

P01.09**THE INTELLECTUAL DEVELOPMENT, MENTAL AND BEHAVIORAL DISORDERS IN THE CHILDREN FROM BELARUS EXPOSED *IN UTERO* FOLLOWING THE CHERNOBYL ACCIDENT**

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The study examined psychological development in 250 children at 6–7 and 10–12 years of age from regions highly contaminated by Chernobyl fallout, who were irradiated in the prenatal period at the time of the Chernobyl accident in 1986. These children were compared to a control group of 250 children of the same age from non- and slightly contaminated areas of Belarus. The examination included psychiatric examination and assessment of intellectual level as well as the estimation of thyroid exposure *in utero*. The mean and median of prenatal thyroid doses for the exposed group exposed group 0.39 and 0.23 Gy were significantly higher than for the control group 0.04 and 0.01 Gy ($P < 0.001$). At the age of 6–7 years the children of the exposed group had a mean full-scale IQ lower than the control group (89.6 ± 10.2 vs 92.1 ± 10.5 , $P = 0.007$). At the age of 10–12 years there were no statistically significant differences between the two groups (94.3 ± 10.4 vs 95.8 ± 10.9 , $P = 0.117$). No statistically significant differences in average IQ were found between the subgroups of children in relation to the gestational age at the time of the Chernobyl accident. The relative risk of $OR = 2.67$ ($P < 0.001$) has been estimated for emotional disorders. The frequency of mental retardation, disturbance of activity and attention, and other mental and behavioural disorders in children from both groups was approximately the same. We conclude that probably a significant role in the genesis of borderline intellectual functioning and emotional disorders in the exposed group of children was played by unfavourable social-psychological and social-cultural factors such as a low educational level of parents, the break of microsocio contacts and adaptational difficulties, which appear following the evacuation and relocation from the contaminated areas.

P01.10**ELDERLY MEN LONELINESS: CONTRIBUTION INTO DEVELOPMENT OF PSYCHOLOGICAL AND SEXUAL ISOLATION**

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The elderly age is characterized not only by weakening of sexual function capacities but by certain psychological features. One of them among those is loneliness. Loneliness is often directly connected with triggers of chronic stress development. Retirement, frequent loss of the connections with relatives, general health worsening are some of the usual characteristic of elderly age. Loss of the spouse is one of the main stressful factor in elderly age that leads to the loss of vitality. It has been found out that elderly men survive loneliness much more poor than elderly women. We observed 50 men with sexual dysfunction that was associated with severe feelings of loneliness. The age of the patients was from 55 to 89 years. In 60% of these patients feelings of loneliness didn't lead to development of any pathological features. These feelings were enhanced when a person failed to established relationships with a new partner on the base of his rigid stereotype of sexual behavior. In 40% patients prolong depressive disorder after the loss of the spouse developed with the feeling of loneliness as the main feature of psychological troubles. As a result such patients

were unable to established new relationships at all without special psychological training. It has been found out that that psychosocial desadaptation develops differently in patients with different pre-morbid peculiarities of personality. Special rehabilitation program for different groups of elderly men has been developed. The main emphasis of sexual dysfunction treatment of elderly men without severe somatical disease has been put on special psychotherapeutic training and education of the patient. Pharmacotherapy is added in treatment of patients with severe somatical diseases taking into account that pharmaceutical means may produce side effects negative for sexual function maintenance. Patients with mental health disturbances received sexuological aid along with pharmacotherapy. This program gave positive effect in 60% of the cases.

P01.11**DISTRIBUTION AND DRINKING PATTERNS IN SEAMEN IN THE EUROPEAN NORTH OF RUSSIA**

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Alcohol abuse in transport professions may essentially influence the quality of work and traffic safety. It causes serious consequences and occasionally global disasters.

The aim of the present investigation was to study the distribution and characteristics of the drinking patterns of three professional groups in the European North of Russia – seamen of the mercantile marine and fishing fleet and the employers of the river shipping company. Data were obtained from 1185 persons. Methods of investigation: filling a questionnaire, personal interview, CAGE test, biological markers of alcohol abuse (GGT, biochemical examination of blood serum). Alcohol intakes were reported in units of alcohol per week.

Results revealed that almost 21.1% of examined seamen confirmed alcohol abuse despite it is forbidden according to the rules among this professional group. The level of alcohol abuse in the seamen of the merchant fleet was 19.7%, in river transport workers – 24.6%, in fishing fleet – 24.7%.

The results showed high prevalence of alcohol abuse and unfavorable drinking patterns in the examined professional groups.

The results of the present investigation allowed estimation professional and social risk factors, contributing to the development of alcoholism in seamen.

Developed by authors screening procedure for revealing risk group in seamen, including original professionally adopted screening test, was suggested

P01.12**ETHIC DECISIONS ON INVOLUNTARY TREATMENT OF PATIENTS WITH SCHIZOPHRENIA**

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Background: Until now, there is only little knowledge how psychiatrists decide on involuntary treatment in equivocal situations and what decisions depend on.

Method: 3 Case reports of patients with schizophrenia were presented to a sample of $n = 520$ persons (25.1% psychiatrists, 11.7% psychologists and social workers, 14.6% nurses, 48.6 others). Decisions were asked about involuntary admission to a psychiatric hospital and involuntary treatment.

Results: In case 1 (young man, first episode, delusions, extreme social withdrawal) 71.7% supported admission to hospital, 62.6%

neuroleptic treatment. In case 2 (woman with disorganized syndrome beating her 74-year-old mother) 84.6% supported hospitalization, 78.8% neuroleptics. In case 3 (relapsed multi-episode patient, increasingly neglected, delusional and socially withdrawn) 56.3% supported hospitalization, 52.7% neuroleptics. Generally, decisions of psychiatrists were very similar to those of nurses and lays, while psychologists and social workers more often rejected involuntary treatment ($p < .05$ in all cases). Besides professional status, multivariate analyses revealed older age as most significant variable for support of involuntary treatment ($p < .001$ in case 1 and 3). Counterintuitively, frequency of experience with mentally ill persons, mental illness in the own family and having self been mentally ill were only weak predictors or not significant. Gender only played a role in case two with a stronger support of treatment by women ($p < .05$).

Conclusions: In ethic decisions on involuntary treatment, clinicians should be aware that there is no general agreement among professionals and among lays. A considerable minority rejects measures of coercion. Comparisons with other countries would be interesting.

P01.13

CLINICAL AND EEG PREDICTORS OF THE THERAPEUTIC OUTCOME OF ELECTROCONVULSIVE THERAPY

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Background: The empirical nature of electroconvulsive therapy (ECT) has led many investigators to seek specific predictors of clinical response.

Methods: Bilateral ECT with brief-stimulus technique was performed in the sample of 52 patients (10 men, 42 women) with average age 44.6 ± 14.3 years. The therapeutic response was assessed using the first item of the CGI scale. For the data analysis multiple regression analysis was used.

Results: In the subgroup of patients with an affective disorder ($n = 22$) two significant predictors of better therapeutic outcome were identified: higher baseline CGI score ($p < 0.01$) and smaller total number of electroconvulsions which were needed ($p = 0.01$). In the subgroup of patients with schizoaffective or schizophrenic disorder ($n = 30$) only one significant predictor was found: shorter cumulative duration of electroconvulsions on EEG before the first clinical improvement of the patient ($p < 0.05$). In both subgroups age, number of electroconvulsions before the first improvement, and total cumulative duration of electroconvulsions on EEG turned out as nonsignificant.

Conclusions: The difference between predictors in affective and schizophrenic disorders seems to be an original finding of our study. This difference could be relevant to different mechanisms of action of ECT in both diagnoses.

P01.14

OLANZAPINE: EFFECTS ON NEUROPSYCHOLOGICAL TEST PERFORMANCES IN THE SCHIZOPHRENIC SPECTRUM

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Objective: Deficits evident in patients with schizophrenia are to some extent believed to resolve with the new generation of

antipsychotic medications. The present study compared the effects of olanzapine on neurocognitive changes in schizophrenic patients before (pre-treatment) and after 8 weeks of therapy.

Method: Measures included global functioning, memory, concentration, attention, problem solving, verbal fluency, visuo-spatial perception, visual scanning and abstraction.

Results: A significant percentage of patients who received olanzapine (range 5–20 mg/day) demonstrated, improvement in performance in a large number of neuropsychological tests of the battery.

Conclusions: The results suggest that olanzapine treatment may have beneficial effects on a considerable amount of cognitive functions. The findings also suggest that neuropsychological tests may be used in the prospective of individualized therapeutic programs.

P01.15

NEUROCOGNITIVE CHANGES IN ADJUSTMENT DISORDER WITH DEPRESSED MOOD: USE OF PAROXETINE

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Objective: Neurocognitive changes (forgetfulness, inattention, indecisiveness, decreased vigilance, diminished ability to think or concentrate, reduced motivation to perform) characterize adjustment disorders with depressive mood. Impairments are believed to resolve with treatment. This study compared clinical and neuropsychological characteristics of patients with adjustment disorder with depressive mood before and after antidepressant therapy.

Method: Neuropsychological measures of executive attention, vigilance, visuospatial perception, concentration and verbal fluency function were administered to young patients with adjustment disorder at baseline and after 8 weeks of SSRI paroxetine (20 mg/day). Symptoms and function ratings were obtained at the same time points.

Results: After treatment a significant percentage of patients were able to perform tests at a relatively high level. Improvements in the ability to attend and perform tasks were related to symptom changes. Changes in selected neuropsychological measures were significantly correlated with improvement in quality of life.

Conclusions: The results suggest that paroxetine treatment may have beneficial effects (that tend to occur later in treatment) on a broad range of cognitive functions and in enhancing neuropsychological test performances.

P01.16

GABAPENTIN IN ANTIPSYCHOTIC-INDUCED MOVEMENTS

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Objective: Gabapentin (GBP) has been reported to effective in the treatment of psychiatric disorders. The beneficial effect of GBP in 14 cases with previous antipsychotic-induced blepharospasm and involuntary mandibulo-oral movements was serendipitously observed during an open-label trial to further investigate the potential clinical spectrum of this drug in affective disorders. The aim of the study was to investigate the efficacy and tolerability of GBP in patients with tardive dyskinesia.

Method: Fifteen patients with antipsychotic-induced movement disorders underwent a 16-week open trial treatment with adjunctive