cultural and social factors must be considered during the evaluation of sexual dysfunctions

P01.107

PROXIMITY TO THE COMMUNITY OR SPECIALISATION OF PSYCHIATRIC IN-PATIENT CARE (PART 2)

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Objective: Which effects do the transfer of an acute psychiatric ward into a general hospital have as the patients see it?

Method: The present study was realised at the Centre for Psychiatry Weissenau/Ravensburg. In May 1999 the ward serving the rural region of Allgäu was transferred to the general hospital in Wangen, which is situated within this area. Patients with psychotic disorders, affective disorders, alcohol abusos and gerontopsychiatric patients residing in the Allgäu were investigated from November 1998 until the End of April 2000. The patients with residence in the region of Bodensee West served as control group.

Results: Subjective data according patient satisfaction, community treatment, and specialisation of treatment, were obtained by interview. We will present group comparisons both before and after the transfer and between study and control group.

Discussion: The advantages of specialised psychiatric hospitals versus psychiatric wards at general hospitals are often ideologically discussed. Specialisation on the one hand faces higher proximity to the community on the other. Part 2 of our study will supply subjective data from the patients' view that will contribute to clarify this debate.

P01.108

CHANGES OF QUALITY OF LIFE OF HIV/AIDS PATIENTS IN COMPARISON WITH A CONTROL GROUP

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Background: The aim of this study is to explore whether HIV patients have a lower general quality of life in comparison with a control group, and which domains of their lives are affected the most.

Methods: A sample of 38 HIV+ patients (27 men and 11 women) participated in the study. This represents about one tenth of all HIV+ patients in the Czech Republic. Patients were evaluated with a subjective quality of life questionnaire (SQUALA), a form collecting clinical data, and with two scales of general functioning (GAF-Symptoms and GAF-Disability). A referent group included 38 healthy persons of the same age and gender.

Results: For the control group significantly more important were the domains of HEALTH, CHILDREN and SEXUALITY. HIV+ patients attributed higher importance to TRUTH. At the satisfaction scales, controls were significantly more satisfied in the domains of HEALTH, PHYSICAL AUTONOMY, MENTAL WELL-BEING, SLEEP, LOVE, SEXUALITY, POLITICS and BELIEFS. The total score of QOL was significantly lower for HIV+ patients. Patients with AIDS have, in comparison with HIV+ patients, a lower quality of life in the domain of SELFCARE.

Conclusions: HIV patients in our study have a lower subjective general quality of life than the controls. The domains most affected are mental and physical health and sexual relationships. The positive finding is that HIV patients in our sample are not affected in their interpersonal relationships, work and leisure activities. These results can be used both for planning care and for individual therapeutic plans.

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P01.109

PSYCHOLOGICAL MECHANISMS OF SEXUAL HOMICIDE BEHAVIOR

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Subjects: 52 persons (men), convicted for sexual homicide crimes. Two groups were experienced: 1) the group with disorders of sexual drive (paraphilia) - 28 persons, 2) the group without paraphilia - 24 persons.

Methods: Psychological projective methods, directed to study a gender self-identity and attitudes about sexual partner perception.

Results: Both groups characterized by low level of empathy attitudes, sensitivity and conflicting in interpersonal interactions, low level of communicative skills. In group with paraphilias were detected perception of self-image as unstable and diffuse ($p < 0.01$), identification with female sex-role stereotype ($p < 0.05$), perception of male sex-role stereotype emotionally neutral ($p < 0.05$), low dependence from men's referent group ($p < 0.05$). Besides were obtained specific sexual partner's image perception as "depersonalization", perception of partner as "object for manipulation" and "passive and submissive" ($p < 0.01$). In second group were obtained prevalence identification with male sex-role stereotype, emotionally positive perception of male sex-role ($p < 0.05$), dependence from men's referent group ($p < 0.05$), tendency to decrease status of sexual partner as a person.

Conclusion: Results obtained can explain different mechanism of sexual homicide behavior. Persons with paraphilia perceive victim as an "utility" to satisfy abnormal desire, that can indicate patterns of homicide behavior - intention to make a partner more "appropriate" for sadistic drive satisfaction. Persons without paraphilia perceive victim as "interference" to solution of interpersonal conflict. This can indicate another pattern of homicide behavior - intention to overcome interpersonal conflict, by decreasing status of sexual partner as a person. Low level of empathy in both cases can facilitate realization of more brutal forms of repression of victim.

P01.110

PSYCHOEDUCATION AND RELAPSE OF SCHIZOPHRENIA

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Psychoeducation is an important complement of the treatment of schizophrenia. There is some evidence that its implementation can improve compliance with neuroleptic medication significantly and can reduce relapse rates in participants.

In Prague Psychiatric Center we offer to our patients Prelapse program as a supplement to a maintenance antipsychotic medication. It consists of 8 sessions in separate parallel groups - for patients and their relatives. Since 1996, 41 patients with schizophrenia or schizoaffective disorder participated. 16 patients were first episode patients, out of them 3 relapsed in a one year follow-up. 25 patients were multi-episode patients, 6 relapsed in a one year follow up. That makes altogether 9 relapse cases, i.e. 21.95%. Gilbert and colleagues (1) found that out of patients who were maintained on antipsychotic medications 16.2% relapsed over a mean follow-up period of 9.7 months. Those patients were offered no specific psychoeducational program. In our sample we found higher relapse rate and our expectation - that after participation in the program the relapse rate is lower - was not confirmed. Nevertheless the rehospitalizations after the program were shorter in all 9 cases. The mean hospital stay of their last hospitalization before the program was 65.5 days, after the program it was only 28.6 days. Most of the participants - both patients and their relatives - found the program highly useful, there were almost no drop-outs from the program (i.e. presence in less than half of the program) and our clinical impression is that cooperation of most patients following this program is very good.

(1) Gilbert P.L., Harris M.J., McAdams L.A., Jeste D.V. Neuroleptic withdrawal in schizophrenic patients: a review of the literature. *Arch Gen Psychiatry* 1995; 52: 173-188.

P01.111

THE QUALITY OF LIFE IN PANIC DISORDER

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This research on the course of panic disorder is focused on its impact on the patients social adaptation patterns namely the patients quality of life. The study was conducted on a number of 65 patients by using as a starting point the first admission to the psychiatric clinic. These patients were hospitalized, between 1995-1999. The diagnosis of panic disorder associated with or without agoraphobia was based on the DSM-IV and ICD 10 criteria. At the beginning of the study, the patients were predominantly women (80% of cases) and the average age was 33.5. Out of the total number of patients involved in the study, 75.55% were either working people or university students and only 24.24% were unemployed. The study was conducted comparatively by dividing the patients into 2 subgroups: *sub-group A* consisting of 36 patients diagnosed with panic disorder associated with agoraphobia; *subgroup B* consisting of 29 patients diagnosed with panic disorder without agoraphobia. In order to determine the social, professional and marital functioning level, I resorted to the use of an original questionnaire. The use of this particular type at questionnaire led me to ascertain the following functioning levels: functioning within normal limits; functioning minimum affected; functioning partly/medium affected; functioning severely affected. The data I collected revealed that the disturbance of the global functioning,