

**P57 Health services and epidemiology****FEMALES MORE THAN MALES EXPRESS DEVIANCY AND DISIDENTITY THROUGH SOCIALLY ACCEPTABLE BEHAVIOUR**

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Studies on prevalence of psychiatric disorders indicate a substantial homogeneity in the distribution of mental disorders between the two sexes. Some however show a greater prevalence among males whereas others with strong links to body image such as Anorexia Nervosa and Bulimia Nervosa are significantly prevalent among females. These differences may depend on biological differences such as hormonal cycles or the activity of specific neural circuits and social and cultural factors may also contribute.

Engagement in a socially well-accepted role can depend on choice and there are more opportunities for females than males. For males roles are characterised by productiveness and success while there is less pressure for females to have a productive role but more to be carer and helper as well as to have a sexual role. Females often have more access to supportive and helping relationships because of their greater aptitude for asking for help. This may account the more severe course of mental disorders in males who when they express deviant behaviour, are more disadvantaged. It is more difficult for males to leave their closely defined role and easier for them to exceed environmental tolerance to deviant male behaviour. The aim of the study is to compare the prevalence of mental disorders between the two sexes and looking at the seriousness of the disorders as well as environmental tolerance to the disorders in both sexes.

**P58 Health services and epidemiology****FAMILY CIRCUMSTANCES DURING THE FIRST SIX YEARS AND PSYCHIATRY DEVIANCE AT SCHOOL AGE**

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Objectives: to show how problematic family situations before school age can influence the development of psychiatric disturbance during the first six school years. 1268 school children were studied by sending questionnaires to children, their parents and teachers. The children were born in 1981 and were studied in autumn 1989 (study 1) and again in the autumn of 1993 (study 2). Data concerning developmental issues and social circumstances of each child was collected from the health records at the child health care centres. Problematic families were reported in 2.2%, parents had divorced in 10%, and in 2.2% of cases one parent had died. In the case of divorce, girls showed significantly more ( $p=.00556$ ) disturbance than boys in study 1. The situation was the same at the age of 12 in study 2 ( $p=.03483$ ). On the other hand, boys were significantly more disturbed in study 1 and study 2 if they had psychomotor, emotional or speech problems during their first years of life. The influence of these findings on school achievement and the possibilities for prevention will be more discussed in this paper.

**P59 Health services and epidemiology****HOW LONG ARE SCHIZOPHRENIC PATIENTS HOSPITALIZED?**

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Objective: to find out which sociodemographic and disease-related characteristics influence length of hospitalization in patients with schizophrenia.

Method: Index admission was defined as first admission in 1994. 453 patients were included (206 males, 247 females) with (ICD-10) schizophrenia who had been admitted in 1994 to the Centre for Clinical Psychiatry, Ljubljana. Patients who died during hospitalization or transferred or who were hospitalized for over one year were excluded. Medical records were studied and a modified Present State Examination and Krawiecka Scale were used. Multivariate regression was used.

Results and conclusions: Mean length of hospitalization was 65.9 (SD=61.2) days for males and 62.7 (SD=51.7) days for females ( $p>0.05$ ). In regression the average length of stay in a closed ward, presence of other delusions, poverty of speech and peculiar dressing/look (all three at admission), acoustic and somatic hallucinations (both at discharge) and life events before hospitalization were positively related to the length of hospitalization. The average explained 22.9% variance. It was concluded that the influence of disease related characteristics on length of hospitalization is greater than the influence of sociodemographic characteristics.

**P60 Health services and epidemiology****FIRST SUSTAINED DEPRESSIVE STATES IN THE ELDERLY**

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This paper deals with an epidemiology approach in the study of late depression in patients who applied as outpatients for the first time to a psychoneurological unit. The study was carried out on a group of elderly residents in one of the catchment areas, and the basic goal was to determine the frequency of depressive disorders among patients referred to the unit during 1987 and 1992, i.e. with a 5 year interval. The total amount of referrals in 1987 was 426 patients and 285 in 1992. An analysis of the material showed that patients sustaining a first depressive episode in 1987 amounted to 65 (15.2%) and 39 patients (13.7%). Such "simple" depressions among the females diminished in 1992 (17.9% and 30.8% in 1987). More severe, so called "delusional" depressions were characterised by self-accusation and self-condemnation, persecution and poisoning, delusions of detrimental and trivial relations. Depression with nihilistic delusions with a megalomaniac fantastical content were less frequent. The frequency of "delusional" depression among males and females was more or less stable in both the years studied. It was concluded that both groups of depressive patients studied in different years showed a significant similarity.