The negative evaluation of the future is one of the factor of the Cognitive Triad of Depression as seen from the result. The results support the objective that hopelessness is common factor on depression and suicide.

AN INVESTIGATION OF 'EARLY' PSYCHIATRIC READMISSIONS

M. Dixon, M. George, F. Oyebode. *South Birmingham Mental Health NHS Trust, The Queen Elizabeth Psychiatric Hospital, Birmingham, B15 2QZ, United Kingdom*

The study investigated readmissions to an acute psychiatric inpatient unit within three months of discharge. First, it aimed to establish clinical and demographic risk factors associated with these early readmissions. Second, it aimed to explore and compare the views of readmitted patients and members of their clinical team concerning the cause and possible prevention of these readmissions.

All discharges within a specified period were classified as index discharges. Patients readmitted within three months of this index discharge were compared to a selection of patients who were not readmitted. In addition, semi-structured interviews were conducted, both with readmitted patients and with senior members of their clinical team. Interviews focused on perceived causes of the readmission and on whether or not the readmission could have been avoided.

A statistical comparison between the readmission and non-readmission patient groups found the following factors to be significantly associated with early readmission: number of previous psychiatric admissions, younger age at first psychiatric admission, and discharge against medical advice (AMA) on the patients' previous hospital admission. Of those discharged AMA, a substantial 83% were readmitted within three months. Furthermore, patients discharged AMA were given significantly fewer aftercare referrals than patients discharged with medical approval.

Interviews indicated that staff and patients held broadly similar opinions about the cause of readmissions. The majority of patients (63%) and staff (71%) considered the nature of the patient's illness to be the primary cause of the readmission. However, significantly more patients than staff thought the readmission could have been avoided, usually through increased support services arranged on the patients' previous discharge.

To conclude: Patients who have a number of previous admissions, who were first admitted to a psychiatric hospital at a young age, and who were discharged against medical advice on their previous admission are at increased risk for 'early' psychiatric readmission. Given the complexity of circumstances surrounding premature patient discharge, hospitals may consider offering a range of alternatives (eg. a few days leave) to patients who wish to discharge themselves. The study also confirms the need to ensure adequate follow up support for patients who are discharged against medical advice.

ORIGINAL TECHNIQUE OF DEPRESSION SCALING

G.K. Dzub. *Scientific Psychiatrists' Association, PO Box 16, 252103, Kiev, Ukraine*

The group of thalamic neurons is the part of afferent optic tract and the only one that intermediates color sensitivity. Therefore, the level of color sensitivity threshold at the same moment reflects emotional state of patient. 180 patients with affective disorders were examined. Registration of some parts of light spectrum sensitivity was used. The specific color sensitivity profiles of some basic affects were obtained, the original method of affect evaluation was developed. The simple technical solution is found for clinical practice. The patients were offered to contrast the two-color picture. Illusive distortion levels were obtained. The high precision, validity and reliability of this method was proved in comparison with Hamilton and Beck scales. The use of this technique for other affects estimation is studying. The proposed method is examining in patients with anxiety disorders.

MONOAMINE PRECURSORS, TRANSMITTERS AND METABOLITES IN CEREBROSPINAL FLUID: A STUDY IN HEALTHY MALE SUBJECTS

T. Eklundh, M. Eriksson, S. Sjöberg, C. Nordin. *Department of Clinical Neuroscience, Huddinge Hospital, S-141 86 Huddinge, Sweden; Department of Family Medicine, Huddinge Hospital, S-141 86 Hyddinge, Sweden; Division of Psychiatry, Huddinge Hospital, S-141 86 Hyddinge, Sweden; Division of Internal Medicine at the Karolinska Institute, Huddinge Hospital, S-141 86 Huddinge, Sweden; Department of Psychiatry, University Hospital, S-581 85 Linköping, Sweden*

Objectives: To elucidate methodological aspects of cerebrospinal fluid (CSF) investigations of precursors, monoamine transmitters and their metabolites.

Methods: 14 healthy male subjects were lumbar-punctured in the sitting position at the L4–5 level following a strictly standardised procedure. 2 x 6 ml of CSF was drawn with a 0.70 x 75 mm needle.

Results: The transmitter metabolites 5-HIAA and HVA (but not HMPG) had concentration gradients. We also found pronounced gradients for the precursors tryptophan and tyrosine, as well as for serotonin, dopamine and the dopamine metabolite DOPAC. Dopamine and atmospheric pressure showed a positive intercorrelation. Age correlated curvilinearly with tryptophan. In contrast, age showed a negatively directed linear correlation with serotonin. Serotonin and its metabolite, 5-HIAA, showed no intercorrelation.

Conclusions: Our results suggest an age-dependent activity of tryptophan hydroxylase. The presence of gradients for serotonin, dopamine and DOPAC has to be taken into account. The absence of correlation between serotonin and 5-HIAA is notable.

A DELPHI METHOD APPROACH TO DESCRIBING MENTAL HEALTH PRACTICE

M.T. Fiander, T.P. Burns. *St George's Hospital Medical School, Section of Community Psychiatry, Department of General Psychiatry, Jenner Wing, Cranmer Terrace, London SW17 0RE, United Kingdom*

Descriptions of UK community mental health practice are usually confined to generalised macro-level programme descriptions. These encompass a broad range of practice and are of little use in describing and monitoring service delivery.

Aim: This study examined whether a Delphi process could be adapted to identify a set of clinician-generated categories with which to classify the common clinical interventions used with severely mentally ill clients in the community.

Method: A three round 'conventional Delphi' method was used with practising clinicians as experts. Results from the Delphi process were used in a final discussion group for deciding on the categories. A check for clinical adequacy was performed.

Results: The spread of responses to the third Delphi round (analysed by semi-interquartile range) indicated strong consensus. Consensus was present in 37 of the 38 categories (97.4%) and there was a strong consensus in 34 categories (89.5%). A set of ten comprehensive and mutually exclusive categories divided into a total of 44 sub-categories was produced in the discussion group.

Conclusion: The Delphi based methodology produced a meaningful set of categories with which to describe mental health care practice. Combined with quantitative techniques, they have great

potential for providing practical, service-level descriptions of mental health practice.

THE COMORBIDITY OF DEPRESSIVE SYMPTOMATOLOGY IN MALTESE SUBSTANCE USERS

Sue Galea. *Malta, Mount Carmel Hospital; MSc student, St. George's Hospital Medical School, Department of Addictive Behaviour, Cranmer Terrace, London, SW 17 OPZ, UK*

The main goal of this research is to estimate the prevalence of depressive symptomatology amongst a population of Maltese substance users and to critically evaluate the existing therapeutic setting for patients with coexisting conditions, as well as to propose concrete management changes corresponding with the results of this study.

The study was conducted, using a questionnaire composed of the 'Substance Abuse Assessment Questionnaire', and three depression scales — the 'Beck Depression Inventory', the Zung 'Self-rating Depression Scale', and the 'Visual Analogue Scale for Depression'.

A substantial prevalence of depressive symptomatology among substance users was found. The need of a population survey in Malta for verification of results is suggested. Some implications regarding treatment strategy and management of these cases in Malta are mentioned.

PLATELET IMIDAZOLINE RECEPTORS AND G PROTEINS IN PATIENTS WITH MAJOR DEPRESSION

J.A. García-Sevilla, P.V. Escribá, C. Walzer, L. Balant, A. Eytan, J. Guimón. *Department of Psychiatry, University of Geneva, Geneva, Switzerland; Laboratory of Neuropharmacology, University of the Balearic Islands, E-07071 Palma de Mallorca, Spain*

Imidazoline receptors (IRs) are a novel family of receptors some of whose members, similarly to α_2-adrenoceptors, are presynaptic inhibitory receptors on the release of noradrenaline. In contrast to α_2-adrenoceptors, however, the signal transduction mechanisms and G proteins associated with the activation of IRs remain largely unknown. The aim of this study was to quantitate by immuno (western) blotting, using specific antibodies, platelet IRs and G protein subunits in drug-free patients with unipolar major depression to test for possible associations between IRs and the various G protein subunits. The study population consisted of 26 depressed patients (10 M, 16 F, 41 ± 2 yr) and 26 matched-healthy controls (10 M, 16 F, 42 ± 2 yr). Human platelets expressed two well-defined immunoreactive IR proteins, an intense band of 35 kDa and a less intense band of 45 kDa (apparent molecular masses in kilodaltons). In platelet membranes of depressed patients, the levels of IR proteins were increased compared to matched-controls (percentage change; 35-kDa IR: 121 ± 4%, $p < 0.001$; 45-kDa IR: 140 ± 5%, $p < 0.0001$, $n = 26$, one-sample t test). In platelets of the same depressed patients, the levels of various G protein subunits were increased, decreased or remained unchanged (percentage change, Gαi2: 141 ± 11%, $n = 22$, $p < 0.001$; Gαi3: 75 ± 7%, $n = 20$, $p < 0.005$; Gαq/11: 120 ± 18%, $n = 19$, $p > 0.05$; Gβ: 103 ± 12%, $n = 18$, $p > 0.05$). There were significant positive correlations between the levels of immunoreactivity of 45-kDa IRs and those of Gαq/11 ($r = 0.64$, $n = 19$, $p < 0.005$), Gαi2 ($r = 0.46$, $n = 22$, $p < 0.05$) and Gβ ($r = 0.62$, $n = 18$, $p < 0.01$), but not of Gαi3 ($r = 0.43$, $n = 20$, $p > 0.10$). In contrast, the levels of immunoreactivity of 35-kDa IRs did not correlate significantly with any of the G protein subunits (Gαq/11, $r = 0.00$; Gαi2, $r = 0.13$; Gαi3, $r = -0.30$; Gβ, $r = 0.10$). The results suggest that platelet 45 kDa IRs, but not the 35 kDa IRs, are linked to signal transduction mechanisms operating through Gαq/11 (stimulation of phosphoinositidase C) and/or Gαi2 (inhibition of adenynyl cyclase) proteins. These results might be of relevance in understanding the functional implications of the abnormal higher expression of IRs in the pathogenesis of major depression.

Supported by FNRS grant 3100-043258.95 (JG) and DGICYT grant PB94-0002-Mod C (JAGS).

NEUROLEPTIC TREATMENT OF MANIA (MEASUREMENT WITH CODE-HD)

P. Gaszner. *National Institute of Psychiatry and Neurology, Hüvösvölgyi út 116, H-1021, Budapest, Hungary*

In a double blind cross over clinical trial was examined the treatment of some neuroleptics (haloperidol, chlorpromazine, clozapine) and placebo at unipolar manic patients. The 35 hyperthymic patients was examined by BNO-X and Composite Diagnostic Evaluation of Hyperthymic Disorders (CODE-HD), the severity score by the CGI, the subscale of BPRS and CODE-HD.

The Composite Diagnostic Evaluation of Hyperthymic Disorders (CODE-HD) is a polydiagnostic nosologic method for the manic, hypomanic and euphoric disorders, and the second one after the system of depression (CODE-DD) [1].

Seventeen previous nosologic systems are covered by CODE-HD; Chapter I deals on symptoms with 95 items, glossary definitions for the items, and a severity sub-scale; Chapter II has a semi strukture interview; in Chapter III the decision trees elicitat of these symptoms [2].

Haloperidol's effect was better than the others. The CODE-HD was a useful method to measure the therapeutic effect of the medication at the hyperthymic disorders. It was better than the others.

[1] Ban, T.A. (1989): CODE-DD.
[2] J.M. Brentwood Gaszner, P. and Ban, T.A. (1996): Composite Diagnostic Evaluation of Hyperthymic Disorders (CODE-HD) (in press).

PROPOFOL AND METHOHEXITAL AS ANAESTHETICS IN ELECTROCONVULSIVE THERAPY (ECT): A COMPARISON OF SEIZURE PARAMETERS, SEIZURE QUALITY FEATURES AND VITAL SIGNS

C. Geretsegger, E. Rochowanski, C. Kartnig, A.F. Unterrainer. *Dept. of Psychiatry, Landesnervenklinik Salzburg, Ignaz-Harrer-Str. 79, A-5020 Salzburg, Austria*

In a randomised cross-over study, the influence of methohexital and propofol on seizure parameters, seizure quality features, vital signs and oxygen saturation and end-tidal carbon dioxide tension was investigated. A total of 98 treatments were analysed. The treatment were carried out using the Thymatron DGx. ECG, blood pressure, EEG and EEG seizure duration were monitored and the seizure parameters and quality features calculated by the Thymatron EEG computer. The mean dose of atropine was 0.35 mg, of succinylcholine 0.98 mg/kg, of methohexital 1.67 mg/kg and of propofol 2.42 mg/kg. Pure oxygen was used for ventilation. 46 treatments were made with methohexital and 52 with propofol as anaesthetic.

There were no differences in the stimulus parameters as well as the CO_2 and O_2 saturation. The mean seizure duration with methohexital was 54.4 and with propofol 31.7 seconds ($p = 0.000$). Despite these significant differences in the seizure duration, there were no differences in the posticta suppression index (methohexital 77.8%, propofol 79.0%; $p = 0.645$). This means that the seizure duration has no influence on seizure quality features and thus explains why there are no therapeutic differences in all studies when using these two anaesthetics.

There were significant differences in the postictal systolic (methohexital +26.5 mmHg, propofol +11.5 mmHg; $p = 0.000$) and diastolic blood pressure (+20.9/+9.5 mmHg; $p = 0000$) and pulse (+0.8/−7.7; $p = 0.000$), whereby the differences in the systolic RR and pulse