

the patient's behavior, establishing a good relationship with the patient and parents as well as elicit information from both by following the systematic method we can achieve in time and the treatment procedure is easier to be started.

**Method:** The aim of the presentation would be to analyze: the number of emergency patients at *Department for children and adolescent, Institute for mental health - Belgrade* in two years period (January 1998–December 1999), than the type of emergency patient and to present the main treatment strategies in treating emergency patient at child and adolescent department.

**Results:** Almost one fifth of all hospitalized patients at Department for children and adolescents were emergency patients. Most of them exhibited suicidal (autoaggressive) behavior, panic, bizarre behavior, confusion and loss of control and were mostly diagnosed with psychosis (schizophrenia, manic psychosis), depression and *reactio primitiva*. The first choice pharmacotherapy in most cases were benzodiazepines (mostly injected intramuscularly and repeated) or if necessary neuroleptics (haloperidol or chlorpromazine-injected intramuscularly).

**Conclusion:** The emergency psychiatry is the challenge and the trauma at same time for doctors as well as for all staff at Department. Using the systematic method the "helpers trauma" could be avoided and our work with such patient would be better organized.

### P03.426

#### RESISTANT NEUROTIC DISORDERS

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The resistant neurotic disorders problem due to increasing spread of these disorders, and high indexes of temporary and firm loss of capacity for work.

256 patients with resistant neurotic disorders were an object of the investigation. The complex of research methods includes clinical psychopathological, experimental psychological, electrophysiological, biochemical, and statistical methods.

The data obtained allow to conclude that the conception of absolute resistance in general is not characteristic for patients with neuroses. For this category it is more peculiar a relative resistance in the form of residual symptoms evidencing a non-complete recovery of social functioning.

Among the clinical displays resistant neurotic disorders there were the prevalent ones such as: depressive (60.1%), hypochondric (39.4%) and phobia syndromes (36.3%) in 32.8% cases they were characterized by comorbidity.

Results of the investigations evidence that the important factors of the resistance development are somatic and neurological burdening, peculiarities of psychogenia (suddenness, combining latency), self-treatment (an independent intake of medications), treatment by extrasenses and healers.

In the course of the work the principles to overcome the resistance (pharmacological and psychotherapeutic) were worked out.

### P03.427

#### PROPHYLAXIS OF THE AUTO-AGGRESSIVE BEHAVIOR AMONG MILITARY MEN OF THE FORCES OF THE MINISTRY OF INTERNAL AFFAIRS OF UKRAINE

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Dynamic complex inspection of 1600 servicemen during the call-up period showed that 364 (22.7%) of them had mental disorders of border level: personality disorders 35 cases (9.6%), neurotic disorders 163 (44.7%), reactive psychosis 41 (11.3%) and other disorders similar to neuroses, caused by brain traumas 56 (15.4%) and also the light degree of oligophrenia 69 (19%).

The clinical-psychopathological and patho-psychological inspection of 29 persons showed some signs of auto and heteroaggressive behaviour, including suicidal. The detailed analysis of these cases showed that all these servicemen were characterized by negative attitude of military service and some difficulties deal with carrying-out of regime conditions (6.3%), the lack of understanding of service and soldier's duty (4.6%), the accusation of their colleagues of the failures and of their commander of preconceived attitude (6.3%), the quick rise in disharmony of personality because of limited opportunities to solve the disputed situation (4.4%), the inadequate use of the experience and prognosis of the behaviour consequences (8.8%), the short-term affective outbreaks and frequent fluctuation of the mood in the decrease way (4.4%), the decrease of the self-criticism and selfconfidence in their rightness (6.8%).

The system of psychoprophylactic has been developed to correct the all mentioned above disorders according the structure of psychopathology, specific factors of psychic-traumatization, terms of call-up period, psychological personal features and possible adaptive mechanisms.

The main trends of psychoprophylactic system are:

- social-psychological. The leading role here belongs to commanders, officer-tutors and medical service;
- medical-psychological is carried out with the help of close cooperation between commander officer-tutors and medical service;
- medical-psychological is carried out by medical staff with regular information.

The developed system of psychoprophylactic is carried out in three stages. At the first stage much prominence is given to strict selection during the call to military service. At the second stage much attention is given to the early elucidation of the persons with mental disorders and to observe them dynamically. At the third stage the questions deal with rational use of servicemen, according to their psychological features are of great importance.

The effectiveness of the developed psychoprophylactic system is determined by the diminution of adaptation terms and the reduction of morbidity rate and also the number of persons, released from the service because of illness.

### P03.428

#### COMPARISON OF PERSONALITY BETWEEN JAPANESE MAJOR DEPRESSIVE AND BIPOLAR PATIENTS BY THE MUNICH PERSONALITY TEST

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**Introduction:** No established results has not been proposed regarding a comparison of premorbid personality between unipolar and bipolar depressive patients. The present study aimed to investigate