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

THE COMORBIDITY OF DEPRESSIVE SYMPTOMATOLOGY IN MALTESE SUBSTANCE USERS

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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

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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.

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NEUROLEPTIC TREATMENT OF MANIA (MEASUREMENT WITH CODE-HD)

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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

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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

remained postictally significant for 6 minutes and in the diastolic RR for 4 minute.

As there are no differences in the therapeutic efficacy, propofol is preferable due to the only minor postictal increase in blood pressure. Instead of the seizure duration, the postictal suppression index should be used as a parameter of efficacy of the treatment.

HOSPITALISATION OF DEPRESSED PATIENTS AND ANTIDEPRESSANTS SYNERGY IN CARE

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ERASMA is an extensive survey which was conducted on more than 1800 depressed patients, who underwent hospital treatment between January and June 1993. It was a naturalistic survey which aimed to explore real performances of antidepressants prescribed within the context of everyday hospital use.

Design Protocol — Inclusion criteria:

* man or woman > 18 years old
* major depressive episode according to DSM-III-R
* MADRS: Score $\geq$ 25, major depression, of moderate to severe intensity
* patient whose condition requires hospitalisation for at least 12 days and oral antidepressant treatment
* antidepressant prescription details and any concomitant treatments are left to the discretion of the practitioner

Evaluation criteria from Day 0 to Day 60:

MADRS scale/COVI scale/CGI scale

Overall improvement/Clinical index of assessment/Adverse events

Patient self-assessment visual scale

Results: MADRS scale: percentage of patients with a 50% improvement in score: it can be seen that nearly half of them achieved this level on D12, 80% on D30 and 88% on D60. At the end point, 74% of patients had improved by 50%, which is consistent with the efficacy rates usually observed with antidepressants.

Apart from providing a substantial amount of information concerning current practice in the treatment of depression in hospitals, the survey supports many others so far carried out which have not demonstrate any differences in the time to onset of therapeutic effects, just at global efficacy level, between the various therapeutic classes of antidepressants currently on the market. However, a very clear synergy appears between drug treatment and hospital care, which is crucial for the depressed patient, since any delay in the provision of effective care can lead to an exacerbation or chronicity of the symptomatology, or even to suicide.

Conclusion: For any furture survey of this type, it would be a good idea to attempts to make a better assessment of the importance of these non-pharmacological factors which most definitely lie in the relational dimension of care. It should therefore be possible to take into account, at least in part, the importance of relational and psychological factors, which are often, if not always, not taken into account in conventional therapeutic studies.

MANIA IN EUROPEAN MIGRANTS

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The relationship between migration and mental illness has been recognized for many years although most interest has focused on the association of migration with schizophrenia especially in Afro-Caribbean patients. Little has been written about the link between migration and mania.

We present details of four individuals who migrated within Europe and were admitted to the acute psychiatric unit of our hospital with a manic episode. These cases represent one fifth of all patients admitted with a manic episode during a six month period. Of these four cases, two were born in mainland Europe and two in the United Kingdom. All were living in a non-native European country prior to presentation and two had returned to their native country immediately prior to admission. These cases presented communication problems because of difficulties with the English language and linking up with professionals abroad. The obtaining of a collateral history was also problematic. In all four cases there were difficulties with follow up after discharge with one individual returning abroad directly from the ward. These four cases presenting over a relatively short period of time suggest that mania in European migrants may be a common problem. Whether mania is precipitated by the stress of travel or whether migration is a manifestation of manic illness is unclear.

Individuals who develop a manic illness following emigration from their native country face additional problems. These include language difficulties, diagnostic difficulties across cultures and difficulties adjusting to admission and ward routine away from their native culture. Rehabilitation may be delayed by the absence of family and friends to plan aftercare and facilitate leave. Aftercare may be difficult to establish and maintain in this group who are less likely to remain resident in one place.

Movement within one continent may be just as stressful as intercontinental travel. Mania in European migrants may be an increasing problem in the future with the expansion of the European Union, loss of border controls and travel between all European countries becoming easier. Under such circumstances the care of these patients should not stop at the national boundary.

PATIENTS ACCESS TO THEIR OWN RECORDS: A COMPARISON OF PATIENTS WITH SOMATISATION DISORDER (SD) AND GENERAL PSYCHIATRIC OUTPATIENTS

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Introduction: Patients have had the right of access to their medical records since 1991. Some authors have shown beneficial effects of encouraging patients to read their records, but it is not known whether this applies to different groups of psychiatric patients. The aim of this study was to evaluate the effects of patients with SD reading their clinical summary.

Method: Patients meeting diagnostic criteria for SD were recruited from a psychiatric-medical liaison clinic with a specialist interest in SD. The comparison group were consecutive attenders at a general adult psychiatric outpatient clinic. All patients were sent a copy of their main clinical summary with a questionnaire designed to report: the reaction to reading the summary, if there had been any change in symptoms, change in their desire for further medical investigations and any greater concern over undiagnosed illness.

Results: Of 30 patients recruited to each group, 80% of each group gave favourable ratings for 8 of the 11 questionnaire items. Comparing the groups, significantly more of the SD patients rated the written summary unfavourably in respect of its emphasis (Odds Ratio [OR] 4.6; 95% CI 1.3 to 17.4) and their being more worried about an undiagnosed physical illness (OR 3.6; 95% CI 1.1 to 12.4). On the other hand, 26 (87%) of the 30 SD patients thought that the summary provided helpful information, the same number was reassured by seeing it and in the opinion of 28 (93%) it was a good idea to have read the summary. Logistic regression showed that age, sex and social class had no significant effect.