

**Conclusions:** The pathophysiology of malignant catatonia is likewise unknown despite of the multiple etiologies which have been proposed. There is some evidence that a special vulnerability to stress may be an explicative hypothesis.

### P02.324

#### DIAGNOSING PSYCHIATRIC COMORBIDITY IN A DRUG-ADDICTION UNIT

M. Astals<sup>†</sup>, D. Serrano, G. Pérez, R. Martí-Santos, C. Castillo, M. Torrens. *Psychiatric and Drug Abuse Department, Psychiatry Research Unit, IMIM - Hospital del Mar, 25-29 Passeig Marítim, 08003 Barcelona, Spain*

**Introduction:** The identification of psychiatric comorbidity in substance-abuse patients shows some methodological problems. Several approaches have been used: primary-secondary, organic versus non-organic, and endogenous versus induced distinctions. The use of structured diagnostic instruments has provided an improvement in this field. Nevertheless, most of them have shown some limitations. In the last years a new structured interview (PRISM, Hasin et al, 1996) try to overcome reliability problems in the diagnosis of comorbid psychiatric disorders in substance-abusing samples. The aim of the present study is the use of the Spanish version of the PRISM interview in a sample of drug addiction inpatients.

**Subjects and Methods:** One hundred and seventy five consecutive in-patients (68% males) with diagnosis of any dependence disorders (DSM-IV) were studied, after written consent, using the PRISM structured interview.

**Results:** The main current psychoactive use disorders diagnosed found by PRISM were alcohol (20%), benzodiazepine (35.5%), cocaine (57%) and heroin (40%) dependence disorder. The main psychiatric diagnoses found were major depression (10%), affective induced disorder (11.2%), psychotic induced disorder (3.7%) and borderline and antisocial personality disorders (13% and 16%).

(This work has been partially financed by a grant FIS 98/0176).

### P02.325

#### RESIDENTIAL CARE IN ANDALUSIA AND LONDON: A COMPARISON

N. Trieman<sup>1\*</sup>, F. Torres-Gonzalez<sup>2</sup>, C. Rickard<sup>1</sup>, J.C. Maestro<sup>2</sup>, M. Laviana<sup>2</sup>, B. Moreno-Küstner<sup>2</sup>. <sup>1</sup>*Department of Psychiatry and Behavioural Science, Royal Free and University College Medical School, UK*

<sup>2</sup>*Grupo Andaluz de Investigación en Salud Mental Psychiatry Department, University of Granada, Spain*

In recent years there has been a growing recognition of the need to standardize the assessment of mental health services across Europe, with the ultimate goal of establishing general norms of quality of care.

This collaborative study aims to evaluate the newly developed residential care facilities in Southern Spain, and compare them with the established community network in England.

The Spanish group comprises 77 former long-stay patients, currently living in 18 residential setting in Granada and Seville. The English sample consists of 59 residents, closely matching the characteristics of their counterparts, who live in 14 residential care settings in north London. Data were obtained by schedules commonly used by the Team for the Assessment of Psychiatric Services (TAPS), which were translated into Spanish and tested for reliability.

Various domains are explored, including the profile of residents, the objective measures of the care environments, the cost of services provided and the clients' satisfaction.

The results will be discussed in the context of the cultural and socio-economic differences between the two communities.

### P02.326

#### STANDARDISED DESCRIPTION OF PSYCHIATRIC CARE. THE NEED TO PLACE EVERY SERVICE IN ITS SPECIFIC CONTEXT

C. Munizza, G. Tibaldi\*. *Dipartimento Salute Mentale ASL4, Centro Studi e Ricerche in Psichiatria, 3 Piazza Donatore del Sangue, 10154 Torino, Italy*

In the last two decades, variations in access and utilisation of medical resources have become one of the main issues of debate. The need for a standardised method of comparison and analysis of substantial differences in the provision of psychiatric care to different populations has not been adequately met.

The European Psychiatric Care Assessment Team has addressed this problem by developing an internationally valid technology for assessing scope, structure, levels of utilisation and content of mental health services offered to the population of a specific catchment area.

Every attempt at cross-national comparison of utilisation rates of inpatient or outpatient facilities should be based upon a preliminary assessment of:

- characteristics of the catchment area population (e.g. morbidity, mortality, density, age, gender, marital status, level of unemployment, overcrowding)
- the physical structure of the whole service system, in order to identify different service types and quantify the volume of service provision.
- the extent to which different types of therapeutic activities or modalities (for example, psychological interventions, functional assessment, somatic interventions, etc.) are available in each service module.

This paper will present data from the application of the EPCAT technologies in Italy, in order to identify similarities and discrepancies at these three related levels of analysis of the available psychiatric care.

Rates of utilisation of inpatient beds, commonly used as a relevant measure of resources need, will be compared keeping in mind the characteristics of every specific care network (residential beds, day centres' users, emergency contacts and outpatient users).

### P02.327

#### THE INFLUENCE OF THE COMPUTERIZED MANAGEMENT SYSTEM IN THE PHILOSOPHY OF THE DEPARTMENT OF MENTAL HEALTH OF NORTH EAST ITALY

M. Del Pin, M. Marin\*, V. Giorgio. *Dipartimento di Salute Mentale Bassa Friulana, Centro Salute Mentale di Palmanova, 21 via Molin, 33057 Palmanova, Italia*

The use of a computerized system in the management of Department of Mental Health (DMH) represents the changing from a simple technological application to a new philosophical instrument with the aim to reconsider the sense of the daily activity.

From 1990 the Palmanova's DMH has used a structural informatic system and during the last years it has evolved owing to the lack of standard instruments for each service.

The necessity of modifying this instrument is also determined by the difficulty to translate in number and sigles every daily activities, not so easily to code.

The application of the new computerized system allows to quantify and to verify the quality of work and its style.

The elaboration of the bias has permitted to establish concrete plans and to exploit all the resources at our disposal.

The daily research of the sense and the meaning of the day to day activities brings to a continue evolution of the informatic system that interacts with the reality.

## P02.328

### THE BIG FIVE INVENTORY: THE FRENCH VERSION

O. Plaisant<sup>1</sup>\*, O.P. John<sup>2</sup>, S. Srivastava<sup>2</sup>, G.A. Mendelsohn<sup>2</sup>.

<sup>1</sup>*Psychiatre des Hôpitaux, Consultation de la Douleur, GH Pitié-Salpêtrière, Institut d'Anatomie, Université Paris V-Necker, Paris, France*

<sup>2</sup>*Institute of Personality and Social Research and Department of Psychology, University of California, Berkeley, USA*

The Big Five Inventory (BFI) was designed by O. John and his Berkeley colleagues to address these three concerns. The BFI is a brief measure that has 44 short and easily understood items; participants can complete self-reports on the BFI in 5 to 15 minutes, and the instrument can also be completed by others (e.g., family member, observer, interviewer). The original English BFI, as well as the German and Spanish adaptations, have excellent psychometric characteristics, including reliability, stability over time, and convergent and discriminant validity (e.g., against independent reports by a well-acquainted informant or a spouse). This poster introduces the new French BFI, developed via the backtranslation method and refined in several studies. Psychometric data from the other language versions are compared to new data from the French version, using two samples of self-reports: students and hospital staff. The reliability of the preliminary French BFI version is very encouraging. Coefficient alpha reliability reflects how internally consistent the items on a questionnaire scale are. Values of .70 and above indicate good reliability for short research scales (John & Benet-Martinez, 2000). Table X reports the alpha coefficients for the French scales for two French samples: 200 hospital employees and 161 medical students. For four of the French Big Five scales, the alphas were well above .70. The only exception was Agreeableness, with an alpha of .68 in the hospital employees and .59 in the medical students. Note, however, that Agreeableness had the lowest alphas in other countries as well. Table XX compares the coefficient alpha reliabilities of the French scales with findings from the USA and Spain. The French Agreeableness scale is currently being revised to increase its reliability to the same standard as in Spain and the USA. The reliability analyses show that the new French BFI offers short, efficient, and reliable scales to measure the Big Five dimensions in French-speaking populations. We found as much personality variability in the French samples as in the USA and Spain samples. There were possible indications of some cultural differences, primarily in the comparison of French and Spanish students which now need to be examined more systematically – data from French students outside medicine are needed for comparison.

## P02.329

### ATYPICAL VERSUS CONVENTIONAL ANTIPSYCHOTIC MEDICATION: IMPACT ON SUBJECTIVE QUALITY OF LIFE OF PATIENTS WITH SCHIZOPHRENIA OR RELATED DISORDERS

R. Tempier\*, N. Pawliuk. *McGill University, Canada*

**Purpose:** We studied retrospectively the impact of atypical antipsychotic medications on subjective quality of life.

**Method:** Patients were randomly chosen. They were interviewed in 1997/98. Subjective quality of life was measured by the Satisfaction with Life Domains Scale<sup>1</sup>. Patients were divided into three groups, taking either conventional (46%), novel (29%), or mixed (both conventional and novel) (25%) antipsychotics.

**Results:** Subjects were 110 outpatients, 54% men, 43 years old on average, 66% with schizophrenia, 21% with schizoaffective disorders. Mean GAF score was 48.

The use of different antipsychotics did not influence satisfaction with life, as only items dealing with social and family relationships were scored lower by those on novel antipsychotics. Patients on lower doses of medication were more satisfied with the clothes they wear and the food they eat.

Patients taking novel antipsychotics may expect more from life relationships in particular, explaining their lower quality of life scores.

## P02.330

### COST OF A MANIC EPISODE IN BIPOLAR DISORDER: A FRENCH STUDY

J.-P. Olié\*, E. Levy, J. Spiesser. *Sainte Anne Hospital, Paris; Dauphine University, Paris; Sanofi Synthelabo, Bagneux, France*

**Background:** Bipolar disorder would appear to present a marked impact in economic terms, but today few data allow an estimation of its true burden on the health care system. The objective of this study was to evaluate resources used by patients with bipolar disorder who had had to be hospitalised for a manic episode.

**Design:** Multi-centre pragmatic retrospective study over a 3-month period approximately 1 month. Data were collected from 137 personal patients' files of patients hospitalised between January 1, 1998, and June 30, 1999. Direct costs were those resources used during the manic episode (hospitalisations, rehabilitation, visits, medication, laboratory tests), and assessed through a mean observed hospitalisation cost and public prices (1999).

**Results:** During the study period 185 hospitalisations were noted. 72% of patients were hospitalised once only. The average length of stay was 36 days per hospitalisation. Follow up was as follows: 95% of outpatients followed up by a psychiatrist, 7% a general practitioner, 9% a psychologist, 11% a nurse, 2% a social assistant. The mean cost of a manic episode amounts to FF 129 500 (USD 18 500). The breakdown of the cost per patient for the 3-month data period is as follows: hospitalisation 98.2%, rehabilitation 0.8% (9 patients out of 137), visits 0.5%, medication 0.3%, laboratory tests < 0.01%.

**Conclusion:** Considering the high recurrence rate and the high hospitalisation cost of bipolar disorder, improving outpatients follow-up of medication might reduce the cost of this severe mood disorder.

## P02.331

### MEDICATION MANAGEMENT OF A MANIC EPISODE IN BIPOLAR DISORDER: A FRENCH STUDY

J.-P. Olié\*, E. Levy, P. Carita. *Sainte Anne Hospital, Paris; Dauphine University, Paris; Sanofi Synthelabo, Bagneux, France*

**Background:** In France few data are available concerning treatments of bipolar disorder. The objective of this study was to evaluate the therapeutic strategies of patients with bipolar disorder who had had to be hospitalised for a manic episode.

**Design:** Multicentre pragmatic retrospective study over a 3-month period approximately 1 month. Data were collected from 137 personal patients' files of patients hospitalised between January 1, 1998, and June 30, 1999.