

was shown to be associated with a significantly larger echogenic SN ($p < 0.001$). On the other hand, cycloid psychoses and unsystematic schizophrenias had a significantly larger echogenic SN, as compared to healthy controls ($p < 0.01$, $p < 0.05$). No significant influence of age, sex or duration of illness was detected by one way analysis of variance.

Conclusions: These preliminary findings suggest elevated echogenicity of the SN in cycloid psychoses and unsystematic schizophrenias compared to systematic schizophrenias and healthy controls. Further investigations should be carried out to confirm clinical implications regarding NIP and the putative role of the nigrostriatal system in the etiology of schizophrenic subtypes.

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P300 AMPLITUDE OVER TEMPORAL REGIONS IN SCHIZOPHRENIA: AN INVESTIGATION USING JAPANESE SUBJECTS

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In order to examine left temporal scalp area reductions of P300 amplitude, event-related potentials (ERPs) during a standard odd-ball task were recorded in 57 schizophrenic patients and 33 normal controls. P300 amplitude at T3 was not significantly smaller than that at T4 in schizophrenic patients. In the results of ANOVA of P300 peak amplitude and PCA factor scores, significant lateral topographical difference of P300 was not present between patients and controls. However, in schizophrenia, patients in the low T3 P300 group were older and taking more dosage of antipsychotic medicine than those in the high T3 P300 group, and they have relatively lower P300 amplitude and significantly delayed P300 latency, compared to those in the high T3 P300 group. These results suggested that although the reduction of left temporal P300 amplitude did not exist necessarily in schizophrenic patients, it may be associated with the severity of the disease process and/or impairment of cognitive function.

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INTERVENTIONS OF MEDICO-PSYCHOLOGICAL EMERGENCY TEAMS IN FRANCE

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Effective methods to reduce psychic morbidity following traumatic events are needed. Since 1995, in France, medico-psychological emergency teams were added to existing prehospital emergency services in order to evaluate and manage in the field acute psychiatric responses to mass casualty incidents or disasters. The goals of these interventions are the better management of psychic victims as well as the earliest prevention of psychotraumatic disorders (PTSD).

Two official texts have given in 1997 a statutory warranty to a national medico-psychological emergency network. One organizes the medico-psychological emergency activity in the public mental health system and defines three degrees of responsibility: 100 departmental teams, 7 inter-district permanent units and a national committee. This committee is in charge of the definition of the procedures of intervention for the medico-psychological teams and the evaluation of their actions on a national level.

From the 5 years experience accumulated in the field by the medico-psychological emergency teams, we will consider the practical modalities of response to psychiatric emergencies in case of disaster situation, as well as the resulting modifications in health organization and professional training. The level of activity of the medico-psychological network is estimated at 3 interventions per week on the national territory.

The medico-psychological emergency network is already largely requested outside the circumstances it was initially created for. The definition of limited criterion to trigger the emergency interventions appears to be necessary. There is also a great need to determinate the duty of every intervening during the management of a collective traumatic event.

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GHB TREATMENT OF ALCOHOL AND DRUG ADDICTION

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The benefit of GHB in the treatment of alcohol and drug addiction is confirmed by more and more studies and chemical tests. The GHB causes a regression of the alcohol abstinence syndrome, reduces the craving, produces abstinence from alcoholic drinks at a medium and long term, brings in a cut in heroin and cocaine cravings.

80 alcohol addicts (DSM-IV) have been treated with variable doses of GHB between 50 and 100 mg/Kg divided into four daily doses over almost 14 months. 15 patients abandoned the treatment after one month, 8 after three months; 55 have successfully completed the treatment beginning and keeping abstinence from alcoholic drinks and carrying out a considerable reduction in craving. To be reported two cases of abuse and addiction from GHB.

Presently 4 drug addict patients are under GHB treatment at 100–150 mg/kg doses.

GHB proved a good therapeutic instrument, in correct prescriptions, characterized by good efficacy and tolerability for the treatment of alcoholic addiction and also a valid option in the treatment of drug addiction.

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EFFICACY OF ANTIDEPRESSANTS IN THE TREATMENT OF SEVERE DEPRESSION

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Depressions represent a heterogenous group of disorders to be divided along a spectrum of severity into mild, moderate or severe. The categorization along the spectrum of severity can be important for the choice of treatment modalities, including psychopharmacological agents. In general, for clinical trials patients with severe depression are systematically excluded because of increased risk of suicide. Therefore only a few studies in defined samples of severely depressed patients are available. But we think the evidence of efficacy should be tested reasonably. The potency of antidepressant drugs in severe depression is presented by selectively reviewing literature.

The established efficiency of tricyclic antidepressants (TCA) in severely depressed patients probably is related to their effect on both noradrenergic and serotonergic nerve cell transmission. In addition in all studies available selective serotonin reuptake inhibitors (SSRI) show a higher efficacy compared to placebo in severe depression. New antidepressants with a dual mechanism of action (SNRI, NaSSA), e.g. an effect on the noradrenergic and