

**Methods:** A sample of outpatients with the diagnosis of OCD, according to DSM-IV criteria, was formed (n = 14). Depressive comorbidity was excluded. Diagnostic and clinical assessments were performed 2 weeks before the polysomnographic evaluation at the sleep laboratory (day -14). During the study all subjects were free of any active medication with the exception of oral contraceptives. Symptom severity ratings were carried out at selection (day -14) and on the first day of the sleep evaluation (day 0).

Sleep records were scored according to Rechtschaffen and Kales criteria by a skilled electroencephalographer. The Oswald scales assessed the subjective quality of sleep and further sleep evaluation was made by means of the insomnia items from the HDRS. The Norris scale was used to measure the subjective state after waking. For statistical purposes a Pearson correlation was computed.

**Results:** Positive and significant correlations were found between wake % and middle insomnia, phase 4 latency and early insomnia. Negative and significant correlations were observed between %REM and sleep quality, as well as in the case of REM latency and morning vigilance.

**Conclusions:** Once again, REM parameters assume a special role, now inferred by the association of REM and important clinical constructs like sleep quality and morning vigilance. The correlation between middle insomnia and %wake is quite obvious and expected. More difficult to interpret is the correlation between early insomnia and phase 4 latency, but nonetheless we consider this finding relevant and one worthy of discussion.

#### P02.257

##### CLINICAL ASSESSMENT OF SLEEP IN OCD: A COMPARATIVE STUDY

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**Introduction:** Numerous EEG sleep studies have identified a distinctive sleep profile in patients with severe forms of depression. However, it remains unclear whether anxiety disorders, such as obsessive-compulsive disorder, are associated with distinctive EEG sleep profiles. In what regards subjective complaints, the information available is even scarcer. The nature of sleep and sleep-related symptoms in anxiety and mood disorders has not been fully investigated. Within this topic, our study purports to investigate the diagnostic significance of clinical sleep variables in obsessive compulsive disorder and "non-melancholic" depression.

**Methods:** The participants were either normal controls (n = 18) or outpatients attending a psychiatric clinic of a university hospital. Patients were selected according to DSM-IV criteria for "obsessive compulsive disorder" (OCD) (n = 14) and "major depressive disorder" without melancholic features (MDD) (n = 14). The groups were comparable for socio-demographic variables and personality traits; the two groups of cases were comparable in what concerns illness evolution. Depressive comorbidity was excluded in OCD patients. The subjective quality of sleep was assessed using the Oswald scale. The insomnia items from the HDRS were also rated. The Norris scale was used to evaluate the subjective state upon waking. For statistical purposes a one-way ANOVA was computed in order to differentiate the three groups.

**Results:** About subjective measures of sleep, both OCD and MDD groups evince several differences in comparison with normal controls. Significant differences were also found between the two groups of patients in "early" and "middle" insomnia (higher scores in MDD).

**Conclusions:** Our study of subjective sleep attributes displayed differences in the three groups. With regard to the subjective

characteristic of sleep and subjective state at waking, both diagnostic groups present pervasive and intense complaints, more severe in the MDD group. It seems like OCD patients are between normal controls and MDD patients in what regards the ranking of subjective sleep complaints.

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##### PSYCHIATRY OF EXTREMAL SITUATIONS

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Psychiatry of extremal situations is a relatively new area of psychiatric knowledge which development does require close connections with clinical and social psychology. The subject matter of this branch of psychiatry is mental health consequences of life-threatening events such as natural and technological disasters, ethnic conflicts, military actions, etc. Certain tendencies have been evident during the last decades. Among those are the following: decrease in the frequency of psychotic reactions, and increase in the number of somatoform, affective spectrum, adjustment disorders, and PTSD. Vast knowledge gained in studying of a wide variety of extremal situations and catastrophes as well as their consequences suggest that the following issues should be specifically considered:

1. Association among psychological and psychopathological features of responses to extremal situations;
2. Distinction between individual and group-related types of responses to extremal situations;
3. Management of rendering care to victims of extremal situations at each stage of psychological and psychopathological disturbances development;
4. Legal and ethical rules with regard to rendering psychiatric care to victims of extremal situations.

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##### DEVELOPMENT OF PSYCHIATRIC CARE NETWORK IN RUSSIA

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The priorities in psychiatric care system have been changing toward more effective and less expensive forms of psychiatric care. As an international experience shows there are several forms of psychiatric and psychotherapeutic aid that can be successfully provided not within large hospitals but in outpatient clinics and daily hospitals. A project on module packages for both the reconstruction of outpatient psychiatric care system network and its further development including modernization of the existing psychiatric hospitals and building of new outpatient clinics have been developed. Taking into account demographic, medical and geographic data 6 types of regions have been distinguished. In some regions with large territories rendering psychiatric care is concentrated in large hospitals (for more than a thousand inpatients) which are located in the centre of the region, and no local psychiatric care system is available there. Therefore it is necessary to create local psychiatric institutions in these regions to make psychiatric aid closer to the population. However unlike the West European countries the density of the population is small in some areas of these regions. As a result the process of decentralization of the psychiatric care system should take into account the peculiarities of a certain region. A list of departments and units within hospitals and outpatient clinics that are necessary to open in each region has been worked out, and the programme of their development has been accepted.