

were treated with IPT and studied referring to outcome, therapy-focus and psychosocial variables.

Method: 12 HIV-positive and not severely handicapped males who had scores of $\geq 18\#$ on the Hamilton DRS ($/28\#$) were treated with IPT. Baseline and completion assessment by means of: HDRS, BDI, Self-Rating of Feelings (v. Zerssen), Questionnaire on Interpersonal Problems (Horowitz), FLL (Noack).

Results: 12 patients completed treatment within 16 to 20 sessions. 10 patients reached full remission ($\text{HDRS} \leq 8\#$) and 2 patients partial remission ($\geq 8\# \leq 10\#$). Role transition/conflict was the main problem area for 9 patients. During treatment dependent behavior (socially avoidant, insecure, submissive) changed towards independent. Main psychiatric comorbidity was drug abuse.

Conclusion: IPT is an effective short-term therapy for depressed HIV-positive patients. HIV-related role transition seems to be prominent problem area mainly contributing to onset of current depression. Proactivity is supported by IPT strategies.

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LOCUS OF CONTROL IN INSULIN-DEPENDENT DIABETIC PATIENTS

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Aim: To study the relationship between Health Locus of Control and factors affecting compliance to treatment among patients with insulin-dependent diabetes mellitus.

Method: Sixty-two insulin-dependent diabetic patients were studied. Exclusion criteria: chronic illnesses and do not have significant life events event for last six months. Instruments used: 1. Semistructured clinical interview. sociodemographic, clinical, treatment and course data of illness. 2. Questionnaire to evaluate factors affecting compliance to treatment. 3. Multidimensional Health Locus of Control (Wallston et al, 1976) to know beliefs towards control of illness.

Results: Patients showing higher score in internal control are patients who carried out blood sugar tests themselves, have more 1 dosage of insulin a day ($p < 0.01$) and diabetes is compensated. External control did not show any relationship with any of the items studied. However, casual control is higher among patients who did not carry out blood sugar tests themselves.

Conclusion: Patients showing higher internal control are more compliant to treatment, which should be taken into account to desing effective therapeutics measures.

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COPING STRATEGIES AMONG PATIENTS WITH DIABETES MELLITUS

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Aim: To identify coping strategies and relationship with affective disorders (depression and/or anxiety) among insulin-dependent diabetics.

Method: Sixty-two insulin-dependent diabetics (25 male, 27 female, mean age 22.8; s.d. 7.28) were studied. Exclusion criteria: chronic illness. COPE Questionnaire (Carver, Scheier, Weintraub, 1989) and Hospital Anxiety and Depression Scale (HAD, Zigmond and Snaith, 1983) were used.

Results: Positive reinterpretation and growth, planning and active coping were the most common. Mental and behavioral

disengagement and denial as ways of coping were less common. 19.4% showed anxiety and 16% borderline anxiety. 4.8% showed depressive symptoms. Positive reinterpretation is negatively correlated with depression and anxiety ($p < 0.01$) compared to as active coping with depression ($p < 0.05$). Behavioural disengagement is positively correlated with depression ($p < 0.01$).

Conclusion: Affective disorders in insulin-dependent diabetes mellitus can modify coping strategies from "more active to more passive" ways of coping with possible repercussions on course and treatment of illness.

Mon-P54

LONGITUDINAL STUDY OF THE PSYCHOSOCIAL ADJUSTMENT TO THE HIV INFECTION

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Introduction: The work of a consultation-liaison psychiatrist dealing with HIV infected patients is not only the treatment of the present psychopathology but also the improvement of the adjustment to the illness and the compliance to the antiretroviral treatment.

Objective: The purpose of our study is to observe the evolution of the adjustment to the illness of a sample of HIV positive patients referred to our consultation/liaison psychiatry unit after one year of follow-up.

Methods: We assessed the adjustment to the HIV infection by means of the Psychosocial Adjustment to Illness Scale (PAIS) from RL Derogatis when the patients came at the first time to our unit and one year later.

Results: Of the 55 patients assessed at baseline, only 24 (44%) could be re-assessed one year later.

After one year the total score in the PAIS was significantly better ($p = 0.01$). When analysing the subscales we observed a significant improvement in the following domains: health care orientation (section I), domestic environment (section III), sexual relationships (section IV), and psychological distress (section VII).

Neither medical variables (CD4 count, CDC stage, antiretroviral treatment) nor the psychiatric diagnosis at baseline seemed to be associated to a better or a worse development of the adjustment to the HIV infection after one year.

Conclusion: Our intervention programme for HIV positive patients, mainly the groupe psychotherapy seems to be useful in improving the adjustment to the illness in these patients. At the present state of the illness (it begins to be considered a chronic disease), more relevance should be given to the work of a consultation/liaison psychiatry unit in a multidisciplinary team attending HIV positive patients.

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PATIENTS WITH MODERATE CEREBRAL AND VASCULAR DISORDERS IN CENTRE OF SOCIAL CARE

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There is a high risk of cerebral and vascular pathology (atherosclerosis, hypertension disease) in aged persons and in persons in declining years. A study devoted to this kind of pathology revealing has been accomplished in the Centre of Social Care. 300 persons have been observed. They were in age from 46 to 85 years old. The features of moderate cerebral and vascular disorder

have been revealed in 70% of the persons in Centre of Social Care. In 57% cases these features manifested on the background of psychoorganic syndrome. More than half of the observations showed correlations between the revealed disorders and stress factors caused by social circumstances.

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ASTHME BRONCHIQUE CHEZ LES FEMMES, ROLE DES PARTICULARITE PERSONNELLES

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On a évalué l'état psychique chez 49 femmes souffrant d'asthme bronchique (AB), toutes résidant à la campagne. Ont été évaluées les caractéristiques démographiques, cliniques et psychologiques des patientes. On a déterminé 3 groupes cliniques suivant le degré de gravité de l'affection pulmonaire. On a fait l'analyse des événements vitaux, de l'âge de la malade, quand a débuté la maladie et ont apparues ses premières manifestations cliniques; on a déterminé le caractère de l'évolution de la maladie, de la présence des accès de dyspnée.

Les particularités pré morbides de la personnalité exerçaient une influence considérable sur l'évolution des troubles psychopathologiques. La plupart des patientes examinées ont été appréciées comme personnalité présentant des traits psychoasténiques, stathymiques et istériques. Des conditions de vie défavorables, le manque de soutien émotionnel de la part des proches sont des prédicteurs pour le développement des troubles affectifs de type angoisse et dépressif et qui déterminent fortement à l'avenir le caractère des réactions sur l'influences supplémentaires des situations et du milieu.

On a dépisté les concordances entre l'expression de l'anxiété, la dépression et la gravité des troubles pulmonaires. La combinaison rationnelle de la thérapie somatotrope avec des cours de formation la psychopharmacothérapie ménageante influé d'une façon considérable sur les possibilités d'adaptation des malades, contribué à la normalisation des rapports familiaux, amélioré la qualité de vie des malades.

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ASTHME BRONCHIQUE: INDICATIONS POUR LA PSYCHOPHARMACOTHÉRAPIE

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Ont été examiné 96 malades avec asthme bronchique (AB), patients du service cardio-pulmonologique. C'est AB de forte et moyenne gravité qui a predominée. On a établi le continuum des troubles affectifs, de préférence du type d'anxiété allant d'une simple réaction sur la maladie, craintes hipocondriques, puis troubles phobiques avec association successive des éléments d'angoisse, aggravation des troubles affectifs, parfois avec tendances suicidaires.

Nos observations ont permis d'envisager ces troubles psychiques comme appartenant au cercle des troubles neurotiques et de les apprécier en tant que réactions psychogènes réagissant au fait de la présence de maladie somatique grave, limitation de capacité de travail et des besoins vitaux, invalidation, impossibilité de couper à lui-même son accès ainsi que l'absence de soutien émotionnelle et solitude.

Dans la thérapie des troubles psychiques, la priorité a été donné aux mesures psychothérapeutiques et psychocorrectionnelles. En cas de leur efficacité insuffisante et compte tenu de l'état psychique actuel on ajoutait la psychopharmacothérapie, en particulier des

antidépresseurs et des anxiolytiques en petites doses. Une haute sensibilité vis-à-vis de ce groupe de médicaments et de leurs effets indésirables, même en cas d'emploi des doses standard, la nécessité de les associer avec des produits de la thérapie de base et l'absence de l'influence sur le centre respiratoire ont nécessité l'élaboration de critères cliniques surs dans le choix des produits psychotropes.

Les données préalables ont montré l'efficacité d'emploi de l'antidépresseur tianeptine (Coaxil). Dans la plupart des cas, les tranquillisants se sont avérées peu efficaces.

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GENETIC ASSOCIATION STUDY OF PROMOTER REGION POLYMORPHISMS IN TRYPTOPHAN HYDROXYLASE AND SEROTONIN TRANSPORTER GENES WITH BIPOLAR DISORDER

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Dysfunction of serotonin (5-HT) metabolism has been hypothesized in bipolar disorder (BP). Tryptophan hydroxylase (TPH) is the rate-limiting enzyme in 5-HT synthesis, while 5-HT transporter (5-HTT)-mediated 5-HT reuptake into the presynaptic neuron is a key step in 5-HT catabolism to 5-hydroxy-indolacetic acid. Genetic variants of the promoter regions of TPH and/or 5-HTT could alter gene transcription and account for the alterations in 5-HT metabolism observed in BP.

Method: 50 unrelated patients fulfilling DSM-IV criteria for BP and 49 healthy controls were included in the study. The TPH promoter was screened for sequence variation by SSCP. An insertion/deletion polymorphism of the 5-HTT promoter (5-HTTLPR), associated with reduced expression of the 5-HTT gene in lymphoblasts carrying the short allele, was genotyped. Allele and genotype frequencies in patients and control subjects and the presence of Hardy-Weinberg equilibrium was determined with the χ^2 test.

Results: We identified four polymorphisms in the promoter region of TPH exhibiting complete linkage disequilibrium and each had allele frequency 0.54. No allelic or genotypic associations were observed between patients and controls both for the TPH promoter and 5-HTTLPR.

Conclusions: The lack of association suggests that the TPH and 5-HTT promoter regions are not a major risk factor for BP.

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EMOTIONAL DISTRESS AND CATASTROPHIC COGNITIONS IN HIV INFECTION

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Objectives: The aim of this study is the analysis of the relationship between cognitive evaluation of dangerous situations and emotional distress in HIV+ or AIDS patients.

Methods: We used the Hopkins Symptom Checklist (SCL-90) to assess the emotional distress and the modified version of the Catastrophic Cognition Questionnaire (CCQ-M, Khawaja & Oei 1992) to measure the dangerousness associated with unpleasant emotions, physical changes or thinking difficulties in HIV infection context. The sample included 47 subjects.

Results: We found a correlation between QCC-M total score and two of its three factors (physical and mental catastrophes) and