

chez les primosuicidants que chez les récidivistes. Les récidivistes travaillaient régulièrement ont significativement plus d'antécédents psychiatriques familiaux que les primosuicidants. La différence n'est plus significative chez les suicidants en difficulté d'insertion, qui sont caractérisés par de moins bonnes conditions de vie, avec notamment absence de domicile régulier. Ces résultats apportent de nouveaux éléments de compréhension dans une relation entre les gestes suicidaires et le niveau d'intégration socioprofessionnelle.

Tues-P80

PHARMACOLOGIC PREVENTION OF SUICIDE

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In the study has provided some evidence that the dominant etiologic factors in suicide are mental disorders (depression, alcoholism or schizophrenia) In addition, suicide is associated with other dispositional factors such as negative life events and less social support, specific personality traits, sociodemographic and socioeconomic factors or family history of suicidal behavior.

In this study it was examine 50 suicide patients, who were without any mental disorders (they had one ore more suicide behavior in the past and suicide ideation at present).

The 29 female and 21 male patient's age were between 16–88 years (mean: 49.5). 25 patients had placebo, 25 had fluvoxamine (200 mg/day/ or fluoxetine (20 mg/day) during one year period. In the group of 25 patients with placebo 18 suicide tentamens during this one year, from the group of 25 patients with fluvoxamine or fluoxetine had 3. The conclusion: the SSRI antidepressants could be useful as a profilactic treatment of suicide behavior.

The Hungarian suicide-rate was one of the highest in the world. After the adequate antidepressant medication at the patient population this rate went down dramatically.

Tues-P81

SUICIDE IN PRISON — IS THE RISK REALLY HIGHEST IN THE FIRST PERIOD OF CUSTODY? PRISON SUICIDE IN AUSTRIA 1975–96

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In order to evaluate the phenomenon of prison suicides, a study was conducted using the case notes of all suicides having occurred in Austrian prisons between 1975 and 1996 (n = 206), as documented by the Ministry of Justice. In addition to an evaluation of age, gender and preferred methods of suicides, suicide-risk factors associated with different circumstances and periods of custody were studied.

Commonly, papers on prisoners' suicide risk estimate the risk to be highest within the early phase of custody, e.g. as stated by Beckett (1987): "The level of distress appeared to be maximal during the initial phase of imprisonment and, although remaining comparatively high, diminished with the passage of time." The evidence for this statement is based on the fact that the absolute number of jail suicides is highest during the first days, weeks and months. We appreciate that up to now forensic psychiatric science has relied only upon the numbers when investigating suicide in custody, because it was impossible to calculate rates and incidence density without official data concerning the system of imprisonment and criminal courts' practice. This data, however, was rarely available and incomplete. Nevertheless, we consider that it is necessary to get this data in order to use more detailed

statistical methods for the assessment of the real suicide risk. The calculated incidence density, which in our opinion reflects the suicide risk of a defined period of custody, increased proportionally with the time spent in jail. Furthermore, the suicide risk increased with the length of the announced sentence. We conclude that it could be necessary to reconsider the common assumption that the suicide-risk of persons in custody is highest shortly after admission.

Tues-P82

PARASUICIDE, ANHEDONIA AND DEPRESSION

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Introduction: Previous research has shown that anhedonia characterizes suicide attempters. The present study aimed to replicate this finding using a control of the depressive level.

Method: 106 parasuicides and 104 matched controls were assessed on the revised Physical Anhedonia Scale (PAS) and the abridged version of the Beck Depression Inventory (BDI).

Results: Consistent with previous studies, parasuicides were significantly more anhedonic than controls. When depressive level was taken into account, using analysis of covariance or multiple linear regression, the PAS score was not significantly different in the two groups.

Conclusion: Anhedonia in parasuicides constitutes a depressive feature and not a temperamental trait.

Tues-P83

DECREASING SUICIDE MORTALITY IN HUNGARY: WHICH ARE THE MAIN CAUSES?

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In agreement with the international data, clinical research of suicide in Hungary shows that the vast majority of suicide victims have mental disorders, especially untreated depression.

However, clinical studies show that adequate acute and prophylactic treatment of affective disorders reduces significantly the suicide mortality in this high-risk population.

In the last 13 years the suicide rate of Hungary showed a steady decrease from 45.9 (1983) to 32.9 (1995), while the same figure of the most post-communistic countries showed a slight or marked increase.

Since more than half of suicide victims kill themselves during a depressive episode, early recognition and adequate treatment of this population seems to be an important part of suicide prevention.

A markedly increased activity in postgraduate training in depression, in emergency telephone services, and in public education are reflected in the significant increase of antidepressant prescription during the last 6–7 years in Hungary. These data suggest that better recognition and more effective treatment of depression play an important role in the suicide prevention. Of course, several other (mainly psycho-social) factors may have also a contributing role in this favourable change in Hungary.