

affective disorders. The origin of high prevalence of emotionally unstable personality disorder in the patients with diabetes mellitus is discussed in connection with developmental-behavioural and biological-constitutional factors.

### Mon-P48

#### COPING STRATEGIES AND PSYCHOLOGICAL MORBILITY IN ASYMPTOMATIC, SYMPTOMATIC AND AIDS PATIENTS

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**Aim:** To study possible changes of coping strategies with the course of the illness and to assess its relationship with psychological morbidity among HIV positive patients.

**Method:** 21 asymptomatic, 59 symptomatic non-AIDS and 20 AIDS patient were studied. International Classification of Control Disease Centre, 1993 (CDC stage); CD4 count, CD4/CD8, COPE Questionnaire (Carver et al, 1989) to assess coping strategies; Hospital Anxiety and Depression Scale (HAD) to assess affective disorders were used.

**Results:** 32% of all sample showed anxiety symptoms, which rise 50% if we include patients who presented borderline anxiety. Anxiety was related neither to CDC stage of HIV infection nor CD4 count. However, anxiety were correlated positively with denial of illness ( $p < 0.001$ ) and behavioural disengagement ( $p < 0.04$ ). Acceptance of HIV infection was negatively correlated to anxiety ( $p < 0.01$ ). Symptomatics non-AIDS had more depressive symptoms than other groups ( $p < 0.04$ ). Behavioral disengagement and denial were more common among symptomatics-non AIDS and were positively correlated to depressive symptoms ( $p < 0.001$ ). A negative correlations between depressive symptoms and active coping. These last were more common among asymptomatic and AIDS patients. Suppression of competing activities, CD4 count and behavioral disengagement are the best predictor (70%) for any HIV infection stage.

**Conclusion:** to identify disadaptatives coping strategies in the outcome of HIV infection is a significant predictor of psychological morbidity among HIV patients

### Mon-P49

#### SOCIAL SUPPORT AMONG DIFFERENT HIV POSITIVE RISK GROUPS

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**Aim:** To studied the social support in HIV+ people belonging to different HIV risk groups. To exam the relationship between social support in each HIV risk group and its repercussions in psychological morbidity or adaptation to illness.

**Method:** 100 HIV+ patients: 51 IDU's, 20 homosexuals and 29 heterosexuals were evaluated. Sociodemographic and clinical data, Eysenck Personality Inventory (EPI), Social Provision Scale (Russel & Cutrona, 1987), Hospital Anxiety & Depression (HAD, Zigmon & Snaith, 1983) were used.

**Results:** Significant statistical differences in each HIV risk group regarding gender, marital status and sociocultural level, were seen. No statistical differences were found between sociodemographic data and extraversion, anxiety, depression and social support. Introversion were more common among IDU's and homosexuals. Introversion and social support were negatively correlated ( $p < 0.01$ ). Depressive symptoms were more common in IDU's; social

support and depression were negatively correlated ( $p < 0.001$ ). Social support as best psychological predictor to identify HIV risk grup were pointed out. The lowest social support were seen among IDU's. Lower of social support was associated with the lack of preventive measures towards HIV transmission ( $p < 0.01$ ).

**Conclusion:** Improvement and increase social support among HIV+ IDU's are needed. Social support is both important whether to cope well with illness or to prevent HIV transmission

### Mon-P50

#### INFLUENCE OF INTERPERSONAL PSYCHOTHERAPY (IPT) ON PSYCHOSOCIAL VARIABLES AND IMMUNE STATUS OF DEPRESSED HIV-POSITIVE PATIENTS

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**Objective:** IPT is a short-term therapy with documented benefits for depressed patients. The influence of psychosocial variables on the biological course of a HIV-infection has been discussed. The preliminary data presented here are derived from two treatment modalities of a randomized clinical investigation in which the autors compared a 16 session intervention of IPT to an isofrequent supportive psychotherapy on psychosocial outcome variables and parameters of immune status of HIV-infected males.

**Method:** HIV-positive and not severely handicaped males who had scores of  $\geq 18$  on the Hamilton DRS were randomly assigned to one of the two treatment modalities. They were assessed first at baseline and after completion of therapy by means of the following instruments: HDRS, BDI, SCID, SCID-PD, MMSE, Self-Rating of Feelings (v. Zerssen), Questionnaire on Interpersonal Relations (IIP-C, Horowitz) and a medical check-up incl. CD-4 count, PCR,  $\beta$ 2-microglobuline and p24-antigene. In each session HDRS and v. Zerssen were repeated.

**Results:** Results from ongoing treatment and completed analysis showed decreased scores (HDRS, v. Zerssen) for both treatment modalities. Significant improvement for IPT appeared by midtreatment and increased towards termination. Preliminary data implied no significant psychoimmunological effect of psychotherapy neither in comparison of both treatment modalities nor when focussing on the general progression of illness (opportunistic infections, viral load etc).

**Conclusion:** Results do suggest that a specific manual based antidepressent psychotherapy like IPT focussing on interpersonal problems present in many HIV-patients- has advantages over a supportive therapy. An immunstimulating effect could at least not be shown by our regime. Improved immunology situation is discussed as psychotherapy effect via increased compliance.

### Mon-P51

#### INTERPERSONAL PSYCHOTHERAPY (IPT) AS A TREATMENT FOR DEPRESSED HIV-POSITIVE PATIENTS: FOCUS, PSYCHOSOCIAL VARIABLES, OUTCOME

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**Objective:** IPT has rarely been described as a treatment for depressed HIV-patients, although IPT offers effective strategies in encountering the additive deterioration of health by physical and psychological problems. The interpersonal perspective emphasizes functioning relations vital for compliance, active coping, prevention of suicide, quality of life and perhaps also the immunological situation. In this survey 12 clinically depressed HIV-positive patients

were treated with IPT and studied referring to outcome, therapy-focus and psychosocial variables.

**Method:** 12 HIV-positive and not severely handicapped males who had scores of  $\geq 18\#$  on the Hamilton DRS (28#) were treated with IPT. Baseline and completion assessment by means of: HDRS, BDI, Self-Rating of Feelings (v. Zerssen), Questionnaire on Interpersonal Problems (Horowitz), FLL (Noack).

**Results:** 12 patients completed treatment within 16 to 20 sessions. 10 patients reached full remission (HDRS  $\leq 8\#$ ) and 2 patients partial remission ( $\geq 8\# \leq 10\#$ ). Role transition/conflict was the main problem area for 9 patients. During treatment dependent behavior (socially avoidant, insecure, submissive) changed towards independent. Main psychiatric comorbidity was drug abuse.

**Conclusion:** IPT is an effective short-term therapy for depressed HIV-positive patients. HIV-related role transition seems to be prominent problem area mainly contributing to onset of current depression. Proactivity is supported by IPT strategies.

### Mon-P52

#### LOCUS OF CONTROL IN INSULIN-DEPENDENT DIABETIC PATIENTS

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**Aim:** To study the relationship between Health Locus of Control and factors affecting compliance to treatment among patients with insulin-dependent diabetes mellitus.

**Method:** Sixty-two insulin-dependent diabetic patients were studied. Exclusion criteria: chronic illnesses and do not have significant life events event for last six months. Instruments used: 1. Semistructured clinical interview. sociodemographic, clinical, treatment and course data of illness. 2. Questionnaire to evaluate factors affecting compliance to treatment. 3. Multidimensional Health Locus of Control (Wallston et al, 1976) to know beliefs towards control of illness.

**Results:** Patients showing higher score in internal control are patients who carried out blood sugar tests themselves, have more 1 dosage of insulin a day ( $p < 0.01$ ) and diabetes is compensated. External control did not show any relationship with any of the items studied. However, casual control is higher among patients who did not carry out blood sugar tests themselves.

**Conclusion:** Patients showing higher internal control are more compliant to treatment, which should be taken into account to desing effective therapeutics measures.

### Mon-P53

#### COPING STRATEGIES AMONG PATIENTS WITH DIABETES MELLITUS

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**Aim:** To identify coping strategies and relationship with affective disorders (depression and/or anxiety) among insulin-dependent diabetics.

**Method:** Sixty-two insulin-dependent diabetics (25 male, 27 female, mean age 22.8; s.d. 7.28) were studied. Exclusion criteria: chronic illness. COPE Questionnaire (Carver, Scheier, Weintraub, 1989) and Hospital Anxiety and Depression Scale (HAD, Zigmond and Snaith, 1983) were used.

**Results:** Positive reinterpretation and growth, planning and active coping were the most common. Mental and behavioral

disengagement and denial as ways of coping were less common. 19.4% showed anxiety and 16% borderline anxiety. 4.8% showed depressive symptoms. Positive reinterpretation is negatively correlated with depression and anxiety ( $p < 0.01$ ) compared to as active coping with depression ( $p < 0.05$ ). Behavioural disengagement is positively correlated with depression ( $p < 0.01$ ).

**Conclusion:** Affective disorders in insulin-dependent diabetes mellitus can modify coping strategies from "more active to more passive" ways of coping with possible repercussions on course and treatment of illness.

### Mon-P54

#### LONGITUDINAL STUDY OF THE PSYCHOSOCIAL ADJUSTMENT TO THE HIV INFECTION

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**Introduction:** The work of a consultation-liaison psychiatrist dealing with HIV infected patients is not only the treatment of the present psychopathology but also the improvement of the adjustment to the illness and the compliance to the antiretroviral treatment.

**Objective:** The purpose of our study is to observe the evolution of the adjustment to the illness of a sample of HIV positive patients referred to our consultation/liaison psychiatry unit after one year of follow-up.

**Methods:** We assessed the adjustment to the HIV infection by means of the Psychosocial Adjustment to Illness Scale (PAIS) from RL Derogatis when the patients came at the first time to our unit and one year later.

**Results:** Of the 55 patients assessed at baseline, only 24 (44%) could be re-assessed one year later.

After one year the total score in the PAIS was significantly better ( $p = 0.01$ ). When analysing the subscales we observed a significant improvement in the following domains: health care orientation (section I), domestic environment (section III), sexual relationships (section IV), and psychological distress (section VII).

Neither medical variables (CD4 count, CDC stage, antiretroviral treatment) nor the psychiatric diagnosis at baseline seemed to be associated to a better or a worse development of the adjustment to the HIV infection after one year.

**Conclusion:** Our intervention programme for HIV positive patients, mainly the groupe psychotherapy seems to be useful in improving the adjustment to the illness in these patients. At the present state of the illness (it begins to be considered a chronic disease), more relevance should be given to the work of a consultation/liaison psychiatry unit in a multidisciplinary team attending HIV positive patients.

### Mon-P56

#### PATIENTS WITH MODERATE CEREBRAL AND VASCULAR DISORDERS IN CENTRE OF SOCIAL CARE

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There is a high risk of cerebral and vascular pathology (atherosclerosis, hypertension disease) in aged persons and in persons in declining years. A study devoted to this kind of pathology revealing has been accomplished in the Centre of Social Care. 300 persons have been observed. They were in age from 46 to 85 years old. The features of moderate cerebral and vascular disorder