

miniscule. From these studies, it appears that typical antipsychotics are effective in youngsters with psychotic illness. However, the incidence of certain side effects, particularly EPS, is found to be higher in young patients compared with adults. PET receptor studies have demonstrated that incidence of EPS is related to dose-dependent D2 receptor occupancy, and there is a significant relationship between the number of these receptors and age. Children appear to be more susceptible to side effect (EPS), and because of its prospective longer use, it places them at a high risk of tardive dyskinesia. The atypical antipsychotic risperidone appears to represent a better alternative than conventional neuroleptics, with a lower risk of extrapyramidal side effects.

Methods: In open-label study the 14 subjects (8 boys and 6 girls) aged from 7 to 17 years (mean age 14.6 years), with schizophrenic disorders received risperidone. The duration of treatment varied from 5 up to 8 weeks, with mean duration being 6.7 weeks. These assessment criteria were used: Positive and Negative Subscales of the PANSS and Clinical Global Impressions (CGI). Parameters were analysed using t-test.

Results: Positive and negative symptoms improved during the course of trial, mean PANSS total score improved significantly on week 3. The safety profile of risperidone in children was similar to that in adult patients and none of adverse events were considered serious.

Conclusions: In subjects with early onset of schizophrenia, risperidone has demonstrated safe and effectiveness against both negative and positive symptoms according to PANSS, with improvement in CGI.

P02.300

GENDER DIFFERENCES IN PSYCHIATRIC ADMISSIONS: THE INFLUENCE OF CULTURE AND SOCIAL PSYCHIATRY
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Retrospective analysis of all psychiatric admissions in Al-Ain District over 5 years (n = 2745) showed a consistent excess of male over female inpatients by a ratio of 1.49: 1. To explore this phenomenon, all admissions during a period of three months were retrospectively assessed using a modified form of the Bethlem Royal and Maudsley Hospital Observation Sheet. In addition to socio-demographic characteristics, personal history, medical and psychiatric history, symptom profile and investigations, the assessment also covered treatment outcome as assessed by the Clinical Global Impression Scale. A number of gender differences emerged. Past psychiatric history revealed that male patients had more often sought contact with psychiatric services and had more frequent previous admissions when compared to their female counterparts. Apart from birth order, no differences were found in the circumstances of upbringing, or that of development. Male patients with a psychotic disorder more often exhibited delusions of persecution, and received a diagnosis of schizophrenia. Patients admitted for alcohol and drug problems were exclusively males. On the other hand, increasing number of female patients presented with affective and conversion disorder. Female patients were more often considered more to be markedly improved on discharge than their male counterparts, perhaps due to the different diagnostic profile. One way of explaining these findings would be to regard this as resulting from the influence of gender characteristics in the manifestation of psychopathology but the authors feel that this could more readily be explained by the idiosyncratic social fabric of the United Arab Emirates.

P02.301

LIFE QUALITY IN A GROUP OF ELDERLY PEOPLE WHO ARE NON SELF-SUFFICIENT, AND NON INSTITUTIONALIZED

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Objectives: To describe the health and life conditions of a group of elderly people who are not self-sufficient and live at home, and not in nursing institutions.

Design: Population based, cross-sectional health survey.

Participants: 167 persons (60 males and 107 females), interviewed from January to 30 July 1996.

Inclusion criteria: Minimum age of 65; non-self-sufficiency; living in urban areas of Turin, but not in institutions.

Measurements: It has been administered an obliged-choice questionnaire about life and health conditions, ADL index for disability level and the Hospital Anxiety and Depression Scale.

Results: By observing elderly patients, it has been found that the quality of life of the non-self sufficient is negatively influenced above all by the degree of disability and depression, and apparently is less influenced by the degree of anxiety. The non-self-sufficiency condition does not always correspond to physical disability. Depression in non-self-sufficient, non-institutionalised elderly people, seems to worsen attitudes towards life more than what physical disability does.

Conclusion: Some types of non-self-sufficiency seem to be caused by cultural prejudice. Some elderly are actually less seriously disabled, from a medical point of view, than they, their family and the privileged sources of information think. Psychopathological factors family dynamics probably worsen the non-self-sufficient condition of a person. Therefore, the therapeutic strategy, also from the point of view of Quality of Life, should consider more articulate geriatric and psychosocial interventions.

P02.302

BULIMIC FAMILY DYNAMICS: TEMPERAMENT AND CHARACTER DYNAMICS

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Objective: Modern psychobiological research conceptualizes personality as a complex adaptive system involving a bi-directional interaction between heritable neurobiological dispositions (temperament) and social learning (character). In this study, we evaluate temperament and character traits of parents with bulimia nervosa, their mothers and fathers, and we analyze correlations of temperament and character traits among family members in bulimic families. Finally, we test the ability of the TCI to discriminate between normal controls and bulimic subjects, their parents and their family.

Subjects: Temperament and Character features of 65 bulimic patients and their parents (24 mothers and 19 fathers) were analyzed and then compared with a control group of 60 women and their 20 fathers and 20 mothers using the TCI.

Results: This study demonstrates that both temperament and character factor are involved in Bulimia Nervosa (BN). Consistent with earlier results bulimic individuals were high in Harm Avoidance and Novelty Seeking. As a novel finding, their character was

remarkable for low Self-directedness, indicating immature individuals with increased risk of personality disorder. Their mothers were distinguished by low Self-directedness indicating a high risk of personality disorder. The fathers were low in Persistence and Self-directedness indicating an inert and immature personality.

The bulimic family had low Self-directedness as a common denominator observed in all family members. This finding indicates that the psychopathology of bulimia nervosa combines the tendency to anxious and depressive reactions with low character development. None of the above temperament and character profiles is pathognomonic of BN. Rather, individual psychopathologies of each family member interact within a unique familial setting generating in susceptible members (daughters) the syndrome of BN.

The observation of that both temperament and character have important role in the etiopathogenesis of BN has important treatment ramifications.

The TCI was very useful in discriminating between normal controls and bulimic subjects, their parents, and the whole bulimic family.

P02.303 STUDY OF PSYCHOTIC DISORDERS WITH ARTIFICIAL NEURAL NETWORKS

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Introduction: During the recent years advances in artificial intelligence (AI) and particularly in the connectionist models are being used by psychiatrists in an attempt to explain brain function. Also neural networks have begun to receive attention in the investigation of clinical decision-making problems. The new paradigm seems to give practitioners some hope that the further understanding of mental illness could be greatly enhanced by the new prototypes.

Objective: The aim of this paper is to develop a neural network system that it will be used to implement a diagnostic expert system with a sample of psychotic patients.

Hypothesis: We investigate the hypothesis that a non-linear classification of psychotic cases into and subtypes by an neural network is more accurate than the linear classifications carried.

Material and Method: The sample consisted of 200 psychotic inpatients who met the following criteria: ages between 15 and 75 and having the presence on admission of delusions. Candidates for study who had mental retardation, questionable diagnoses, known organic dysfunction, alcoholism or drug related disorder were excluded. After a washout period (24 hours) and before taking medication the patients were assessed by two interviewers with a questionnaire to know several phenomenological characteristics of delusions and with CPRS scale

Results: It was obtained an auto-organizer map to classify psychotic patients. It was established different clusters with different diagnostics. Also it was obtained the relation between psychotic disorders. Delusional disorder is related to Schizophrenia, Schizophreniform disorder, psychotic disorder not otherwise specified, Schizoaffective disorder (bipolar type) In the map bipolar disorder with psychotic symptoms and major depressive disorder with psychotic symptoms appeared far from paranoia

Conclusions: 1. Decision making is a complex phenomenon and other mechanical decision tools as artificial neural networks could be incorporated into parts of the clinical decision making in order to improve it. 2. Artificial neural networks have a prominent role in decision support for delusional disorders. 3. Artificial neural

networks give information about the relation between delusional disorder.

P02.304 PREDICTING OUTCOME OF FIRST EPISODES OF SCHIZOPHRENIA

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Introduction: There have been a large number of studies of outcome in Schizophrenia. These studies have provided many suggestions about important variables in understanding and predicting outcome. However, there many methodological and conceptual issues. The present two-year follow up study applied multiple outcome criteria to investigate prognosis factors in Schizophrenia.

Objectives: The aims of the present study were: 1. To study outcome patterns in Schizophrenia compared with other disorders. 2. To Know the relationship among the four areas of Strauss-Carpenter scale. 3. To evaluate the relative prognostic contributions of both background and psychopathological variables in Schizophrenia

Hypothesis: A higher total score on negative symptoms at index admission predict poor outcome at two years follow-up. A higher total score on negative symptoms at two years follow-up period predict poor laboral function.

Material and Method: The initial sample consisted of 102 patients with first psychotic episodes admitted to Hospital Virgen of Arrixaca. Of the 102 patients, 46 were diagnosed as Schizophrenic. A battery of clinical and sociodemographic measures were used at index admission. After two-years follow-up period 80 patients were re-assessed in the same terms. Also it was used Strauss-Carpenter scale to evaluate outcome function in the following four areas: frequency of social contacts, percentage of time employed, severity of symptomatology and amount of time spent out of the hospital during the past year. Multiple regression analysis were used to find predictor variables of outcome.

Results: At index admission and at two years follow-up period Schizophrenic patients had higher scores on all negative symptoms except attention deficits than non Schizophrenic patients. At index admission Schizophrenic patients scored higher on Hamilton Scale than the other group. It was found significant difference on outcome scores in both groups.

Conclusions: At index admission clinical and sociodemographic variables do not predict outcome in Schizophrenia. At two years follow-up a higher total score on negative symptoms predict poor laboral function.

P02.305 A COMPARISON OF ENGLISH AND ITALIAN DRUG LEGISLATION, THEIR POLICIES OF INTERVENTION AND ANY CONSEQUENCES UPON STRESS AND BURNOUT AT WORK

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One of the particular characteristics of the "Helping Services and the Helping Professions" is that the workers are the direct instruments of that help. In particular, in the Drug Addiction Services, the wellbeing and the stability of the helper are one of the most important presuppositions of being able to carry out therapeutic work.

But in these services, the strong investment in the relationship with the drug users and with the phenomenon of drug addiction