

of Airola (Campania, Italy) and to describe the clinical and psychopathological profile of these subjects.

The subjects were evaluated by the structured diagnostic interview for the DSM-IV axis II disorders (SCID II), the Minnesota Multiphasic Personality Inventory (MMPI), the State Trait Anger Expression Inventory (STAXI) and the Eysenck Personality Questionnaire (EPQ).

At present our study shows a high frequency of paranoid (46%), narcissistic (35%) and borderline (35%) personality disorders.

The significant social consequences of PD and the need of an effective treatment call for more detailed epidemiological and psychopathological research aimed to develop well-targeted rehabilitation programs.

P36.10

A study of quality of life in outpatients with personality disorders

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Very few studies have examined the quality of life in personality disordered patients, but indicate reduced levels. Such studies of patients with anxiety disorders and depression have not considered comorbid personality disorders and compare the measurement of those found in a normal population. In addition, we also wanted to study the influence of comorbid axis I disorders on the QoL in PD, and the change of QoL over a two-years period in PD patients.

130 patients were included and 87 (66.9%) of them had PD as diagnosed by the IPDE, and they constituted the PD group. Sixty one (70.1%) of these patients also had at least one comorbid axis-I disorder as diagnosed by MINI. Forty-three (33.1%) patients had only Axis I-disorders. Among these patients 68 (78.2%) of those with PD delivered complete SF-36 forms at baseline and 36 (83.7%) of those in the axis I-group delivered such forms. Significant lower scores were found in the PD patients compared to the Axis I and control group.

P37. Philosophy and psychiatry

P37.01

Neurosciences, memory and self. Introduction to the work of G.M. Edelman

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G.M. Edelman (*1929) was nobel-prize winner in medicine/physiology in the year 1972 (antibody-structure). He first worked as physician in Boston and New York, where he was a Professor at the Rockefeller University since 1966. In 1981 he became Director of The Neurosciences Institute in San Diego, CA. He is founder of The Neurosciences Research Foundation. Together with G. Tononi, G. Reeke, and O. Sporns he developed and presented an empirical neuroevolutionary conception for a dynamic interpretation of brain and mind processes. The 'theory of neuronal group selection' is cornerstone of this concept, which allows to introduce the term 'Memory' and 'Self' into neurosciences within a methodological moderate constructivism. After the fundamental conception of 'The mindful brain' (1978), Edelman presented the monumental trilogy of I. 'Neural darwinism' (1987), II. 'Topobiology' (1988), and III. 'The remembered present' (1989). He added 'Bright air, brilliant fire' (1992). 'A universe of consciousness' (2000) finished the neuroscientific concept. The widespread discussion from neurosciences to psychoanalysis is documented in 'Selectionism and

the brain' (1994). The following considerations want to present a reconstruction of the basic lines in the work of G.M. Edelman.

P37.02

Diagnostic procedure in psychiatry: the structuralist approach

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This paper aims at making explicit the procedure a psychiatrist necessarily performs when taking a diagnostic decision. The ultimate goal of psychiatrist is to build a holistic model of the patient's pathological state, including symptoms of the disease, its dynamics, personality traits, protective mechanisms etc. In the diagnostic decision-making psychiatrists heavily rely on their professional knowledge, clinical experience, intuition etc. However, the components of the diagnostic procedure and their relationships seem to be inadequately explicated.

Three components of such procedure are defined: analysis of the narrative and/or behavior of the patient, approximation to the holistic understanding of the patient's state, i.e. of his/her 'inner world', and determining the conformity of the observed symptoms to the 'inner world'. In a clinical situation, pathology may and may not be found in any of these objects independently. We argue that a wide spectrum of cases under psychiatric diagnosis may be meaningfully described as a combination of (pathological) disturbances in one or more of these objects of analysis. Focusing on psychosis, an attempt is made to build descriptive categorization of psychotic and non-psychotic phenomena on the basis of the diagnostic triad.

P37.03

Contemporary history of psychiatry

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In this lecture I will describe the development of the last century's Western psychiatry, and attempt to show how cultural and political events together with psychiatric research findings have influenced the medical paradigm.

German psychiatry which until the 1930s had had a domineering worldwide influence, was after the war bankrupt both morally and institutionally, and became more or less isolated until the end of the 1950s. Thus, after the war Western psychiatry was coloured by American psychoanalysis, British social psychiatry, and from the mid-50s French psychopharmacology.

The 1960s was a time of political unrest and radical social critique with anti-authoritarian trends, which was also reflected in clinical practice. These years were characterised by new stimulating ideas, such as existentialism, communication theory and psychoanalysis, as well as a strong belief in the importance of environmental factors. This was also a time for anti-psychiatric critique of the psychiatric professions with its diagnostic culture and large institutions.

During the 1970s the psychiatric beds in the mental hospitals were drastically reduced, particularly in the United States and Great Britain. These years also heralded a culture change in psychiatry that was closely connected with the biological wave, which had influenced the intellectual climate of Western society during the last thirty years. Psychoanalysis declined in popularity, and an increasing interest in classification culminated with the American DSM-III of 1980. The new American diagnostics was rapidly employed internationally and had a revolutionary influence, not only on psychiatric classification, but also on psychiatric thoughts in

general. At the same time new imaging techniques and progress in genetics forced psychiatry into biological direction. The challenge today is to avoid reductionism and combine the best from both biological and social thinking.

P38. Prevention in psychiatry

P38.01

Generating prediction rules: dependence on the mathematical model

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An early detection of schizophrenia is not only complicated by the heterogeneous psychopathological clinical picture of the initial prodrome but also by a lack of knowledge about the most adequate analysis of the often binary data.

Therefore, eight nonparametric strategies for item selection and generation of prediction rules were compared: stepwise discrimination and regression analyses of variables and of variable clusters, a rough-sets approach, Search Partition Analysis, selection models based on common diagnostic accuracy measures and on positive diagnostic likelihood ratios.

Only marginal differences between classification rates of different methods showed. The highest percentage of correct classifications of 77.5% in a validation sample were found for the stepwise logistic regression model of clusters and the variable selection model according to diagnostic likelihood ratios. In all models, a core set of 7 variables all with a significant group difference in 2^2 - c^2 -testing was selected.

Furthermore as regards prediction of single patients, only 40% were correctly and 15% incorrectly classified by all models. Thus the correct individual prediction depends on the model in 45% of patients.

P39. Psycho-social factors and mental health (contd.)

P39.01

Social stresses in relation to psychiatric morbidity in menopause

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Objectives: To explore the social factors related to psychiatric illness in menopausal women in Upper Egypt.

Method: 129 menopausal women suffering from anxiety or depression (Group A) were compared to 100 menopausal women attending the gynaecology out patient clinic (Group B), 51% of them showed manifestations of anxiety and/or depression.

Results: Several factors were detected.

1. Disturbed family life being widowed, divorced or not having living children ($P < 0.01$)
2. Living with children without the husband, with the husband without children or living alone ($P < 0.05$).
3. Life problems related to children, husband or other relatives considered as distressing ($P < 0.01$).
4. History of previous psychiatric illness ($P < 0.01$)
5. Negative attitude towards menopause ($P < 0.01$)

Conclusions: Life situation and social background is important psychiatric symptoms at the menopause.

P39.02

The comparative clinical analysis of endogenic psychoses in health resort conditions

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For the first time this work provides a clinical and clinicocategorical comparative analysis of the typology and the course of schizophrenia, paranoid conditions and affective psychoses during the temporary migration to a health resort. The symptoms of a migration stress are revealed, as well as the dynamics of the course of the illness after the temporary migration stress and the dependence of the clinical picture of endogenic psychoses upon the climatic conditions, the social and psychological environment. The inclusion of the results of these analysis permits to put up a question about the treatment of patients predisposed to endogenic psychoses in sanatoria and health resorts. Due to this work, the prohibition to attend health resorts by mentally ill people, which existed in the previous years, has now been cancelled and such a category of patients has equal rights to take courses of treatment as well as other people. Thus, the limitation, which made such people feel their inferiority and suffer, is proved to be groundless.

P39.03

Coping patterns, health status and personality in burned adults

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The aim was to explore coping patterns, health status and personality traits in burned adults. Subjects were 161 patients injured 1980–1995. Health status was measured with the Burn Specific Health Scale-Brief, personality traits with the Swedish universities Scales of Personality and coping with the Coping with Burns Questionnaire (CBQ). A cluster analysis of the CBQ resulted in three clusters: Extensive, Adaptive and Avoidant copers. The Extensive copers reported the highest coping use and intermediate ratings on health status and personality traits. The Adaptive copers reported low use of coping, but preferred Emotional support and Optimism/problem solving. They reported the highest health status and the lowest on Neuroticism and Aggressiveness. The Avoidant copers preferred Avoidance and had the lowest use of Emotional support and Optimism/problem solving. They reported the lowest health status and the highest ratings on Neuroticism and Aggressiveness. The groups did not differ regarding age, years since injury or burn severity. In sum, the CBQ identified three groups of copers. Those who preferred Avoidance and lacked adaptive strategies displayed more maladaptive personality traits and a poorer long-term outcome.

P39.04

Ten year follow up study quality of life people from FRY

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Behavior is determined by the interplay among a person's environment, life experiences and biological endowment.

Last ten years have been a period of great changes and significant and serious social movement, in which people from FRY experienced the consequences of civil war, economic blockade, NATO bombing and society changes (changes in governmental authority). There are very few investigations about the psychic health and the