S42.05
THE PREDICTABILITY OF ADULT INDIVIDUALS' PSYCHOSOCIAL CHARACTERISTICS ON THE BASIS OF IQ AND PERSONALITY TRAITS ASSESSED IN CHILDHOOD

L. Kubicka

No abstract was available at the time of printing.

S43. Suicidal behaviour in the East European and the Baltic countries

Chairs: V. Krasnov (RUS), D. Wasserman (S)

S43.01
SOCIAL ENVIRONMENT AND SUICIDAL BEHAVIOR

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The study has been carried out in Autonomous Republic of Ajarja, Georgia. From 1993 to 1996 102 cases of suicide were investigated. There were 41 completed suicides among them. General Psychosocial and Suicide Questionnaire has been elaborated. The following issues has been analysed with regard to a suicide attempt: demographic and social (age, gender, local living standards, marital status, education, occupation), medical status, history. All the investigated patients were volunteers in the research proramme. To measure depression and anxiety levels Beck Depression Inventory and Sheehan Self-Rating Scale were used. Observation also included free psychiatric interview with the participants of the study.

Results: A portrait of a suicide attempter was elaborated according to which a cluster of suicide risk features is common in healthy persons aged 30–40, who are living in the city. The motivation for a suicide commitment is mostly determined by financial and social factors. Declining of life standards has been also noted. The suicidal behaviour is associated with the factor of employment of a person. Suicide is especially high in families with broken cultural traditions.

S43.02
EPIDEMIOLOGICAL STUDY OF PARASUICIDES IN THE CITY OF MINSK IN BELARUS

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Since 1997 a large epidemiological study of parasuicides has been undertaken in Minsk – the capital of Belarus with a population of 1.72 million people. Before starting the monitoring phase of the study a procedure of registration and reporting of parasuicides was set up at emergency rooms of the local health centers (polyclinics) and all the hospitals in the city. The instruments, developed for this study, were adapted from the instruments, used in WHO/EURO multicentre study on parasuicide. In 1997 a total of 1314 parasuicides were registered in the city, and in 1998 - 1391. The age-standardized rates were calculated by direct standardization based on sex and age distribution of the population. In 1997 age-standardized rate of suicide attempts in men was 75.9 (/100000), in women - 93.3. In 1998 - 92.2 and 90.8 correspondingly. Age distribution of suicide attempts reveals gender differences in peak ages: males more often commit parasuicides in the age 20–24, whereas females – in the younger age (15–19). Poisoning (primarily by medicines) was observed in about 70% of parasuicides in women and only about 30% – in men. Self-cutting was a predominant method of parasuicide in men (about 50%). The results of the study show that the most frequent method of parasuicide in men in studied population is self-cutting, which differs from other similar studies, and might be explained by comprehensiveness of parasuicide registration in this study, which has been not limited to the hospitals.

S43.03
SUICIDES IN LITHUANIA

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Since 1920 till 1940 there were about 200 suicides per year in Lithuania. This number was the lowest in Europe. During last several decades there were about 1,500 people per year who commit suicide, and about 15,000 people per year who try to commit suicide (the population of Lithuania is about 3 700 000. The ratios of suicides in Lithuania are as following: 1996 - 46.4; 1997 - 44.0; 1998 - 41.9 per 100,000 population. Before the Second World War the number of suicides was as much as 4 or 5 times higher in the cities than in the rural areas. Since 1970 the situation has been changed, and the number of suicides in rural areas exceeds the number of suicides in the cities. The number of completed male's suicides exceeds the number of completed female's suicides as much as 5 times. However our research data show that the number of suicide attempts is higher among female population. In 1999 the State Programme for Prevention of Mental Disorders was approved by the Lithuanian Government. The programme includes a section on suicide prevention. According to this programme the first step in providing suicide prevention is establishing of local mental health centers. Those mental health centers provide primary mental health care. One or several teams work in mental health center. Every team consists of a psychiatrist for adults, a psychiatrist for children, a psychiatrist specialised in addictive disorders managing, a psychologist, social workers, and 2 nurses.

S44. Innovating approaches to psychopathological research

Chairs: J.E. Mezzich (USA), P. Smolik (CZ)

S44.01
DIAGNOSIS AND PSYCHOPATHOLOGY: WHAT DEFINES A DISORDER?

N.C. Andreasen. *University of Iowa Hospitals and Clinics, Mental Health Clinical Research Center, Iowa City, Iowa, USA*

Mental illnesses are usually diagnosed based on the recognition of a syndrome – a characteristic clustering of signs and symptoms, sometimes in conjunction with a characteristic course. Historically, the development of such syndromal definitions is the first step in a four-step process that defines successful longterm management of mental illnesses: definition of the syndrome (phenotype), identification of its mechanisms and causes, development of treatments that reverse the symptoms (or more ideally, the mechanisms and causes), and development of interventions that prevent the mechanisms and causes from arising altogether (primary prevention). We have succeeded in this full process for only one mental to

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date: neurosyphilis. Often the progression is uneven. For example, we have successful treatments for depression with only minimal understanding of mechanisms and causes. We have excellent understanding of mechanisms and causes for Huntington's Disease, but no treatments or preventions.

The unevenness of this course of medical progress suggests that we should consider defining disorders on multiple levels, especially since the "deeper" level of pathophysiology may be more heuristic in developing improved treatments and preventions. This presentation will illustrate these issues by discussing one mental illness in detail: schizophrenia. Dimensional vs unitary definitions will be compared, as well as definitions based on symptoms, cognitive processes, fundamental cognitive deficits, and abnormalities at the neural level. An approach will be described that goes back to the early work of Bleuler and seeks to define a fundamental deficit that defines schizophrenia. It will be argued that a parsimonious contemporary model of the fundamental deficit in schizophrenia should posit an abnormality in a basic cognitive process that could explain the diverse symptoms of schizophrenia and that is mediated by specific neural circuits. Connvergent evidence from MR and PET studies suggests that patients suffering from schizophrenia have disruptions in cortical-cerebellar-thalamic-cortical circuitry (CCTCC). Based on these findings, we have proposed a unitary theory of "cognitive dysmetria" that explains its broad range of symptoms. This approach offers one type of alternative to defining disorders that examines multiple levels, rather than focusing purely on symptoms.

S44.02

CULTURAL FRAMEWORK OF PSYCHIATRIC DIAGNOSIS

J.E. Mezzich. *Mount Sinai School of Medicine/City University of New York, New York, USA*

Culture informs all aspects of life and health and therefore also the experience of illness and its context. This paper will review recent advances on enhancing the cultural validity of the various aspects of modern health assessment, including psychopathology, funcitoning, social environment, and quality of life. Standardized and personalized approaches to a culturally competent assessment will be disscussed.

S44.03

PSYCHOPATHOLOGY AND THE WHO INSTRUMENTS FOR CLINICAL ASSESSMENT

C.B. Pull*, J.M. Cloos. *Luxembourg*

Over the past twenty years the World Health Organization (WHO) has developed a number of semi-structured instruments to evaluate psychopathology.

The CIDI (Composite International Diagnostic Interview) is a fully structured diagnostic interview for use by lay interviewers as well as by clinicians. Its main interest lies in the assessment of large populations in epidemiological studies.

The SCAN (Schedules for Clinical Assesssment in Neuropsychiatry) is a semi-structured diagnostic interview for the assessment of axis-I disorders by clinicians.

The IPDE (International Personality Disorder Examination) is a semi-structured diagnostic interview for the assessment of axis-II disorders by clinicians.

More recently, WHO has developed an instrument for the assessment of disablement, the WHO-DAS II (Disability Assessment Schedule). The instruments will be presented and discussed.

S44.04

PATIENTS EXPRESS, PSYCHIATRISTS INTERPRET, WHAT ABOUT THE DIAGNOSTIC CATEGORIES? THE ISSUE OF ANXIETY COMORBID WITH DEPRESSION IN TURKEY

L. Küey. *Beyoglu Training Hospital, Istanbul, Turkey*

The psychiatrist, as a clinician, apart from the theoretical orientation and the classification system he had adopted, practices at three levels: descriptive, explanatory and therapeutic. At the descriptive level he focuses on psychopathology. The current medical approach to psychopathology runs through the following steps: the description of the signs and symptoms; the categorization of what is described; the instrumentation of what is categorized; and the implementation of what is instrumentationized. Diagnosis comes out as an end product of this process, which undervalues the subjective experience of the patient. On the other hand, in the clinical encounter, the perception, the experience and the expression of the patient is interpreted by the psychiatrist to reach a diagnosis. So, the psychiatric diagnosis is the interpretation, made by the psychiatrist, of an interpretation made by the patient. As a result, the perspective of the patient and that of the clinician are two sides of the same phenomenon, where the diagnostic categories are assumed to be the external criteria of this phenomenon. In this presentation, in the context of a nationwide study on the clinical pattern of depression and of studies on the comorbidity of anxiety and depression in Turkey, we will discuss these two perspectives and compare them with the conventional diagnostic criteria of depression. We end up with a question: Is anxiety an intrinsic symptom of depression, or is it just a comorbid emotional state?

S44.05

PSYCHOPATHOLOGY, STILL THE CORE OF PSYCHIATRY

P. Smolik. *Institute for Postgraduate Education, Department of Psychiatry, Prague, Czech Republic*

Communication, research and treatment are the most important reasons why phenomenological descriptions and classification into specific mental disorders are important even without a full understanding of underlying causes an pathophysiologic mechanisms. Mental disorders are characterized by deviations from a socially defined norm in thoughts, perceptions, mood and behaviour that impair social functioning. Psychopathology is the study of these deviations, the symptoms and signs of mental disorders and their etiology and pathogenesis. In the second half of the 20th century, neurologists have relinquished their interest in the cerebral localization of mental functions to psychologists and psychiatrists. What is striking is the explosion of information in this area since this happened. Even if neuropsychiatry had been born toward the end of the 18th century, the renewed sense of the field appeared after the British inventor Sir Godfrey Hounsfield examined first patient with computed tomography at Atkinson Morley Hospital, Wimbledon in October 1971. Neuropsychology and basic neuroscience laid the foundation to cognitive neuroscience, the exacting and complex discipline based on the best and most stringent of observations about the mysteries of nature. It has the challenging goal to explore, in an intelligent and probing and verifiable way, how primary data speak to the issues of how brain enables mind. Psychopathology as the applied philosophy with unsounded depths is waiting for new explanations within the new philosophical and scientific framework.

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