the disease was carried out and the recommendations for their use were worked out depending on the presence of psychopathologic disorders.

Taking into account this structure of depressive disorders, antidepressants predominately with sedative or balanced activity were used for their suppression. In the cases of dysphoric depression the use of tricyclic antidepressants (amitriptyline) is mostly expedient. The most preferable on the stage of postwithdrawal disorders with profound and moderate depressions are fourcyclic antidepressants (lerivon). On the stage of forming the remission the use of Coaxil was highly effective in moderate and light degree depressive disorders of heroine addicts. Paxil did not have broad use in the treatment of this form of drug addiction.

P03.422

COMPUTERIZED ASSESSMENT OF DEPRESSIVE DISORDERS SEVERITY

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Computerization of the clinical psychiatry modifies the style of clinical observations expressing as well as the content of conventional conceptions. The objective of this research was developing criteria of depression depth (severity) by means of separate computed subsyndromes (clusters) and computed syndromes. Methods of mathematical analysis were employed in the research work. Totally, 125 patients, aged 19–40, (20 male and 105 female) have been studied, including those with depressive episode (n = 74), recurrent (n = 43) and bipolar (n = 8) depressive disorders. Depending on the level of severity, all depressive disorders have been divided into three groups: mild depression (n = 32), moderate depression with somatic disbalance (n = 40) and severe depression without psychotic symptoms (n = 53). Results of the study have shown the diagnostic value of separate symptoms to be insufficient, because a few symptoms can specify only one level of depression severity (in 20.1% of pair comparisons). When recognizing depression severity by means of computed subsyndromes, the following was obtained: typical cases of mild, moderate and severe depressions (each kind was specified by 10–14 subsyndromes); less typical cases (each - specified by 3–4 subsyndromes); and observations, taking intermediate position between mild and moderate, moderate and severe depression levels (subsyndromes migrations were seen among depression severity levels). Including intermediate cases, obtained recognition percentage was the following: 96.6% for mild, 92.5% for moderate and 98.1% for severe levels of depression. Computed syndromes were more intricate systems of symptoms organization. The first six of them - the most informative were analyzed.. There were no same syndromes, equally presented on the several different levels of depression severity. First computed syndromes described 65.6–90.6% of patients, and sixth - 38.4–53.7% of patients on the each depression severity level. So that, developed computed subsyndromes and syndromes can be used in computer diagnosing of depression severity.

P03.423

RISK FACTOR FOR PSYCOPATHOLOGY DURING RESIDENCY (POSTGRADUATE MEDICAL TRAINING)

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Background: To evaluate the prevalence of psychic disorders during the residence and their risk factors (individuals and dues to work stress).

Method: Transversal study in 145 residents, of all the specialities and years of formation. We evaluate sociodemographic datas, stress experiencies (of labour and life events), psycopathology (GHQ Goldberg), personality (16PF-A Cattell), and coping behaviour (Lazarus and Folman). We made descriptive and multivariate analysis.

Result: We found 49% of probable psychiatric cases (GHQ > 10), with not very severe disorders, and prevalence of irritability, insomnia, personal abandonment and apathy. In discriminant analysis the following factors were associated to psycopathology: High level of work stress, of life events, and less for the relationship with the patient. Desires to leave the profession, toxic abuse, and lacking time for sociofamiliar relationship. More psychic personal antecedents, last months of residence, and lived alone. Personality: More Floating Anxiety (Q4), Neuroticism (QI), Conservatism (Q1-), Conformity to the group (G), and Minor controlled Socialización (QIII-). In coping behaviour: More Distancing and Selfblame.

Conclusion: The prevalence of psychic disorders during the residence is high, although not very severe. The most influential factors were individuals (features of neuroticism and coping of Selfblame and Distancing), as well as the work stress derived of the own formation and not related to the patient care. It is important

P03.424

THE MOST COMMON PSYCHOPATHOLOGICAL ENTITIES AT REFUGEES

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The research has been acomplished in FRY, on the sample of refugees from former republics, as well as refugees from Kosovo. All refugees have in their experience a range of stressfull, catastrophic life events. Many of them still suffer different chronic psychosocial stressors.

In the research the following instruments has been used: sociodemographical questionaire, questionaire on exile, Enviroment Assesment Scale, Social Relations Inventory, Scale of Agression, Scale of Depression Beck, Social Support Inventory and Brief Psychiatric Rating Scale.

The refugees live in exile 5–9 years. The are recognizable on social isolation, poor social activities and intern contacts. The have strong mistrust to the environment they live, rejection of possibilities that are offered to them and pessimistic attitude for the future. Maladaptive bihaviour patterns are often at refugees, especially those in collective centres, caracterized with increased consumation of cigaretes, alcohol and sedatives. Not rarely they tend to somatizations. Increased agressiveness is presented by verbal hostility in interpersonal relations. First psychoses are rare and the psychopathology can be included into diagnostig frame of neurotic and somatoform disorders. However, significant percent of them manifest a clinical picture of chronic PTSD marked with psychomotor retardation, low reactibility, emotional numbness and decreased affective resonance. Depression is moderate, close to model "learned helplessness".

P03.425

EMERGENCY PSYCHIATRY AT DEPARTMENT FOR CHILDREN AND ADOLESCENT PSYCHIATRY – TWO YEARS FOLLOW UP

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Objective: The initial clinical interview is the basic step of the successful management of a psychiatric emergency. By observing

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