

DEPRESSION AMONG THE YOUNGS

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A diagnosis of depression condition was made in 42 patients aged from 14 to 26. In regard of nosology it was a polymorphous group. In depression condition the following behaviour changes were registered in teenagers and young people: absence from classes, alcoholic excesses, manifestation of uncharacteristically disdainful and rude communication. The correlation between depression and delinquency has been determined by the mechanism of functional age regress, that means that during the disease period the behaviour forms peculiar to more early stages of development had been returning. Particularly the manifestation of functional age regress were adjustment reactions which dominated in patient behaviour. The patients showed an alexithymia-inability to verbal displaying of depressive self-perception. As a consequence of alexithymia unconscious seeking of situations producing negative emotions and corresponding this attitude of mind took place which led to delinquent behaviour.

DENTOGENIC PAIN — A PSYCHOLOGICAL APPROACH

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In discussions on the causes of dentogenic pain the terminology reflects present-day knowledge: neurovegetative system, diencephalon, psychological structure of the personality, mental representation of character organs, good or bad objects of identification, inhibitions and frustrations in psycho-sexual development (oral fixation).

Dentogenic pain is, similarly to neurotic fear, a signal of danger (Ego disintegration) in the narcissistic sector of the personality. In dynamic terms underlying the experiences of these persons is fear of loss of relations with the object and fear of loss of an integrated Ego feeling. This leads to a battle between the desire to fuse with the object and the opposite, rejection of Ego by the object.

Research aim: a) psychological structure of personality; b) defence mechanisms; c) cognitive correlates of aggressiveness; d) examine whether personality integration levels affect the degree and type of aggressive reactions.

Methodology: Sample: 50 persons of both sexes, 20–50 years of age, average secondary school education.

Variables: The constructs of every personality model were operationalized through scales of accompanying texts, scales intended to measure the given variables.

Variables: Test T-15: measures aggressiveness defined as the tendency to destructive reactions.

Variables: pain/support system: 1) body; 2) belonging, 3) consciousness, speech and thought, 4) faith, purpose & hope.

Conclusion: In our research we have found out that depressively structured personalities as well as passively aggressive ones with dominant defense mechanisms such as suppression and somatization more frequently react through dentogenic disorders, just like persons whose libidinal cathexis on Ego limits is weakened.

OUTCOME AND CHARACTERISTICS OF DROPOUTS FROM A CHILD AND ADOLESCENT PSYCHIATRY CLINIC IN HONG KONG

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Objective: To examine the pattern, and outcome, of dropping out from child and adolescent psychiatry clinic in a non-western set-

ting. **Method:** Over a two year period, the medical charts of 235 new cases were reviewed one year after the initial assessments to examine the characteristics of those who dropped out of treatment. They were subsequently traced by telephone interviews to ascertain outcome.

Results: We found a dropout rate of 27.2%. Different child and parental factors operate at different stages of dropping out. Children who are less functionally impaired and whose mothers had no formal education were more likely to drop out early. Late dropouts were associated with girls, children not living with both biological parents, a history of hospitalisation for their psychiatric symptoms, and earlier follow-up appointments. The telephone interviews revealed that the major reasons for dropping out were clashes with school time (60.5%), children not wanting to attend (60.5%), and parents did not think that the child had any psychiatric problems (55.8%). Half of the children were assessed by their parents to have improved, while a quarter had recovered, and another quarter had remained the same. One third had subsequently contacted other professionals, including doctors, social workers and psychologists. **Conclusions:** Compared with Western finding, our results showed that socio-cultural factors are important in influencing the characteristics of clinic dropouts. Our findings help to indicate ways of improving and maximising the effective and efficient use of child and adolescent psychiatry services in Hong Kong.

ARE PATIENTS WITH A DIAGNOSIS OF ALCOHOL DEPENDENCE A HOMOGENEOUS GROUP CONCERNING PERIPHERAL PSYCHOPHYSIOLOGICAL PARAMETERS?

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26 male inpatients with a DSM-III-R diagnosis of alcohol-dependence were exposed to optical and acoustical stressors, using a standardized software program (REACT), in order to answer the following questions:

(1) Are there any significant differences between healthy males and the patient-group (after acute withdrawal symptoms have subsided) concerning the baseline of the peripheral parameters (SCL, temperature, heart rate, pulse amplitude)?

(2) Are there any significant differences between the two groups in their reactions to the stressors?

(3) Will there be a "fractionation of responses"?

Results: (1) Significant differences between the groups were found in the baseline of peripheral temperature (patients significantly lower than controls).

(2) None of the parameters showed significant differences between the two groups in their reactions to the stressors.

(3) Both groups showed a fractionation of responses concerning SCL/SCR and the cardiovascular system.

Conclusive remarks: Male patients with a DSM-II-R diagnosis of alcohol dependence seem to be a heterogenous group concerning all but one parameter: differences to the control group were only found in the peripheral temperature.

This might be due to "prolonged withdrawal symptoms" on one side, an actual "patient characteristic" (physiological) on the other. In order to clarify this question a prospective study would be necessary.

WORKING WITH REFUGEE CHILDREN AND FAMILIES

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Refugee children and their families constitute a particular challenge to child and adolescent mental health services. They are difficult

to engage and do not respond to interventions within the normal time limits. The complexity and range of their difficulties often overwhelm the service and lead to burn-out. Important issues for their families have included coming to terms with massive losses, survivor guilt and loss of valued family roles. Severe war related experiences have left a legacy of mental health sequelae, including a depressive withdrawal of parents from their children's psychological and social needs.

The proposed symposium offers a forum for exchange of ideas. Guidelines for good practice will be offered based on the author's clinical experiences in Britain working within a mainstream District service as well as offering consultations on ethnic minority issues throughout London and the South East.

PSYCHIATRIC MORBIDITY FOLLOWING SPONTANEOUS ABORTION (MISCARRIAGE) IN CHINESE WOMEN — A PILOT STUDY

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Spontaneous abortion is a common complication of pregnancy and studies among Caucasian women show high level of psychiatric morbidity among those who miscarry [1]. In Chinese culture, procreation is regarded as one of women's primary roles. Thus, pregnancy failure constitutes a particularly stressful event for Chinese women. The objective of our study is to determine the incidence of psychiatric morbidity following spontaneous abortion in Chinese women using a prospective design.

Demographic, obstetric and baseline psychometric data were collected from sixty Chinese women (aged 21–47) on the first two days after miscarriage. Six weeks following spontaneous abortion, they were interviewed by one of the authors (DTSL) with the Structured Clinical Interview for DSM-IV. Six (10%) subjects suffered from major depressive disorder, a rate eleven times higher than the general population (0.86%, age-matched). One subject (1.66%) suffered from post-traumatic stress disorder and another subject (1.66%) suffered from generalized anxiety disorder NOS. Post-abortion psychiatric morbidity is significantly associated with past psychiatric history (Fisher's exact test, $p < 0.005$), GHQ-30 status on day 1 (Fisher's exact test, $p < 0.02$), somatic complaints during pregnancy (Chi-square/exact test, $p < 0.05$), absence of contraception among unplanned pregnancies (Fisher's exact test, $p < 0.01$) and perceived lack of support from husband (Chi-square/exact test, $p < 0.002$).

[1] Friedman, T., Gath, D. The psychiatric consequences of spontaneous abortion. *British Journal of Psychiatry* 155: 810–813.

TEMPERAMENT AND PSYCHOPATHOLOGY IN CHILDHOOD PSYCHIATRIC DISORDERS

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Multifactorial etiologies of psychiatric illness consider intrinsic causes of illness as very important part of disorders, frequently mentioned as temperament. The aim of present paper was investigate the part of temperament in childhood mental disorders. The temperament variant's incidence was also studied in small part of Estonian population of medical nurses, students and one sport club participants. For analysis were used material of children treated in Tartu Psychiatric Hospital in 1994 with childhood psychiatric disorders. Childhood mental disorders were diagnosed by ICD-10 version criteria. The children's temperaments were evaluated by expert opinion using all materials — doctors' examinations, parents

description and teachers characteristics to child behavior. The Hippocratic terminology and I. Pavlov principles of nervous process's strength, balance and mobility were applied. For healthy person's temperament evaluation the questionnaires (J. Liivamägi, 1995) were utilized. Children inpatients ($n = 100$) were divided into four groups: 18 percent sanguinic, 13 percent phlegmatic, 25 percent choleric and most of them 44 percent melancholic ($p < 0.02$). Sample of participated medical staff and sport club's participants ($n = 150$, 50 male and 100 female) temperament distributions were following — 31 percent sanguinic, 25 percent phlegmatic, 33 percent choleric and merely 11 percent with melancholic temperament. In children's inpatient's population there were fourfold increase part of individuals with melancholic temperament and nearly double less patients with phlegmatic temperament ($p < 0.001$). Our materials demonstrate frequent incidence of melancholic temperament in population of children contracted to mental pathology. Also we have get impression that phlegmatic temperament occurred less in inpatients group. These biological differences in vulnerability and resistance to childhood mental illness may be useful taken into consideration for planning prophylactic measures.

ALCOHOLISM AND DEPRESSION IN WOMEN

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While co-existence between depression and alcoholism in women appears to be frequent, the nature of this relationship is far from clear.

Our aim was to evaluate the evolution and the treatment outcome of depressed alcoholic women.

The study was performed on a sample of 35 women subjects randomly selected from alcoholic women admitted to a psychiatric clinic. The control group included 35 non alcoholic women. The psychological test used to measure depression was the Beck Depression Inventory (BDI), applied shortly after admission and after 3 and 6 weeks.

All alcoholic women with episode of major depression were treated with 210 mg Thymelit (Lofepamine) and 600 mg Carbamazepine.

Our results suggest that the presence of depression influence the drinking behavior in women and is highly predictive of suicide attempts.

A specification of the nature and prevalence of depression in women alcoholics has important therapeutic and prognostic implications.

PERSONALITY DISORDERS IN A SAMPLE OF SPANISH DRUG DEPENDENT PATIENTS ADMITTED FOR INPATIENT DETOXIFICATION

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The relationship between personality disorders (PDs) and substance use disorders has been subjects of considerable research. However, standardized measurement instruments have not been used in many of the studies assessing PDs in substance abusing patients. The present study is the first one conducted in Spain on drug dependent patients using the Spanish version of the Structured Clinical Interview for DSM-III-R personality disorders (SCID-II), recently validated in our University. We investigated the prevalence of the different PDs, as well as the variables associated with each specific PD. Data