

**Result:** Analysis of the population showed: Comparison of mean MADRS scores (C+L: 25.1 versus C+P: 27.8) showed a significant difference in the C+L group on days 4 and 7 (C+L: 18.6 versus C+P: 21.5) and approaching significance on day 11 (C+L: 18.6 versus C+P: 17.2). On day 7, the number of patients in total remission was three-fold higher in the C+L group than in the C+L group (15% versus 4%  $p < 0.05$ ) and two fold day 11 (29% versus 14%  $p < 0.05$ ). After 6 weeks of treatment mean MADRS score in the C+L group was 2.5 point lower than in the C+P group (C+L: 7.6 [6.6] versus :10.1 (8.3  $p = 0.09$ ). Safety based upon clinical and laboratory parameters was satisfactory in both groups.

**Conclusion:** This double-blind study seems confirmed that lithium potentiates antidepressant treatment in unipolar non refractory patients with severe major depression in the first days of treatment.

### P01.93

#### THE NETWORKING MODEL IN THE PREVENTION OF CHILD ABUSE AND NEGLECT

M. Pejovic Milovancevic\*, O. Vidojcevic, V. Ispanovic Radokjovic, T. Mincic. *Institute for Mental Health, Palmoticeva 37, 11000 Belgrade, Yugoslavia*

**Objective:** The purpose of the following presentation would be to present the networking model of prevention and treatment strategies in working with child abuse and neglect at Belgrade, Yugoslavia. The networking model has been started in 1999 and is still in developing.

**Method:** According to the System of the child abuse prevention, Seattle WA-USA the networking model consists of several levels and different organizations which all work in cooperation: Institute for mental health (where the team for prevention and treatment of child abuse and neglect has been settled), centers for social work in the different region of the capital and other organizations (such as courts).

**Results:** The aim of the networking model is to rise up the level of conscious in our surrounding and to promote recognition of child abuse and neglect, then to prevent further maltreatment in families and to promote early detection of existing abuse. The networking model is still in process of the organization, but the first positive results are already evident.

**Conclusion:** The focus of our networking model in the future would be on prevention strategies as well as on early detection and treatment procedure. The aim would be to improve programs and policies that focus on prevention-to teach parents parental skills, to prevent unplanning pregnancies, to work on family preservation and to deal with three "P"- poverty, population and pollution.

### P01.94

#### FIRST EPISODE OF SCHIZOPHRENIA – EFFICACY OF OLANZAPINE AS FIRST CHOICE NEUROLEPTIC

D. Preliceanu\*, R. Mihailescu, C. Andreescu. *"Prof. Dr. Al. Obregia" Clinical Hospital of Psychiatry, 10-12 Berceni Str., Bucharest, Romania*

**Objectives:** a) Evaluation of olanzapine's efficacy in first episode of schizophrenia (ICD 10), based on the evolution of BPRS and CGI (severity and improvement) scores; b) evaluations of olanzapine's safety based on CGI (adverse reaction severity) and AIMS scores.

**Method:** Open study of 58 patient (40 males, 18 females) treated with 10, 15 or 20 mg of olanzapine per day for a period of 30 days. Inclusion criteria: these patients were diagnosed with schizophrenia (ICD-10), being selected from a larger lot of 71

patients hospitalized with non-organic acute psychotic disorder as initial diagnosis; BPRS score of minimum 18 and CGI severity score of minimum 4. Instruments: BPRS, CGI, AIMS.

**Conclusions:** 1) The efficacy of olanzapine was demonstrated by a significant ( $p < 0.001$ ) reduction of total BPRS score after 30 days of treatment; 2) the safety of the treatment was demonstrated by the significant ( $p < 0.001$ ) reduction of the CGI (adverse reactions) score and by the evolution of the AIMS score (media per item for the final AIMS score = 1.058).

### P01.95

#### PSYCHOSOCIAL CORRELATES OF ENDOCRINE DISEASE: THE INTEGRATION OF DIFFERENT CRITERIA

N. Sonino<sup>1</sup>\*, C. Ruini<sup>2</sup>, F. Ottolini<sup>2</sup>, C. Navarrini<sup>1</sup>, G.A. Fava<sup>2</sup>. *<sup>1</sup>Division of Endocrinology, Department of Medical and Surgical Sciences, University of Padova, Padova; <sup>2</sup>Department of Psychology, University of Bologna, Bologna, Italy*

Endocrine disorders have long been regarded as frequently associated with psychological distress. The aim of this study was to apply DSM-IV criteria for psychiatric disorders and 3 of the Diagnostic Criteria for Psychosomatic Research (DCPR) to a consecutive series of 74 patients admitted to an endocrine division. The DCPR have been proposed by an international group of investigators and are aimed to translate psychosocial variables that were derived from psychosomatic research into operational tools. Three of the 12 sets of criteria (irritable mood, persistent somatization, and demoralization) were used in this study. Forty-on patients (55%) were found to suffer from a DSM disorder, whereas at least one DCPR diagnosis was found in 53 patients (72%). Half of the patients who had no psychiatric diagnosis could be identified as presenting with a DCPR syndrome. The joint use of DSM and DCPR criteria was found to improve the identification of psychological distress in endocrine patients.

### P01.96

#### QUALITY OF LIFE PROFILE IN PATIENTS WITH SUICIDAL ACTIVITY (IDEATION OR ATTEMPT)

C. Fernández, P.A. Sáiz\*, J.C. González, M.P. González, Y. Ramos, M. Bousoño. *Department of Psychiatry, University of Oviedo Faculty of Medicine, 6: Julián Clavería, 3 floor, 33006 Oviedo, Asturias, Spain*

**Objective:** To determine differences in quality of life (QoL) profile among patients with suicidal attempt -SA- or ideation -SI- and other psychiatric inpatients -controls-.

**Subjects and Method:** 126 inpatients [46 SA, 37 SI, and 43 other psychiatric illness] from the Psychiatric Unit of the Hospital de Jove (Asturias - Northern Spain) were interviewed using the SF-36, during 1997-98.

**Results:** Mean age.- SA: 39.1; SI: 42.5; control: 39.4. Males.- SA: 51.0%; SI: 47.4%; control: 57.4% (no sociodemographic or family psychiatric suicidal history differences). Patients with suicidal activity (attempt - ideation) vs controls (data showed if  $p < .05$ ):- physical functioning (PF): 82.6 vs 89.9; general health (GH): 45.1 vs 66.4; vitality (V): 35.7 vs 60.3; social functioning: 45.4 vs 73.8 (SF); role emotional (RE): 27.2 vs 55.7; and mental health (MH): 35.3 vs 57.7. Patients with SA and SI only differentiate in SF (SA: 38.0, SI: 54.9;  $p = .034$ ). Males -suicidal activity vs controls- (data showed if  $p < .05$ ). GH: 44.5 vs 65.6; V: 40.2 vs 62.1; SF: 42.7 vs 76.0; and MH: 40.5 vs 58. Females -suicidal activity vs controls- (data showed if  $p < .05$ ). GH: 45.7 vs 67.8; V: 31.1 vs 57.6; SF: 48.2 vs 70.6; RE: 10.6 vs 54.9; and MH: 30.0 vs