

such as anorexia and bulimia. However this is not a simple lecture through the psychosomatic pathology as traditionally conceived, but instead is an investigation into the manifestations of disharmonious function of the mind/body relationship that we propose to name "psychosomatic dissociation". Because of the dissociation, the patient doesn't perceive himself as the entire individual, but rather as divided into body and mind, between physical and mental experiences.

By presenting clinical exemplifications, we will attempt to explain the psychodynamic understanding and the subsequent therapeutic approach for such diseases, following the psychoanalytical conception of mind function proposed by Bion and developed by Ferrari.

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PSYCHOTHERAPEUTIC GROUP IN EATING DISORDERS: WHICH ONE AND WHY

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From the clinical experience in our Eating Disorders Unit, it appears clear that one of the most adequate therapies for eating disorders, is the group therapy psychoanalytic oriented.

A group analysis that however is not like the one classically conceived, but is an "analysis within the group", in which the group "space" is intended as experiential space. Within this space the patient can experience the I in the "other one", she can try to Try.

By reporting here the story of one of our groups, we will attempt to show our idea about group psychotherapy.

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OBESITY AS PSYCHOSOMATIC DISEASE

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Object: Obesity, which has great significance in public health, can be regarded as a psychosomatic disease. Besides the much declared somatic causes and somatic complications the psychological factors are also important. This study declined on the results of a previous research. At the Condition-Keeping and International Department of the National Sport-hygienic Institute in Budapest we carried out a poll with questionnaires among obesity subjects. In the cases verified /26/ with interviews we started the psychological assistance besides the above-mentioned somatic therapy of obesities.

Method: In the psychotherapy the employed strategies were as follows: behavioral-cognitive therapy, behavioral-family therapy, as well as, individual psychotherapy, in which case the task was the treatment of the psychological basis-disease. In case of dysthym-depression SSRI and bensodiasepin drugs were used as well.

Results: Our results can be regarded only as partial results, because of the necessity of a long-term follow-up of psychological treatment. Lasting and significant reduction of the body weight was the result of the psychotherapy and antidepressant treatment among obesities with mild and medium cases of depression. In the cases of serious depression and of bulimic obesity the results were less spectacular the relapses were frequent, which were indicated by the fluctuation of the body weight. Summing up the results of the long-term follow-up treatments the positive tendency of recovery is obvious.

Discussion: Obesity, as a psychosomatic disease concerning the therapy requires a multidimensional approximation. Besides

the treatment of somatic causes, psychotherapy assistance are necessary.

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EATING DISORDERS IN A RURAL ENVIRONMENT. INTERVENTION METHOD COORDINATION BETWEEN A BASIC GENERAL HOSPITAL AND A RURAL OUTPATIENT MENTAL HEALTH CENTER

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In the present research it's analyzed the method of intervention followed during the year 1997 in a group of patients with eating disorders at the Basic General Hospital of Baza (Granada) which consists of 12 beds and in coordination with the Mental Health outpatient Center of Baza which attends a 75.000 inhabitants population.

A total of 15 inpatients were attended in a coordinated way. It's described: a) the evaluation mode: biomedical and psychological - Behavioural Evaluation Scales: M.M.P.I., Beck Depression Inventory, Fear of Negative Evaluation, Taylor Manifest Anxiety Scale, Disfunctionally Attitudes Test, Gambrill-Richey Assertion Inventory- b) the treatment phases and used methods- nutritional, dietetic, psycho pharmacological and cognitive-conductual-, also it's studied the subsequent care given to the outpatients with eating disorders.

We can conclude with the data obtained that in a 70% of cases it's achieved the nutritional rehabilitation and also the alimentary pattern after hospitalization; it appears to be useful a subsequent control of the outpatient treatment which permits to work with the associated psychological disorders and also the dispositional personality and environmet variables (familiar and sociocultural) that predispose the continuation with eating disorders.

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POLYDIPSIA AND WATER INTOXICATION IN PSYCHIATRIC INPATIENTS: A SURVEY IN A FRENCH GEOGRAPHIC AREA (SOMME)

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Introduction: The aim of the study was to determine the prevalence of polydipsia and water intoxication in psychiatric inpatients from the French geographic area of the Somme. That area, one of the 95 French "department", has a population of approximately 548 000 inhabitants in the France North. The area has 450 psychiatric beds in one psychiatric hospital and in two psychiatric departments in general hospitals.

Method: Using staff reports, the drinking habits of 353 psychiatric inpatients hospitalized during the survey in the 450 psychiatric beds were examined.

Results: 38 patients (10.8%; 95% confidence interval: 7.6%–14%) among the 353 inpatients were polydipsic. About one third were at risk of water intoxication. Polydipsia appeared to be significantly associated with male gender, smoking, celibacy, unemployment, chronicity, a high prevalence of schizophrenia, mental retardation, autism, cerebral dysfunctionment, severe personality disorders and high frequency of somatic disorders.