

(35.5%) began to use heroin right away systematically every day. 38% began to use heroin intravenously. All clinical syndromes and complications of the heroin addiction in women appear in shorter terms. Withdrawal syndrome more often manifest in women with psychopathological disorders. The changes of personality with prevalence of behavioral disorders, hysterical features, expressed affective lability formed more rapidly. Menstrual dysfunction is one of the most common complications in heroin-addicted women (85%).

**Conclusion:** The study showed significant gender differences among heroin addicts. Drug-using sexual partners were found to be the most important influence over women's heroin use

### P01.82 DEPENDENCE OF MEDICAL AND SOCIAL CONSEQUENCES OF DRUG ADDICTION ON PREDISPOSING FACTORS

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100 drug addicts were the subject of the study. The analysis of dependence of medical and social consequences of different kind of drug addiction - heroine, opium (home-made preparations from raw opium), poly-drug, and pervitin-ephedron addiction on the complex of the social and biological factors which determine the formation of the disease (heredity; premorbid; complicated by somatic diseases; conditions of education; age of a beginning of drug use; duration of drug use; antisocial behaviour) was carried out.

The following factors describing a degree of medico-social consequences were considered: the presence and character of changes of a personality formed in the process of drug use, in particular, the presence and the degree of moral and ethical decline, and intellectual and mnesic disorders; somatic complications, including lethal outcome; the presence of suicidal tendencies; the frequency of self-damages, done on the purpose of demonstration; a professional level; family relations; frequency of law offences (including previous conviction). The correlation analysis testifies convincingly that there is a close interrelation between medical and social consequences of drug addiction.

Thus, most significant unfavourable prognostic factors determining the quickness of formation and the degree of medical and social consequences of the disease are as follows (in decreasing order): perinatal pathology, hereditary loading with alcoholism, drug use and other mental diseases, premorbid personality deviations, early age of a beginning of drug use, the kind of a drug used, conditions of education, alcohol abuse prior to the beginning the drug use, duration of drug use.

### P01.83 DEGREES OF MENTAL DISORDER IN VASQLOCEREBRAL PATHOLOGY

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We investigated 65 patients with vascular disease (cardiovascular disease affected by high blood pressure - 12 patients, atherosclerosis - 45 patients, intestinal angina - 4 patients), last majority - males (58) at the age of 34 to 70.

Investigation methods:

1. psychopathological
2. clinical
3. pathopsychological

4. instrumental

5. expert

Mental disorders often accompanies vascular pathology. During the expert investigation of vasculocerebral pathology we took into account:

- stage,
- type of disease current,
- age,
- features of personality,
- external influence,
- hereditary,
- somatic disorder.

We got 4 degrees of mental disorder:

First degree - functional-dynamic (episodically neurotic disorders during physical, intellectual and emotional loads). Vital activity is unlimited.

Second degree - functional-organic (astenoorganic syndrome). Teaching and job activity are limited.

Third degree - organic (psychoorganic syndrome with steady disturbed memory and intellect). Teaching, job activity, self-service and movement are limited.

Fourth degree - expressed organic (different degrees of imbecility, disorders of personality structure). Vital activity is strong by limited.

### P01.84 NEUROFIBROMATOSIS TYPE I: NEUROPSYCHOLOGY AND MRI CORRELATES

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**Objective:** Neurofibromatosis type 1 (NF1) is the most common single gene disorder affecting the central nervous system. NF1 is associated with CNS lesions including nonneoplastic focal areas of signal intensity (FASI) on T2-weighted MR images. Cognitive and behavioural problems are frequent manifestations in children with NF1, although most seem to have average intelligence. In order to determine if there is an association between FASI and cognitive and behavioural deficits, we examined the neuropsychological abilities, clinical manifestations, and cranial MRI scans of 100 children with NF1.

**Methods:** The 100 patients (age mean = 16.2, SD = 9.3; 56 male, 44 female), who met the NIH clinical criteria for NF1 were studied using MR imaging. A detailed neurological examination was carried out by one of the participating pediatric neurologists.

**Results:** 62 of the 100 subjects had the characteristic FASI on T2-weighted MRI scans. As a group, the 100 patients performed within normal limits of Verbal, Performance and Full-scale scores of WISC-R (90, 89, 88). However, the mean of Verbal, Performance and Full-scale scores for the NF1 patients with normal MRI scans were close to average (99, 98, 99) while those for the patients who had FASI were depressed to 85, 84, 83. Patients with FASI were assessed significantly lower than patients with normal MRI scans on measures of competence and problems (CBCL, YSR).

**Conclusions:** Our study is revealing a strong relationship between cognitive and behavioural problems and focal areas of high signal intensity (FASI) in children with NF1. The long term effects of FASI remain to be documented.