

feel there was enough information. However, good general knowledge about means of transmission (98% reported blood and 82% semen) and prevention measures (78% indicated condom use) was shown. Despite a predominant positive attitude towards people with AIDS (68% would increase closeness), attitudes of rejection were shown (7% said would have nothing further to do with a HIV+ friend and 4% would exclude that person from work or school). Students' responses indicated lack of knowledge and misconceptions, only 41% of students mentioned vaginal secretions as a mean of transmission. In addition, 30% of students thought they could be infected by sharing a toilet with an HIV+ patient, 5% by sharing dishes and drinking glasses and, 4% by sharing a napkin. The most striking misconceptions about preventive measures were, choice of partner (reported by 27%) and faithfulness (reported by 22%). Television (78%) and newspapers (49%) were the most common sources of information about AIDS. University students mentioned doctors as the best person to inform about AIDS. These results should be taken into account when designing AIDS related information programs, in order to address prevalent misconceptions among university students.

PSYCHOLOGICAL MORBIDITY, SOCIAL CIRCUMSTANCES, SEXUAL BEHAVIOUR AND HIV IN KENYAN COMMUNITY SAMPLE

A.J. Carson, R. Sandler, F.N. Owino, F.O.G. Matete, E.C. Johnstone. *Department of Psychiatry, The University of Edinburgh, Kennedy Tower, Royal Edinburgh Hospital, Morningside Park, Edinburgh EH10 5HF*

Objectives: To study social factors, sexual behaviour and psychiatric morbidity associated with HIV in a community sample of working adults in Western Kenya.

Design: Cross-sectional cohort study with subjects and raters blind to HIV status.

Setting: An occupational health clinic for statutory annual health checks of workers in the food industry.

Subjects: Working adults who attended the clinic over a 10 week period beginning in September 1994.

Main outcome measures: HIV serostatus tested by ELISA. Psychiatric and neuropsychological morbidity.

Results: 40% of those tested were HIV positive. Women had a higher rate than men and those who worked as barmaids or were divorced, widowed or separated were particularly at risk. There was almost universal understanding of HIV transmission but unrealistically low perception of personal risk of infection. Most of the cohort were living in conditions of overcrowding with poor sanitation, predisposing them to infectious disease in the event of compromised immunity. Though the 92 HIV positive subjects had a total of 200 current sexual partners, only 6 were regular condom users. They had a total of 481 dependents. There was no difference in psychiatric morbidity or neuropsychological function between the HIV positive and the HIV negative subjects.

Conclusions: Though there was a good understanding of how HIV is transmitted, there had been little appropriate behaviour change to reduce risk of infection. The large number of dependents of currently economically active HIV positive individuals suggests the likelihood of major social problems in the future. Asymptomatic HIV infection is not associated with an increase in psychiatric or neuropsychological morbidity.

LE JEU DRAMATIQUE EN PEDOPSYCHIATRIE: TRAVAIL SUR L'ACCES A LA TRANSITIONNALITE

F. Chaine, S. Fournier, C. Epelbaum, P. Ferrari. *Fondation Vallée, 7 rue Bensérade, 94250 Gentilly, France*

Thérapeutes travaillant dans un centre de consultation de Psychiatrie infanto-juvénile de la banlieue de Paris, les auteurs proposent une présentation théorique et clinique, à propos d'un groupe thérapeutique de Jeu Dramatique hebdomadaire réunissant une dizaine de préadolescents de 10 à 12 ans.

Ces jeunes patients, présentant un ensemble de troubles du comportement -avec leur retentissement scolaire et social- ont tous expérimenté de multiples prises en charge psychologiques dont les résultats sont restés aléatoires. Leurs carences narcissiques, leurs tendances à l'agir, ainsi que la pauvreté de leur jeu fantasmatique les confrontent à des représentations crues ou à un vécu de vide interne, qu'ils cherchent parfois à combler par une dépendance audiovisuelle ou l'accrochage à des groupes de jeunes.

Le Jeu Dramatique a, dans ces cas, pour objectif principal la restauration d'une capacité à jouer et à imaginer, dans un climat de holding à la fois pare- excitant et stimulant. En créant un cadre très structuré et en permettant un étayage sur le groupe, il procure un contenant propice à la mise en scène des fantasmes. Il en découle une meilleure utilisation de l'aire transitionnelle.

Souvent proposé à cet âge charnière entre l'enfance et l'adolescence, ce type de prise en charge permet également de garder avec ces jeunes très perturbés, des liens, préparant l'éventualité d'un suivi ultérieur plus individualisé.

OUR EXPERIENCE IN URGENT PSYCHIATRIC CONSULTATIONS IN A GENERAL HOSPITAL CENTER

P. Christova, J.P. Moulin, O. Bais, B. Rivière. *Department of Psychiatry, General Hospital Center Le Fontenoy, 28630 Le Coudray, France; Department of Urgences, General Hospital Center Le Fontenoy, 28630 Le Coudray, France*

Task: Investigation of the most common psychiatric pathologies in providing psychiatric consultations (Urgences and Liaison Psychiatry) in General Hospital Center "Le Fontenoy", Chartres. This aims improvement of the therapeutic strategies later (in short and long term).

Method: Diagnosis are decided according to criteria of ICD-10.

Results: In a period of one month, chosen occasionally, we have consulted 186 men. 150 of them were urgently hospitalised in Urgences and the rest 36 were hospitalised because of non-psychiatric reasons in the somatic departments of the hospital. For 127 men the main syndrome in the clinic table is the depressive one and 88 who were consulted in the Urgences had tried to commit suicide/most often medicamental). The depressively ill from the latter group are primarily young women, experiencing critical circumstances.

Perspectives: The specificity of the most common symptomatology leads us to the notion of changing the therapeutic strategy toward those patients through a quick diagnosis decision, urgent crisis interventions and adequate orientation.

THE EXPERIENCES OF WITHDRAWAL AND CRAVING IN ALCOHOL AND OPIATE DEPENDENCE

I.B. Crome. *Department of Psychiatry, Keele University, Stoke-on-Trent, ST4 7QB, UK*

While observational studies have confirmed the existence of the withdrawal state, there has been much debate regarding the concept of craving. A literature review demonstrated the inadequacy and inconsistency of the instruments utilised for measuring withdrawal