

features. PCR analyses of p53 mRNA and of iNOS mRNA were performed.

Results: In concentrations near the therapeutic range, i.e., when 10^5 cells were incubated with 1 mM lithium chloride, apoptosis occurred in 20–30% cells vs 10% in controls after 24 hs. The effect was neither associated with increased activity of p53 nor with induction of iNOS.

Conclusions: p53 mostly arrests a cell cycle at the G1 and G2 steps in response to many kinds of DNA damage by accumulation and following induction of genes (2). In the present experiment the unchanged baseline activity of p53 may be due to preneoplastic cell regulations rather than early conversion of the phosphoprotein. Induction of iNOS was discovered since this enzyme is capable to destroy nucleic acids by formation of supraphysiologic amounts of nitric oxide (3). Taken together, key mechanisms underlying the clastogenic and apoptotic activity of lithium cations in various immature respective preneoplastic human cells *in vitro* (4) and their medical importance remains to be established.

- (1) Fehsel K et al. (1991) *Am. J. Pathol.* 139, 251
- (2) El-Deiry WS et al. (1994) *Cancer Res.* 54, 1169–1174
- (3) Kröncke KD et al. (1997) *Nitric Oxide Chem. Biol.* 1, 107–120
- (4) Madihe AM et al. (1995) *Biochem. Biophys. Res. Comm.* 209, 768–774.

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CHRONIC DISEASE AND PATTERNS OF FAMILY BEHAVIOUR

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Sickness of a member of family affects the psychosocial reactions of the family as a whole and a psychological functioning of each individual member. It is indisputable that the presence of a chronic illness in a family presents an emotional attack and stressful experience for all family members. Each family when one of its members suffers from a chronic disease reacts with fear accentuating its mutual depends while simultaneously increasing the anxiety because of separatistic tendencies among themselves. The appearance of the crisis, conditioned by somatic illness, requires the change in family structure relations. Therefore it is important that the family faces the needs of all family members, that is to adjust and reorganize its structure in accordance with the new situation. Otherwise, disfunction of the complete family system will appear. Our experience and also up to date evidences available show the certain somatic patient family model as a compound complex in the basis of which there is also, besides somatic illness, the interaction of family characteristics and individual psychological functioning. This behavioral-somatic-psychological approach emphasizes the certain family behavioral factors, that is manners mediating the psychological factors and somatic functioning. The observed adaptive and maladaptive patterns of adjustment and the possibilities of their influence to pathoplasticity of the very somatic illness are discussed in this study by the authors.

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THE 10 YEAR EXPERIENCE OF LIAISON PSYCHIATRIST IN THE GENERAL HOSPITAL RIGA

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The liaison psychiatrist has consulted 22991 patients in the 7th general hospital Riga during last 10 years' 1986–1996. The survey

included anxiety-related disorders, mood disturbances, psychotic disorders and cognitive impairment disturbances combined with general health problems. A count and structure of consulted and treated patients varied during different years. Fluctuation of 10% was not taken into consideration. The greatest count of consulted and treated patients was in 1996 (+22%) and in 1994 (+21%). The lowest count of consulted patients was in 1991. (–32%), in 1992 (–26%) and 1990 (–23%). A count of treated psychotic patients was not significantly different during 10 years. The percentage difference was found in groups of anxiety - related, mood and cognitive impairment disturbances. Decreasing of count of patients sparingly make anxiety - related disorders' patient, but increasing during last years contained mood and cognitive impairment disturbances.

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USE OF ANXIOLYTICS AND HYPNOTICS IN NON-PSYCHIATRIC HOSPITAL DEPARTMENTS

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While several surveys have shown that patients of non-psychiatric hospital departments frequently receive anxiolytics or hypnotics (AH) during hospitalization, and also get discharge prescriptions for these drugs, as yet none has investigated the start of intake of these drugs during hospitalization in conjunction with an assessment of all types of psychiatric disorders. Therefore, we studied 728 patients of medical, gynecological and surgical hospital departments of two non-university general hospitals in Austria for the prevalence of AH use before admission, during hospitalization and of AH discharge prescriptions. Psychiatric morbidity was assessed using the Clinical Interview Schedule. 50.4% of all admitted patients were treated with AH during hospital stay, and 42.8% of those who had not taken such drugs before admission. 26.1% of patients using AH during hospitalization received discharge prescriptions, too. During hospitalization, these rates were highest for patients suffering from dementia, and at discharge for those suffering from functional psychoses. The significant associations between psychiatric variables and both, drug use during hospitalization and prescriptions at discharge, suggest that AH are used aptly. But, considering that about half of the patients suffering from substance abuse disorders received discharge prescriptions, the risk of continued substance abuse must not be neglected. Overall, fewer patients got AH at discharge than had used them before admission. This could indicate that hospital staff attempts to minimize the use of AH in the community.

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NEW ASPECTS OF PATHOGENESIS AND THERAPY OF SOME URGENT STATES IN THE PSYCHIATRIC CLINIC

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The characteristics of the serotonin, dopamine and GABA-BD receptors of blood platelets were investigated in patients hospitalized to the inpatient department in acute psychotic states of different genesis: acute delirium; psychosis caused by alcohol and drug abuse; acute polymorphic psychotic disorders with or without the symptoms of schizophrenia; acute schizophrenia-like and delusional psychoses; schizo-affective psychotic states and affective disorders; and serious neurotic disorders, caused by stress. The results showed changes in the listed receptor ensembles, that to a great extent changed physico-chemical properties of blood platelet membranes, that promoted initiation of blood clotting processes.

In connection with the last circumstance, the clotting properties of the blood were investigated in the mentioned groups of patients. This research revealed different in gravity thrombophylic states (pronounced hypercoagulation on the background of fibrinolysis depression), that correlated with the activeness and vividness of psychopathological manifestation (anxiety, fear, changes of consciousness, acute delusions, etc.).

On the base of the obtained results, together with the Physico-Chemical Institute of the Academy of Sciences of Ukraine, the synthesis of new psychotropic medicines was carried out, that combined antipsychotic and sedative properties with anticoagulant action. It was established that the execution of timely therapeutic measures directed at decreasing the danger of micro-coagulation has special importance for the optimizing of clinical prognosis of acute psychotic disorders of different genesis.

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NUMERISCHE KLASSIFIKATION PSYCHOPATHOLOGISCHER DATEN MITTELS DER LOGISTISCHEN REGRESSION

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Zielsetzung: Die schizoaffektive Psychose (SCHA) ist im Langzeitverlauf eine instabile Diagnose und im Querschnittsbefund nur unbefriedigend von den anderen funktionellen Psychosen zu trennen. Mit der Methode der logistischen Regression (LORE) suchen wir eine Untergruppe der SCHA, die sich von der Kernschizophrenie (KSCH) nicht unterscheidet.

Methodik: Mit der schrittweisen LORE wählen wir von 20 Variablen (AMDP-System, soziodemographische Parameter) diejenigen aus, die es erlauben, 90% der Gruppe KSCH in der Teststichprobe TST zuverlässig zu identifizieren. Mit dieser Randbedingung wird eine LORE in der Validierungstichprobe (VST) durchgeführt um eine Gruppe SCHA* zu identifizieren, die keine Patienten mehr enthält, die der Gruppe KSCH ähnlich sind. Die TST und die VST enthalten jeweils 1289 ersthospitalisierte Patienten aus den Jahren 1980–1985, deren ICD9-Diagnosen einer der beiden Gruppe KSCH (N = 851) und SCHA (N = 438) zugeordnet wurde.

Ergebnisse: Als trennschärfste Variablen wurden die AMDP-Syndrome Depressives, Manisches und Negativ-Syndrom bei Aufnahme, sowie Paranoid-halluzinatorisches und Negativ-Syndrom bei Entlassung, die Symptombdauer sowie die stationäre Behandlungsdauer identifiziert. Mit diesen Variablen läßt sich eine von der KSCH scharf abgrenzbare SCHA* Gruppe finden, die sich von der Gruppe KSCH sowohl signifikant unterscheidet. Eine niedrige berechnete Zuordnungswahrscheinlichkeit für eine der beiden Diagnosegruppen geht mit einer geringen Sicherheit der klinisch-diagnostischen Urteilsbildung einher.

Diskussion: Die Variablen, die 90% der Gruppe der KSCH zuverlässig identifizieren konnten, diskriminierten lediglich 60% der SCHA von der Gruppe der KSCH. 40% der Patienten mit einer SCHA ließen sich nicht von der Gruppe der KSCH trennen. Dieser Befund kann als Beleg für die geringe diagnostische Validität der nach ICD-9 Kriterien diagnostizierten SCHA gelten.

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ACUTE AND TRANSIENT PSYCHOTIC DISORDERS: DEVELOPEMENT OF CONCEPTS

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Introduction: Inclusion of the category of acute and transient psychotic disorders into ICD-10 meant international recognition for

a diagnostic entity that has been described by several psychiatric schools in different forms for more than 100 years. The validity of the new category and its identity with common entities is questionable.

Methods: In preparation of our empirical investigation of acute and transient psychotic disorders we compared phenomenological and conceptual aspects of historical diagnostic entities that influenced the ICD-10 definition.

Results: Historical concepts of acute and transient psychotic disorders are closely connected with different pathogenetical and etiological hypotheses. Conceptual models include a modified degeneration theory (Bouffée délirante, V. Magnan), lability of localized neuronal centers (autochthonous degeneration psychoses, K. Kleist), traumatization of individuals of a specifically vulnerable personality (emotional psychoses, J. Staehelin) or genetically based modifications of psychological functions (cycloid psychoses, K. Leonhard). Less uniform though influential have been concepts of acute remitting psychoses in developing countries. Despite their theoretical heterogeneity these models comprise core features remarkably constant for 100 years: abrupt onset, a specific "polymorphous" psychopathology and an unusual sex distribution.

Conclusions: The ICD-10 category of acute and transient psychotic disorders is based on heterogeneous nosological concepts. Common descriptive elements however are obvious and merit further empirical investigation.

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CLOZAPINE PHARMACO-EPIDEMIOLOGIC STUDY IN THE NET OF PSYCHIATRIC INSTITUTIONS

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Continual clozapine monitoring has been carried out in major psychiatric institutions in Yugoslavia since 1993. Data presented in this study include 156 inpatients and outpatients treated in psychiatric clinics in Eastern Serbia.

The patients were of both sexes, age 18–65 and met diagnostic criteria of F20, F22, F23, F25, F31, F32 and other according to the ICD-10 Classification of Mental and Behavioural Disorders WHO. Individual daily doses ranged from 25 to 300 mg.

Psychiatric evaluations and physical examination were made every two months. The scores of CGI, BPRS, PANSS and HAMD rating scales used for clinical assessments at each visit, were significantly reduced after two months of the treatment.

Adverse effects appeared in 17% of the patients and mostly manifested as sedation, nausea, hypersalivation and weight gain. WBC level and other laboratory results were monitored at each visit and no hematological adverse effects were shown.