

work fitness prognosis: premorbid adaptation, age by the disease onset, duration of the initial period, the first remission syndrome, the intensity of negative disturbances occurring in the course of the first remission, duration of the first remission, exogenous injuries in the premorbid and in the premanifest periods of psychosis. The prognosis classifier developed with regard to the above criteria provides a correct forecasting of the social and work fitness status of patients in 81.19% of cases (when patients are attributed to the favourable prognosis group) and in 69.64% of cases (when patients are attributed to the unfavourable prognosis group).

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FAMILY THERAPY IN SUBSTANCE ABUSE DISORDERS

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Background: The aim of this study was to investigate the impact that substance abuse has on the course of a serious psychiatric disorder like schizophrenia and, in the second place, to assess the efficacy of Systemic Family Therapy in addition to routine psychiatric treatment in decreasing the frequency of relapses, and thus the number of visits in the Emergency Psychiatric Room.

Methods: 40 subject suffering from schizophrenia or correlate disease were recruited at the Emergency Psychiatric Unit of Milan University. 19 patients (45%) have a co-diagnosis of substance abuse or substance dependence. In this group, for 6 patients (33%) Systemic Family Therapy intervention has been associated with routine psychiatric treatment.

Results: In 34 patients with schizophrenia diagnosis undergone just routine psychiatric treatment, it results that subjects which were substance abusers at the moment of recruitment (1st group) have a significantly increased relapse rate compared with those schizophrenic patients who didn't have substance abuse co-diagnosis (2nd group), both at 12 ($p = 0.04$) and 24 months ($p = 0.01$) follow-up. The 13 substance abuser patients have been compared with a group of 6 patients, undergone Systemic Family Therapy. The relapse rate in the 2nd group is lower both at 12 and 24 months ($p = 0.01$).

Conclusion: In conclusion in this study, schizophrenic with comorbidity for abuse substance disorders patients who received Family Therapy in addition to routine psychiatric treatment had a significantly lower relapse rate both at 12 and 24 months, compared with subjects who received only routine treatment.

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PREVALENCE AND SEVERITY OF PSYCHIATRIC CO-MORBIDITY IN NICOTINE DEPENDENCE

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Aim: The smokers associated psychopathology is an issue not well describe. We try to evaluate the prevalence and severity of psychiatric co-morbidity in a group of smokers (nicotine dependence according DSM IV criteria) by SCL 90.

Design of the Study: 19 patients who attended to our centre for a specific treatment (acupuncture by Acudetox-program, psychotherapeutic group with behavioural approach, pharmacological support with SSRI and nicotine substitution) were evaluated by SCL-90 scale. Everyone met DSM-IV criteria for nicotine dependence.

Results:

	SOM	O-C	I-S	DEP	ANX	HOS	PHOB	PSY	PAR	SLE
Prev	26.32	36.84	5.26	36.84	15.79	15.79	15.79	0	31.58	26.32
Mean	1.78	1.37	1.8	1.65	2	1.53	1.07	0	1.46	2.24

Discussion: SCL-90 scale is usually in use in our Department in every kind of addictive patients as a screening -test to evaluate psychiatric co-morbidity in addicts. We founded a higher prevalence for O-C, depression and paranoia (more than 30%). Although anxiety and sleeping disorders had lower prevalence, they show a higher mean score (>2). Nicotine dependence needs more attention and study by scientific community, it would be necessary to study this kind of addiction by different scales to better define a profile of the disturbance and to suggest a new approach to the therapy.

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MENTAL DISTURBANCES IN PERSONS EXPOSED TO RADIATION AFTER CHERNOBYL NPP ACCIDENT

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The long-term track program of 350 patients with discirculatory encephalopathy exposed to low doses of radiation after the Chernobyl nuclear power plant (NPP) accident was held during 1987–1997. All of them were males 30–45 years old. Medium external irradiation dose was 0.25 SV. The vegetovascular manifestation, different paroxysmal syndroms with the progressive significant clinical polymorphism were observed in patients: neurosis - like, somatoform and organic disorders, that in most cases manifested as asthenic, cerebosthenic, depressive, personality-borderline and psycho-organic syndromes.

Somatoform, affective, and psychovegetative disturbances as well, as organic mental syndrome were resistant to traditional medicamentons therapy. New methods of complex therapy and rehabilitation prevention measures in patients with nonpsychotic disorders that resulted from the Chornobyl disaster were developed.

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CHANGINGS IN PSYCHOPATHOLOGY OF SCHIZOPHRENIC PATIENTS DURING THE NATO INTERVENTION IN YUGOSLAVIA

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The aim of this study was to record the changing (if there were any) in the psychopathology of schizophrenic patients under the state of emergency that endangered their's survival as bombing of Yugoslavia was. The patients group consisted of 20 schizophrenic patients according to DSM IV criteria, who were treated in Day Hospital of the Institute of Psychiatry in Belgrade. The assessment was done by using Positive and Negative Syndrome Scale. Scores were correlated before the start of bombing and after two, five, eight and eleven weeks.

The results showed that there were little changes of scores on Negative Syndrome Scale. Scores of Positive Syndrome Scale got lower after first two weeks and became higher (even more than before the aggression) after five weeks of bombing. After eleven weeks of bombing scores on this part of PANSS were almost the same as they were before the start of the NATO intervention.

There are little data what happens with psychotic patients in the war. After this study might conclude that reducing in productive symptomatology in first two weeks of bombing might be the

result of occupying additional psychological mechanisms, even in psychotic patients, under circumstances of emergency. Prolonged stress and endangered survival usually leads to reduce of major defenses and that might be the explanation for the exacerbation after the fifth, eight and eleventh week.

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THE DIFFERENCE OF REDUCTION POSTTRAUMATIC STRESS DISORDERS TREATED by STANDARD and RETARD FORMS of XANAX

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Objective: The purpose of this study was to compare two forms of Xanax (standard and retard) in reduction of clinical symptoms posttraumatic stress disorders (PTSD).

Methods: 68 men, age of 21–47 years (mean age 31.2 years) with symptoms, classified in criteria ICD-10, CAPS-1, CAPS-2 as PTSD, were assessed with the use of clinico-psychopathological structural-dynamic analysis. Anxiety scale and Hamilton scale of depression and our own scale developed for measurement main symptoms of PTSD and comorbid disorders were administered to all patients. Standard form of Xanax was administered to 32 patients and retard form to 36 patients as monotherapy.

Results: Retard form of Xanax in compare with standard one was more effective in patients with predominance of somato-vegetative disorders and less severe symptoms of anxiety and depression. Retard form had better profile of tolerance for first several days of adaptation to treatment. At the same time, standard form had induced more clear but less stable effect on dysphoric mood, irritability, aggressiveness, emotional withdrawal and angedony.

Conclusion: Both forms of Xanax (standard and retard) were effective for anxiety and depression. This effect had been confirmed by reduction of anxiety and depression, dyssomnia, dysphoric mood and somatovegetative dysfunctions in forms of crises at evening and night time. The emotional intensity of "flashback" phenomenon was decreased, but the rate did not change.

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THERAPY OF DERPESSIVE DISORDERS WITH TIANEPTIN AND SERTRALIN IN PATIENTS WITH HYPERTENSION AND ISCHEMIC HEART DISEASE

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Purpose: Investigation of effectiveness and safety of application of tianeptin and sertraline for treatment of depressive disorders in case of hypertension and ischemic heart disease.

Methods of Investigation: Screening examination, clinical-pathological investigation with application of HAMD, HARS, SCL-90-R, daily monitoring of blood pressure (BP), Echo-CG.

Results: Due to results of screening depressive disorders among 69 of examined patients of somatic in-patient department (male-32, female-37, average age-55.2) are revealed in 76.3% (n = 53). Due to ICD-10 criteria F34.1-60.3%, F32.1-15.1%, F41.2-13.3%, F34.0-11.3% are diagnosed. Group of patients under treatment with tianeptin (I) 12.5–37.5 mg/day consisted of 31 persons (hypertension n = 15, Ischemic heart disease n = 16). Group of patients under treatment with sertraline (II) 25–50 mg/day consisted of 22 persons (hypertension n = 12, Ischemic heart disease n = 10). Duration of therapy - 4–12 weeks.

Significant (>=50%) reduction of HAMD, HARS values (somatic, psychological components of anxiety), statistically reliable reduction of values of somatization scales (p < 0.05), depression, anxiety SCL-90-R are notified. It is brought out, that tianeptin has stronger anti-oxidative effect. In case of treatment with sertraline antidepressive effect is more expressed.

In functional investigation of cardio-vascular system condition during treatment reduction of systolic and diastolic BP, frequency and severity of hypertensive crises, angina attacks, headaches, improvement of hemodynamic values, tolerance to physical loads are revealed. Side effects were observed only in few cases they were passing away with reduction of preparatus dose.

Conclusion: Effectiveness of tianeptin and sertraline in treatment of depressive disorders in patients with hypertension and ischemic heart disease, their good tolerance is approved.

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SCHOOL FOR PSYCHOPHYSICAL SELF-REGULATION OF DIABETES MELLITUS PATIENTS

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The diabetes mellitus often proceeds against a background of available or secondary psychic disorders. Our eight-year experience indicates that such patients need treatment in the "School for psychophysical self-regulation". The treatment was applied to the insulin-dependent and non-dependent patients in conjunction with manic-depressive psychosis, latent schizophrenia and marginal forms of neuro-psychic disorders. Patients were examined, by clinical-psychopathological and psychological methods. The training provides maximum information on the nature of disease, methods of self-control prophylaxis of complications, peculiarities of individual treatment – everything for continuous stable cure procedure.

The psychological aspect of our program helps our patients in getting back aims for the life. the motivation for self-control, an independent existence.

The psychotherapist establishes communicative connections with everybody in the group. New connections are developing between the patient's closed world and all other patients thanks to the transfer relations of patient – therapist. The communicative connections within the group established, the patients became able to join actively in the psychosocial relations after the treatment. The combination of the training program with the psycho-corrective measures allows to improve a quality of the therapy, to prevent a development of neuro-psychical disorders, and it ensures psychosocial adaptation in the society.

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EFFECT OF RISPERIDON ON AUTONOMIC REGULATION IN PATIENTS OF AFFECTIVE DISORDERS IN PERIOD BETWEEN THE RELAPSES

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The research involved patients suffering from bipolar, phasing endogenous psychoses. Diagnosis, according to MKB-10, as follows: cyclothymia (F34.0), bipolar disorder (F31) and schizoaffective disorder (F25). Age from 18 to 65 (average 34.3 ± 9.2). Case history-at least 2 years with at least two relapses during the last year.

Design: Cardiovascular parameters had been investigated in period between the relapses. Computerized ECG analysis was