

certain degree for the duration of alcohol abuse. Assessments were done by means of a variety of neuropsychological tests involving domains such as: planning and attention, visual perception, visuoconstructive capacity, intelligence and memory. Magnetic Resonance Imaging was performed with a Gyroscan ACS-II and involved volumetric assessment of the hippocampus, the amygdala, de mammilian corpus, thalamus, third ventricle and prefrontal cortex.

Patient inclusion and exclusion criteria, methodological procedures and the main results will be presented.

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SULPIRIDE IN THE TREATMENT OF PAIN DISORDER

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Background: Pain disorder (DSM IV) appears to be relatively common in general practice and to cause both psychological and functional impairment.

Aim: Assessing efficacy and safety of sulpiride in the treatment of pain disorder, under naturalistic conditions of use, in general practice.

Method: In a multicenter, open clinical trial, 669 patients (mean age: 47 years 12/female: 63%) fulfilling the DSM IV criteria for pain disorder (digestive localisation), were included by 321 General Physicians and treated for six weeks with sulpiride 150 mg/d. The pain was of psychological type in 93% of cases and caused social or working disabilities in 78% of patients.

Results: The investigator's scales showed from DO to DEnd a decrease in pain intensity (91% of patients) and in pain frequency (89%). Besides, at D42, 89% of patients were responders (much improved and very much improved) on the Clinical Global Improvement scale (CGI) item 2. A similar improvement ($p < 10^{-3}$) was observed from DO to DEnd on the self evaluation parameters (Visual Analogic Scales), assessing pain ($\Delta: 17.1 \pm 15.9$), quality of sleep ($\Delta: 27.1 \pm 17.8$), activity ($\Delta: 24.4 \pm 18.8$), and appetite ($\Delta: 22.6 \pm 16.6$). 8% of the patients had at least one adverse event. 3% of patients withdrawn for adverse events. The safety assessed with a specific variable (grouping together adverse events reporting and results of CGI item 3) was estimated "good" for 88% of patients.

Conclusions: These results confirm the usefulness of sulpiride in the treatment of pain disorder which is known as an symptomatology causing difficulties to GP's in their practice.

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REVIEW OF QUALITY OF LIFE STUDIES IN THE CZECH REPUBLIC¹

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The communication reviews a relatively new topic in Czech Social Psychiatry - the quality of life (QoL) studies.

In the Czech Republic (CZ) the endeavour to measure QoL follows the same peripeties as in countries with a longer QoL history. At present the QoL research goes through the phases of its content delimitation, of development of Czech QoL versions of instruments, of their validization and transcultural comparison to follow-up studies of diagnostically homogenous samples with special attention paid to the QoL of family members of the mentally and physically ill individuals (especially in chronic course of the disease),.

Besides the lists of QoL studies, instruments, main research aims and results, the psychometric characteristics of the Czech version of the SQUALA (Subjective QUALITY of Life Analysis; © NICE 1992, M. Zannotti) instrument are demonstrated derived from about 800 psychiatric cases and 400 control subjects. The profiles of subgroups by age, gender, and diagnostic classes are presented.

The instrument used allows to evaluate not only the QoL scores of various life domains, but also their value orientation and the individual's satisfaction with their state. It was applied in longitudinal studies of course and outcome of mental disorders, of the effectivity of rehabilitation and in comparison of the effectiveness of various health and social care provision alternatives

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HEALTH-RELATED QUALITY OF LIFE IN PSYCHIATRIC AND OTHER PATIENTS BEFORE AND AFTER TREATMENT

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Purpose: To compare the health-related quality of life (HQOL) of psychiatric out-patients with that of other patients as well as the effect of treatment on HQOL.

Method: A 32 item questionnaire compiled by the authors for assessing various aspects of HQOL which has an acceptable reliability and validity was filled in by several groups of patients coming to the hospital before or early in the treatment and at least three months later. These included psychiatric out-patients, alcoholics in day-treatment, orthopedic, urology and coronary artery patients.

Results: The psychiatric patients had a low HQOL in most respects which improved slightly after three months. The orthopedic patients had a slightly better overall HQOL, but lower as regards general health, energy, pain, and sleep, all of which improved considerably following treatment. The coronary artery patients HQOL was better than the others, but similar before and after treatment.

Conclusion: HQOL is an important aspect of health which needs more attention in treatment and in allocation of resources. However, we still lack data on HQOL in the general population for comparison.

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LITHIUM EVOKED DNA STRAND BREAKS AND APOPTOSIS IN IMR-32 CELLS ARE INDEPENDENT OF P53 AND INOS

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Introduction: We observed that lithium exerts a weak antiproliferative effect towards cells of the well-reported human neuroblastoma line IMR-32 accompanied with DNA fragmentation frequently leading to programmed cell death termed apoptosis. The line contains two cell types.

Objective: In search for intracellular regulators mediating the genotoxic and apoptotic effect of lithium in IMR-32 cells we tested the p53 tumor suppressor protein expression as well as that of the inducible nitric oxide synthase (iNOS).

Methods: Apoptosis was determined by detection of DNA strand breaks in the in situ nick translation (1) and by morphological

features. PCR analyses of p53 mRNA and of iNOS mRNA were performed.

Results: In concentrations near the therapeutic range, i.e., when 10^5 cells were incubated with 1 mM lithium chloride, apoptosis occurred in 20–30% cells vs 10% in controls after 24 hs. The effect was neither associated with increased activity of p53 nor with induction of iNOS.

Conclusions: p53 mostly arrests a cell cycle at the G1 and G2 steps in response to many kinds of DNA damage by accumulation and following induction of genes (2). In the present experiment the unchanged baseline activity of p53 may be due to preneoplastic cell regulations rather than early conversion of the phosphoprotein. Induction of iNOS was discovered since this enzyme is capable to destroy nucleic acids by formation of supraphysiologic amounts of nitric oxide (3). Taken together, key mechanisms underlying the clastogenic and apoptotic activity of lithium cations in various immature respective preneoplastic human cells *in vitro* (4) and their medical importance remains to be established.

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Wed-P112

CHRONIC DISEASE AND PATTERNS OF FAMILY BEHAVIOUR

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Sickness of a member of family affects the psychosocial reactions of the family as a whole and a psychological functioning of each individual member. It is indisputable that the presence of a chronic illness in a family presents an emotional attack and stressful experience for all family members. Each family when one of its members suffers from a chronic disease reacts with fear accentuating its mutual depends while simultaneously increasing the anxiety because of separatistic tendencies among themselves. The appearance of the crisis, conditioned by somatic illness, requires the change in family structure relations. Therefore it is important that the family faces the needs of all family members, that is to adjust and reorganize its structure in accordance with the new situation. Otherwise, disfunction of the complete family system will appear. Our experience and also up to date evidences available show the certain somatic patient family model as a compound complex in the basis of which there is also, besides somatic illness, the interaction of family characteristics and individual psychological functioning. This behavioral-somatic-psychological approach emphasizes the certain family behavioral factors, that is manners mediating the psychological factors and somatic functioning. The observed adaptive and maladaptive patterns of adjustment and the possibilities of their influence to pathoplasticity of the very somatic illness are discussed in this study by the authors.

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THE 10 YEAR EXPERIENCE OF LIAISON PSYCHIATRIST IN THE GENERAL HOSPITAL RIGA

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The liaison psychiatrist has consulted 22991 patients in the 7th general hospital Riga during last 10 years' 1986–1996. The survey

included anxiety-related disorders, mood disturbances, psychotic disorders and cognitive impairment disturbances combined with general health problems. A count and structure of consulted and treated patients varied during different years. Fluctuation of 10% was not taken into consideration. The greatest count of consulted and treated patients was in 1996 (+22%) and in 1994 (+21%). The lowest count of consulted patients was in 1991. (–32%), in 1992 (–26%) and 1990 (–23%). A count of treated psychotic patients was not significantly different during 10 years. The percentage difference was found in groups of anxiety - related, mood and cognitive impairment disturbances. Decreasing of count of patients sparingly make anxiety - related disorders' patient, but increasing during last years contained mood and cognitive impairment disturbances.

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USE OF ANXIOLYTICS AND HYPNOTICS IN NON-PSYCHIATRIC HOSPITAL DEPARTMENTS

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While several surveys have shown that patients of non-psychiatric hospital departments frequently receive anxiolytics or hypnotics (AH) during hospitalization, and also get discharge prescriptions for these drugs, as yet none has investigated the start of intake of these drugs during hospitalization in conjunction with an assessment of all types of psychiatric disorders. Therefore, we studied 728 patients of medical, gynecological and surgical hospital departments of two non-university general hospitals in Austria for the prevalence of AH use before admission, during hospitalization and of AH discharge prescriptions. Psychiatric morbidity was assessed using the Clinical Interview Schedule. 50.4% of all admitted patients were treated with AH during hospital stay, and 42.8% of those who had not taken such drugs before admission. 26.1% of patients using AH during hospitalization received discharge prescriptions, too. During hospitalization, these rates were highest for patients suffering from dementia, and at discharge for those suffering from functional psychoses. The significant associations between psychiatric variables and both, drug use during hospitalization and prescriptions at discharge, suggest that AH are used aptly. But, considering that about half of the patients suffering from substance abuse disorders received discharge prescriptions, the risk of continued substance abuse must not be neglected. Overall, fewer patients got AH at discharge than had used them before admission. This could indicate that hospital staff attempts to minimize the use of AH in the community.

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NEW ASPECTS OF PATHOGENESIS AND THERAPY OF SOME URGENT STATES IN THE PSYCHIATRIC CLINIC

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The characteristics of the serotonin, dopamine and GABA-BD receptors of blood platelets were investigated in patients hospitalized to the inpatient department in acute psychotic states of different genesis: acute delirium; psychosis caused by alcohol and drug abuse; acute polymorphic psychotic disorders with or without the symptoms of schizophrenia; acute schizophrenia-like and delusional psychoses; schizo-affective psychotic states and affective disorders; and serious neurotic disorders, caused by stress. The results showed changes in the listed receptor ensembles, that to a great extent changed physico-chemical properties of blood platelet membranes, that promoted initiation of blood clotting processes.