

In connection with the last circumstance, the clotting properties of the blood were investigated in the mentioned groups of patients. This research revealed different in gravity thrombophilic states (pronounced hypercoagulation on the background of fibrinolysis depression), that correlated with the activeness and vividness of psychopathological manifestation (anxiety, fear, changes of consciousness, acute delusions, etc.).

On the base of the obtained results, together with the Physico-Chemical Institute of the Academy of Sciences of Ukraine, the synthesis of new psychotropic medicines was carried out, that combined antipsychotic and sedative properties with anticoagulant action. It was established that the execution of timely therapeutic measures directed at decreasing the danger of micro-coagulation has special importance for the optimizing of clinical prognosis of acute psychotic disorders of different genesis.

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NUMERISCHE KLASSIFIKATION PSYCHOPATHOLOGISCHER DATEN MITTELS DER LOGISTISCHEN REGRESSION

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Zielsetzung: Die schizoaffektive Psychose (SCHA) ist im Langzeitverlauf eine instabile Diagnose und im Querschnittsbefund nur unbefriedigend von den anderen funktionellen Psychosen zu trennen. Mit der Methode der logistischen Regression (LORE) suchen wir eine Untergruppe der SCHA, die sich von der Kernschizophrenie (KSCH) nicht unterscheidet.

Methodik: Mit der schrittweisen LORE wählen wir von 20 Variablen (AMDP-System, soziodemographische Parameter) diejenigen aus, die es erlauben, 90% der Gruppe KSCH in der Teststichprobe TST zuverlässig zu identifizieren. Mit dieser Randbedingung wird eine LORE in der Validierungstichprobe (VST) durchgeführt um eine Gruppe SCHA* zu identifizieren, die keine Patienten mehr enthält, die der Gruppe KSCH ähnlich sind. Die TST und die VST enthalten jeweils 1289 ersthospitalisierte Patienten aus den Jahren 1980–1985, deren ICD9-Diagnosen einer der beiden Gruppe KSCH (N = 851) und SCHA (N = 438) zugeordnet wurde.

Ergebnisse: Als trennschärfste Variablen wurden die AMDP-Syndrome Depressives, Manisches und Negativ-Syndrom bei Aufnahme, sowie Paranoid-halluzinatorisches und Negativ-Syndrom bei Entlassung, die Symptombdauer sowie die stationäre Behandlungsdauer identifiziert. Mit diesen Variablen läßt sich eine von der KSCH scharf abgrenzbare SCHA* Gruppe finden, die sich von der Gruppe KSCH sowohl signifikant unterscheidet. Eine niedrige berechnete Zuordnungswahrscheinlichkeit für eine der beiden Diagnosegruppen geht mit einer geringen Sicherheit der klinisch-diagnostischen Urteilsbildung einher.

Diskussion: Die Variablen, die 90% der Gruppe der KSCH zuverlässig identifizieren konnten, diskriminierten lediglich 60% der SCHA von der Gruppe der KSCH. 40% der Patienten mit einer SCHA ließen sich nicht von der Gruppe der KSCH trennen. Dieser Befund kann als Beleg für die geringe diagnostische Validität der nach ICD-9 Kriterien diagnostizierten SCHA gelten.

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ACUTE AND TRANSIENT PSYCHOTIC DISORDERS: DEVELOPEMENT OF CONCEPTS

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Introduction: Inclusion of the category of acute and transient psychotic disorders into ICD-10 meant international recognition for

a diagnostic entity that has been described by several psychiatric schools in different forms for more than 100 years. The validity of the new category and its identity with common entities is questionable.

Methods: In preparation of our empirical investigation of acute and transient psychotic disorders we compared phenomenological and conceptual aspects of historical diagnostic entities that influenced the ICD-10 definition.

Results: Historical concepts of acute and transient psychotic disorders are closely connected with different pathogenetical and etiological hypotheses. Conceptual models include a modified degeneration theory (Bouffée délirante, V. Magnan), lability of localized neuronal centers (autochthonous degeneration psychoses, K. Kleist), traumatization of individuals of a specifically vulnerable personality (emotional psychoses, J. Staehelin) or genetically based modifications of psychological functions (cycloid psychoses, K. Leonhard). Less uniform though influential have been concepts of acute remitting psychoses in developing countries. Despite their theoretical heterogeneity these models comprise core features remarkably constant for 100 years: abrupt onset, a specific "polymorphous" psychopathology and an unusual sex distribution.

Conclusions: The ICD-10 category of acute and transient psychotic disorders is based on heterogeneous nosological concepts. Common descriptive elements however are obvious and merit further empirical investigation.

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CLOZAPINE PHARMACO-EPIDEMIOLOGIC STUDY IN THE NET OF PSYCHIATRIC INSTITUTIONS

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Continual clozapine monitoring has been carried out in major psychiatric institutions in Yugoslavia since 1993. Data presented in this study include 156 inpatients and outpatients treated in psychiatric clinics in Eastern Serbia.

The patients were of both sexes, age 18–65 and met diagnostic criteria of F20, F22, F23, F25, F31, F32 and other according to the ICD-10 Classification of Mental and Behavioural Disorders WHO. Individual daily doses ranged from 25 to 300 mg.

Psychiatric evaluations and physical examination were made every two months. The scores of CGI, BPRS, PANSS and HAM-D rating scales used for clinical assessments at each visit, were significantly reduced after two months of the treatment.

Adverse effects appeared in 17% of the patients and mostly manifested as sedation, nausea, hypersalivation and weight gain. WBC level and other laboratory results were monitored at each visit and no hematological adverse effects were shown.

Clozapine proved to be an efficient, safe and reliable drug in long-term treatment of psychotic disorders, with minimal interactions and side effects.

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ACCEPTABILITY ON COMPUTERIZED SELF ASSESSMENT IN PSYCHIATRIC INPATIENTS

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In recent years various approaches with computerized assessments and tests in psychiatry were published. The influence of computer attitude, psychopathology and neuro-psychological impairment on the acceptance of this new way of assessment is not sufficiently examined yet. In the presented current study an improved computerized interactive self assessment schedule (ISAS), based on the Windows™ operating system, was compared to a conventional paper-pencil self assessment (both specific to diagnosis) in 45 psychiatric inpatients with various DSM-III-R diagnoses. The general attitude to computers was examined by a German translation of the Groningen Computer Attitude Scale (GCAS). In 15 of the patients psychopathology and neuropsychological impairment was systematically investigated by different tests and rating scales. The results indicated a negative influence of attitude to computers and impairment of attention on the acceptance of computerized self assessment, whereas psychopathological symptoms showed very inhomogeneous effects. Nevertheless in general we saw a good acceptability and feasibility of the computerized self assessment. Computerized assessment is suitable for psychiatric inpatients but further research is necessary in order to improve attitude to computers and the patient-computer interaction.

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CLINICAL, PSYCHOSOCIAL AND CRIMINOLOGICAL CHARACTERISTICS OF A FORENSIC PSYCHIATRIC POPULATION IN ITALY

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Background: Recently public concerns have been raised about the adequacy and the effectiveness of the six forensic mental hospitals functioning in Italy. Our project, called Mo.Di.O.P.G., aimed: (1) to assess the clinical, criminological and psychosocial characteristics of the forensic inpatient population, and (2) to monitor all discharged patients over a three-year period in order to assess their clinical and psychosocial outcome and rates of criminal recidivism.

Design and Instruments: Mo.Di.O.P.G. is a prospective cohort study, and to a large extent employs the TAPS design and instruments. All subjects coming from three selected regions of Italy, and admitted to three forensic mental hospitals during a selected time period, have been carefully evaluated using a variety of standardised psychiatric and criminological assessment instrument. They have been matched to a comparison group of non-forensic psychiatric patients using mental health services, and are being followed-up for three years.

Results: We are in process of completing the assessment of 118 subjects meeting the selection criteria and the matched controls. A preliminary analysis of a subgroup of patients (61 subjects), coming from the Emilia-Romagna Region has shown that 70% of them met DSM-III-R criteria for schizophrenia, 41% had a psychiatric

history positive for alcohol or substance abuse and that 16% had attempted suicide sometime in their life. Fifty percent of studied subjects has committed homicide; 60% of these patients was in charge at a public psychiatric facility at the time of the offence.

Conclusions: The preliminary results of this sophisticated study suggest that at least half of the patients could be properly treated in medium and low-secure units, which might be more effective and less expensive.

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ERKLÄREN DER ATMUNG ALS PROZESS VERSUS VERSTEHEN DER ATMUNG ALS HANDLUNG

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Mit dem Begriff *Prozeß* bezeichnet man einen Vorgang, der nach einer - mehr oder weniger bekannten - *Gesetzmäßigkeit* abläuft. Auch wenn manchmal die *Gesetzmäßigkeit* nicht genauer bekannt ist, so impliziert die Bezeichnung eines Lebensvorganges als *Prozeß*, daß eine solche *Gesetzmäßigkeit* existiert. In der Regel werden diese Zusammenhänge *kausal erklärt*. Mit dem Begriff *Handlung* werden Lebensvorgänge belegt, die u.a. mit dem *Willen* beeinflussbar sind und um deren *Verständnis* man sich oft bemühen muß. Oft wird unterstellt, daß - durchaus in Abgrenzung zum Begriff *Prozeß* - der Vollzug einer *Handlung* mehr oder weniger *frei* ist. So könnte man den im Vortrag am Beispiel der *Atmung* diskutierten Unterschied zwischen *Prozeß* und *Handlung* auch unter Verwendung des Gegensatzpaares *Notwendigkeit* versus *Freiheit* erklären.

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DRUG TREATMENT OF DEPRESSION IN THE ELDERLY IN PRIMARY CARE

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With a prevalence of about 20% depression is the most common disorder in old age with a strong impact on quality of life and on physical health.

Previous studies revealed a striking underdiagnosis and undertreatment of depression in primary care. The following study was designed to investigate the influence of various factors (gender, severity, comorbidity) on disease recognition and treatment.

We designed two written case histories describing mild depression (case 1) and moderate to severe (delusory) depression (case 2). For each case different versions were used: in case 1 the gender of the patients varied, in case 2 both the gender and the previous history (stroke/hypothyreosis) varied. The different combinations of case 1a/b and case 2a-d were randomly assigned and a pair of case 1 and 2 presented to family physicians (FP) by trained investigators in a face-to-face interview. A standardised interview was performed.

170 (77.6%) of all FPs in Kassel and rural surroundings were interviewed during summer 1995. Though the recognition of depression was considerably good, for both cases about 35% of all physicians prescribed antidepressive agents. Tricyclics and hypericum were most frequently chosen, the latter considerably less in case 2. Newer antidepressants were considered rarely. Overall there was a trend to low dosages.

In conclusion our findings suggest that only a minority of FPs would treat old age depression with antidepressants. With