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EMOTIONAL DISTURBANCES IN MENTALLY RETARDED CHILDREN

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This paper presents some aspects of behavioural and emotional disturbances in a population of mild mentally retarded children. The sample included 124 subjects between the ages of 8 and 13.6 years attending special schools in Belgrade. They were tested with the Conners Rating Scales (Conners, 1969). Particular interest was shown in conduct disorders, inattentive passivity and hyperactivity. The results show that 11.2% of the sample had behavioural disorders while 16.9% had daydream inattentance problems. The results also show that 40.4% had hyperactivity problems. The results are interpreted in the context of the theory of dual diagnosis of Rudrich, Menolascino and Schymanski (1985).

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CHRONIC AND NON CHRONIC DEPRESSION IN LATER LIFE

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Objective: to determine whether clinical features differed in chronic and non chronic major depression developed in later life.

Method: Cross-sectional evaluation was made comparing two groups of consecutive patients admitted to the Gerontologic Department of the Institute of Clinical Psychiatry (Moscow) between 1990 and 1996.

The subjects included 50 patients with chronic major depression (CMD) according to DSM-IV criteria (the current episode of depression lasting at least 2 years); and 50 patients with non chronic major depression (nCMD) with a duration of the current episode of depression lasting 6 months or less. The onset of illness occurred at the age of 45 in all patients. A comprehensive clinical investigation was made using various clinical parameters.

Results: Patients with CMD had significantly fewer total episodes than those with nCMD (average rates were 1.8 and 3.2 respectively). CMD was significantly less often associated with anxiety than nCMD (60% and 84% respectively). Severe depression, signs of pseudodementia, psychogenic factors preceding the onset of illness took place more often in patients with CMD than those with nCMD. However these differences were not significant. There were no differences between the groups in terms of age at onset of illness, current age and illness duration. It was concluded that chronicity and non chronicity in major depression in later life is related to unknown intrinsic parameters of mood disorder.

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NEW ENVIRONMENTS AND SITUATIONS

M. Martynova

Chez 60 sujets avec une bronchite obstructive chronique B.O.C. on révèle des troubles importants de l'activité psychique se manifestant par des variantes différentes du syndrome psychoorganique. Les études des composantes de gaze et acido-basiques du sang, les données de l'E.C.G. et de la R.E.G. confirment que l'hypoxémie, le déséquilibre électrolyte, les troubles hémodynamiques discirculatoires dans le système des vaisseaux cérébraux jouent un rôle prédominant dans la pathogénèse du syndrome psychoorganique de la bronchite obstructive chronique

Le traitement des malades avec une B.O.C. présentant des troubles mentaux concomitants, tels que le syndrome psychoorganique, doit comprendre en même temps que le traitement de la B.O.C. des produits nootropes et vasculaires. Etant donnée l'impossibilité de guérison complète dans la plupart des cas, les mesures psychothérapeutiques et psychocorrectionnelles doivent être axées sur la formation chez le malade de compréhension adéquate du fait de sa maladie, sur le changement de sa conduite vis-à-vis de sa maladie, l'élaboration de ses habitudes d'adaptation au statut psychique et social modifié, la consolidation de sa confiance au succès du traitement appliqué.

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ANXIETY DISORDERS IN PRIMARY CARE

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Objective: Patients with manic disorder often present to primary care physicians, and multiple somatic complaints are therefore misdiagnosed. Due to the increasingly large number of chronic patients suffering from anxiety disorders presenting themselves to psychiatrists over the last few years, the causes responsible were the subject of this study.

Method: The study was carried out on 56 subjects assessed by semi-structured interview (ADIS-R) scales for anxiety.

Results: 60.7% (N=34) subjects had a long history (over 3 years) of their disorder and had visited from 3 to 16 physicians, especially GPs in emergency of cardiology departments. The lack of somatic evidence for their complaints labelled them as 'neurotics'. The consequences were chronic disturbance, avoidant behaviour, unnecessary medical evaluation and misuse of tranquillizers.

Conclusions: The movement toward care and extension of psychiatric services in primary health care requires further training of health professionals. A short term 2 step programme oriented to information and optimising detection and solving tasks is proposed.