P49   *Health services and epidemiology*

PTSD: EPIDEMIOLOGICAL ASPECTS AMONG SOLDIERS OF RSA

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Objective: To ascertain the frequency and risk factors for PTSD on the given sample.

Method The total sample consisted of 100 members of the Republic of Srpska Army (RSA) unit   The instruments used were DSM-III-R, standardized PTSD interview, biography, Eisenck-Personality Test, list of life events and SHEPI Questionnaire

Results· The PTSD interview revealed that 30% of participants complied with the diagnostic criteria for PTSD. The making the ensuing comparison of PTSD positive and PTSD negative participants, the following variables which have a statistically important discriminative value were determined· marital status, education level, neurotic manifestations in childhood, period spent at the front-line, number of life events particularly related to losses of close friends and relatives, neurotisicm and Type A Personality

Conclusions: The differences between the two groups proved the following PTSD risk factors: matrimony, lower degree of education, pavor nocturnus, longer period spent at the front line, numerous lifetime events both in war and peacetime and particularly related to losses or risk to life of close friends and relatives, higher neuroticism and Type A Personality.

P50   *Health services and epidemiology*

DYSTHYMIC DISORDER: INDIRECT COSTS RELATED TO LOSS OF PRODUCTIVITY

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Few studies have been carried out to evaluate the impact of dysthymic disorder on indirect costs. In this study, descriptive and analytic approaches have been used to assess this impact.   The descriptive approach basically involved the collation of data from the literature and partial surveys (i.e., interview and questionnaire) and the translation of these into units (e.g., days missed from work) and into cost.   Using this approach we found that, in accordance with DSMIV and ICD10 criteria, dysthymic disorder was associated with an estimated total of 2 5 million days lost from work. These were mainly concentrated in patients aged between 28 and 50   When mortality was taken into account (mainly suicide), dysthymic disorder was associated with an additional annual loss of 3.5 million days including nearly 1 7 million days lost by patients under the age of 65

Compared with similar studies performed on mental disorders in other European countries, the relatative share of indirect morbidity cost as well as indirect mortality costs is much higher for dysthymic disorder thatn for other mental disorders in this country

P51   *Health services and epidemiology*

METEOROLOGICAL FACTORS AND MIXED ANXIETY AND DEPRESSION (MADD)

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Objective: to determine the relationship oetween MADD and meteorological variables, to ascertain whether MADD has a seasonal pattern of occurrence and establish seasonal variations in the frequency of symptoms.

Method: A sample of 470 patients with MADD treated at the Belgrade Institute of Mental Health between May 1995 and October 1996 were selected. For each patient the following information was collected: season of the year when patient sought help, symptoms of MADD and meteorological variables at the time of presentation for treatment, e.g., air temperature, index of cloudiness, precipitation, humidity, air pressure and wind strength.

Results: Patients with MADD were most frequently encountered in late autumn and winter (75%). The relationship between MADD and meteorological variables was complex and rather inconsistent. However a high correlation (r=0.68) was found between MADD and air pressure and wind strength. The most prominent symptoms in late autumn and winter were depressed mood (87%), tension (80%), irritability (76%) and reduced sex drive (63%). In contrast somatic and autonomic symptoms of anxiety were less pronounced during that period (37%). It can be concluded that there may be an important link between some meteorological variables and the occurrence of MADD which has implications for its prevention and treatment.

P52   *Health services and epidemiology*

CLINICAL-EPIDEMIOLOGICAL STUDY OF ALZHEIMER AND MULTI-INFARCT TYPES OF DEMENTIA

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In Yugoslavia 12.9-19.7% of the whole population is over 65 years. In Belgrade where one quarter of the population resides, there are about 17,218 or 1% older than 65 years. There is also an increase in psychogeriatric disorders with depression being the most frequent following by different types of dementia - senile dementia Alzheimer type, multiinfarct dementia, mixed forms and others. Data was used from the Dept for Prevention in Psychogeriatry in the Institute for Mental Health, Belgrade between 1985 and 1995. The incidence of SDAT for males over 60 years was 2.7%, for females 4.9%. In males over 70 years it was 9.7% and females 8.2%). Lifetime risk for SDAT for males was 26.8% and females 26.4%, MID range was 5-25%. Some pathologists found greater values from 15 to 47%. Mixed forms of dementia were presented in 13% of the elderly. MID was foudn to be twice as likely in males. Gender ratio for MID was M:F=2-8:1-1.2 and for mixed forms 8:1. These findings indicate serious social, economic and medical problems, and only with good coordination between medical and social services and with cooperation of the patients' families it is possible to make an early diagnosis and treatment for some forms of dementia. Some leading pharmaceutical companies are now ready to fund improvements in psychopharmacology for this group of psychogeriatric disorders.