

**Mon-P106****HETEROGENEITY OF THE "POSSESSION STATES": A CASE STUDY FROM PEMBA**

G. Onchev. *Chake Hospital, Pemba, Tanzania*

This paper presents six cases with possession symptoms from Pemba, one of the Zanzibari islands, where in a blend between Muslim religion and ancient Swahili cults the beliefs in possession by spirits are so powerful that the island was considered to be the centre of spiritual life and witchcraft for East Africa. The clinical observation of the cases reveals that the so-called "possession states" are heterogeneous; they belong to different conditions, including nonpsychotic anxiety states. The symptom context in which possession beliefs appear and the accompanying features like severity of distress and change of behaviour are more discriminative for the diagnosis than the beliefs themselves. The distinction between form and content of a symptom is crucial for the clinical analysis. There is no evidence that the so-called "possession states" represent separate clinical entity as some authors suggest. What is usually referred to as culture-specific is commonly an explanatory scheme for the incomprehensibility of the symptoms with their attribution to invading forces due to renouncement of psychological responsibility.

**Mon-P107****TWO DIAGNOSTIC APPROACHES TO THE EXTRASENSORY HEALERS' MENTAL STATUS**

O.G. Karagodina. *Philosophy Institute of UNAS, Kyiv, Ukraine*

Sociocultural alterations in Ukraine (as in another cultures) demand the changing of previous diagnostic approaches in psychiatry. The aim of this study was to estimate the status of 100 extrasensory healers on DSM-III-R in the context of contemporary sociocultural situation. None of the respondents had never had a necessity to visit the psychiatrist in their lifetime, but all of them had the perceptual and/or thinking phenomenon, which had to be qualified as mental disorders 5–10 years ago. The methods of interview and structural psychopathological analysis were used. The diagnostic were based on two diagnostic approaches. In the framework of the first approach the perceptual phenomenon were estimated as hallucinations, and mystical thinking as delusional ideas. In this approach the status of 75 respondents fit the criteria of mental disorders on DSM-III-R (44 - schizophrenia, 17 - personality disorders, 14 - organic mental disorders). The second diagnostic approach was based on the concept, that extrasensory healers' thinking is being formed under the pressure of collective notions and is the variant of norm in the present social situation that is characterised by the high interest to religion, mystic and occultism; perceptual phenomena were estimated as suggestive ones in the predominant ideas (parapsychological, religious and mystical concepts) and assimilation of psychic techniques. On the basis of this approach the status of only 19 respondents fit the criteria of mental disorders on DSM-III-R (19 - schizophrenia, 17 - personality disorders). It was revealed that extrasensory healers' practice often promoted the relaxation of borderline disorders and in some cases the spontaneous remission of the psychoses. All respondents were formally socially adopted, though the question about the criteria of social adaptation in the non-stable social situation is debatable. It was concluded that an adequate diagnostic system of mental disorders must be a cultural sensitive, that is take into account the peculiarity of social and cultural influences on the outlook and behaviour of personality.

**Mon-P108****NUMBER OF OLDER SIBLINGS IN SCHIZOPHRENIA COMPARED TO NEUROSIS: IS THERE AN INTERACTION WITH URBAN BIRTH AND SEASON OF BIRTH?**

C. McDonald<sup>1</sup>\*, E. O'Callaghan<sup>2</sup>, F. Keogh<sup>3</sup>, A. Kinsella<sup>4</sup>, M. Morris<sup>2</sup>, D. Walsh<sup>3</sup>. <sup>1</sup>*Cluain Mhuire Family Centre, Blackrock, Co. Dublin & Institute of Psychiatry, De Crespigny Park, London SE5 8AF*; <sup>2</sup>*Cluain Mhuire Family Centre, Blackrock, Co. Dublin*; <sup>3</sup>*Health Research Board, Dublin 2*; <sup>4</sup>*Dublin Institute of Technology, Dublin 8, Ireland*

One of the most consistent findings in schizophrenia research is the small excess of late winter/early spring birth. There is also evidence that schizophrenia is associated with urban birth and with later birth order. One interpretation of these findings is that respiratory viral infections brought into the household by young children in crowded urban areas could disrupt foetal brain development and predispose to schizophrenia in later life. To further explore this hypothesis, we used case register data to assess whether schizophrenics with a greater number of older siblings are more likely to be born in urban areas and during spring months. Data from the Dublin and Three County Case Register were compiled relating to 2969 patients with schizophrenia and 5904 patients with neurosis. Logistic regression analysis was used to determine whether the number of older siblings differentiated schizophrenia from neurosis, controlling for gender, urban birth, season of birth and sibship size.

The number of older siblings did not predict a diagnosis of schizophrenia over neurosis (OR = 1.01, 95%CI = 0.99–1.04). There was no interaction between number of older siblings and urban birth ( $p = 0.29$ ), between number of older siblings and spring birth ( $p = 0.84$ ), or between number of older siblings, season of birth and urban birth ( $p = 0.50$ ). These data do not support the hypothesis that schizophrenia, as compared to neurosis, is associated with an increased number of older siblings, nor that there is an interaction between number of older siblings, urban birth or season of birth.

**Mon-P109****CITALOPRAM INFUSION THERAPY OF UNI- AND BIPOLAR DEPRESSION**

G. Kovács\*, É. Kelemen. *Central Military Hospital, Budapest, Hungary*

The clinicians prefer the drugs with three criteria: safe, effective and fast. The trial of the authors examined if the citalopram infusion therapy met these criteria.

**Study Design:** 50 patients with uni- or bipolar depression (HAMD > 18) were included in the open-label, clinical trial. Low dose of benzodiazepines and/or hypnotics were allowed and the occasional prophylactic treatment (LI, CBZ, VPA) was continued. Each of the patients was given 20 mg citalopram i.v. on the first week, half of them was given 20 mg citalopram p.os and half of them 10 mg i.v. plus 10 mg p.os on the second week and each of them 20 mg citalopram p.os on the third week.

**Results (statistical and clinical):**

- The decrease of HAMD scores was already significant on the 7<sup>th</sup> day and remained on the 14<sup>th</sup> and 21<sup>st</sup> days.
- The decrease of the scores of HAMD specific depression items was significant too
- There was no difference between the patients with two treatment regimes (gradual or prompt switch from i.v. to p.os).
- 70% of the patients was responder on the 14<sup>th</sup> and 21<sup>st</sup> days.
- 55% of the patients recovered on the 14<sup>th</sup> and 66% on the 21<sup>st</sup> day.