

Clozapine proved to be an efficient, safe and reliable drug in long-term treatment of psychotic disorders, with minimal interactions and side effects.

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ACCEPTABILITY ON COMPUTERIZED SELF ASSESSMENT IN PSYCHIATRIC INPATIENTS

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In recent years various approaches with computerized assessments and tests in psychiatry were published. The influence of computer attitude, psychopathology and neuro-psychological impairment on the acceptance of this new way of assessment is not sufficiently examined yet. In the presented current study an improved computerized interactive self assessment schedule (ISAS), based on the Windows™ operating system, was compared to a conventional paper-pencil self assessment (both specific to diagnosis) in 45 psychiatric inpatients with various DSM-III-R diagnoses. The general attitude to computers was examined by a German translation of the Groningen Computer Attitude Scale (GCAS). In 15 of the patients psychopathology and neuropsychological impairment was systematically investigated by different tests and rating scales. The results indicated a negative influence of attitude to computers and impairment of attention on the acceptance of computerized self assessment, whereas psychopathological symptoms showed very inhomogeneous effects. Nevertheless in general we saw a good acceptability and feasibility of the computerized self assessment. Computerized assessment is suitable for psychiatric inpatients but further research is necessary in order to improve attitude to computers and the patient-computer interaction.

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CLINICAL, PSYCHOSOCIAL AND CRIMINOLOGICAL CHARACTERISTICS OF A FORENSIC PSYCHIATRIC POPULATION IN ITALY

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Background: Recently public concerns have been raised about the adequacy and the effectiveness of the six forensic mental hospitals functioning in Italy. Our project, called Mo.Di.O.P.G., aimed: (1) to assess the clinical, criminological and psychosocial characteristics of the forensic inpatient population, and (2) to monitor all discharged patients over a three-year period in order to assess their clinical and psychosocial outcome and rates of criminal recidivism.

Design and Instruments: Mo.Di.O.P.G. is a prospective cohort study, and to a large extent employs the TAPS design and instruments. All subjects coming from three selected regions of Italy, and admitted to three forensic mental hospitals during a selected time period, have been carefully evaluated using a variety of standardised psychiatric and criminological assessment instrument. They have been matched to a comparison group of non-forensic psychiatric patients using mental health services, and are being followed-up for three years.

Results: We are in process of completing the assessment of 118 subjects meeting the selection criteria and the matched controls. A preliminary analysis of a subgroup of patients (61 subjects), coming from the Emilia-Romagna Region has shown that 70% of them met DSM-III-R criteria for schizophrenia, 41% had a psychiatric

history positive for alcohol or substance abuse and that 16% had attempted suicide sometime in their life. Fifty percent of studied subjects has committed homicide; 60% of these patients was in charge at a public psychiatric facility at the time of the offence.

Conclusions: The preliminary results of this sophisticated study suggest that at least half of the patients could be properly treated in medium and low-secure units, which might be more effective and less expensive.

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ERKLÄREN DER ATMUNG ALS PROZESS VERSUS VERSTEHEN DER ATMUNG ALS HANDLUNG

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Mit dem Begriff *Prozeß* bezeichnet man einen Vorgang, der nach einer - mehr oder weniger bekannten - *Gesetzmäßigkeit* abläuft. Auch wenn manchmal die *Gesetzmäßigkeit* nicht genauer bekannt ist, so impliziert die Bezeichnung eines Lebensvorganges als *Prozeß*, daß eine solche *Gesetzmäßigkeit* existiert. In der Regel werden diese Zusammenhänge *kausal erklärt*. Mit dem Begriff *Handlung* werden Lebensvorgänge belegt, die u.a. mit dem *Willen* beeinflussbar sind und um deren *Verständnis* man sich oft bemühen muß. Oft wird unterstellt, daß - durchaus in Abgrenzung zum Begriff *Prozeß* - der Vollzug einer *Handlung* mehr oder weniger *frei* ist. So könnte man den im Vortrag am Beispiel der *Atmung* diskutierten Unterschied zwischen *Prozeß* und *Handlung* auch unter Verwendung des Gegensatzpaares *Notwendigkeit* versus *Freiheit* erklären.

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DRUG TREATMENT OF DEPRESSION IN THE ELDERLY IN PRIMARY CARE

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With a prevalence of about 20% depression is the most common disorder in old age with a strong impact on quality of life and on physical health.

Previous studies revealed a striking underdiagnosis and undertreatment of depression in primary care. The following study was designed to investigate the influence of various factors (gender, severity, comorbidity) on disease recognition and treatment.

We designed two written case histories describing mild depression (case 1) and moderate to severe (delusory) depression (case 2). For each case different versions were used: in case 1 the gender of the patients varied, in case 2 both the gender and the previous history (stroke/hypothyreosis) varied. The different combinations of case 1a/b and case 2a-d were randomly assigned and a pair of case 1 and 2 presented to family physicians (FP) by trained investigators in a face-to-face interview. A standardised interview was performed.

170 (77.6%) of all FPs in Kassel and rural surroundings were interviewed during summer 1995. Though the recognition of depression was considerably good, for both cases about 35% of all physicians prescribed antidepressive agents. Tricyclics and hypericum were most frequently chosen, the latter considerably less in case 2. Newer antidepressants were considered rarely. Overall there was a trend to low dosages.

In conclusion our findings suggest that only a minority of FPs would treat old age depression with antidepressants. With

increasing disease severity the probability of an appropriate drug treatment decreased. Newer antidepressants with a favourable side effect profile are rarely considered.

The results arise major concerns as to the quality of psychopharmacological treatment in primary care.

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THE FREQUENCY OF SOMATOFORM DISORDERS IN A POPULATION OF PRIMARY CARE SETTING PATIENTS

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Aims: Somatoform Disorders (SD) are psychiatric disorders encountered mainly in primary care settings and treated mainly by general practitioners. SD are underdiagnosed and overtreated.

Methods: Consenting patients were evaluated using a questionnaire designed after the SD section of CID-I. HAM-D scale was also used to rule out depressive patients.

Population: Every third Patient of a small public primary care service, during the first and the last week of November.

Results: Of the 69 patients, 3 fulfilled the criteria for Somatization Disorder (4.3%), 3 for Pain Disorder (4.3%) and 11 for Undifferentiated Somatoform Disorder (15.9%).

Conclusion: The frequency of SD in the given population is high compared with their prevalence in general populations (0.13% for Somatization Disorder and around 4% for Undifferentiated Somatoform Disorder) and warrants special attention as an important health problem.