

carelessness of those forms of mental infirmity which bring the deep sense of our two terms into play. But Dangerousness, hidden in the Sanitary Law folds concerning the Obligatory Sanitary Treatments, persists, unchanged and in clear letters, within the articles of the penal laws which regulate the internment of the insane author of a crime.

The Jail, the Psychiatric Judiciary Hospital, the Services for Drug Addiction Treatment, which represent privileged lookout-points, remark themselves that the evolution of psychiatric clinic at the ending of the millennium has necessarily to deal with some changes both of the structure and of the form. In the present report these changes are evaluated through the parallel changes of the psychiatrist's position when compared with the two figures of Responsibility and Dangerousness.

The clinical and therapeutic "rehabilitation" of these two terms, would contribute to reverse the degeneration of their meaning respectively into Solidarity and Wickedness. The new clinical forms of the mental illness, such as personality disorders with antisocial behaviour, impose this "rehabilitation". Indeed, the Responsibility denied in the formulation of the Sanitary Law, comes back to the psychiatrist through side-roads. One of these being the psychiatrist taking the therapeutic Responsibility in the interdisciplinary treatment of those increasing forms of mental disease in which the antisocial behaviour, and therefore the matters of Justice, hold a prominent position.

VOTING BEHAVIOUR OF CHRONIC MENTALLY ILL OUTPATIENTS IN GERMANY

Jens Bullenkamp, Burkhardt Voges. Central Institute of Mental Health, J 5, D-68159 Mannheim, Germany

We report the results of a survey held immediately after the 1994 general election for the German parliament. Questionnaires on voting decisions and attitudes towards elections were received from 114 mentally ill residents of nine different therapeutic residential facilities, i.e. halfway houses, group homes and sheltered apartments.

In contrast to the general population of their surrounding neighbourhood (numbers shown in parentheses), patients favoured political parties of the 'left wing'. The Social Democrats received 55.1% (36.4%) of the votes and the ecologist party 16.9% (9.7%). On the other hand only 23.6% (46.8%) of the patients voted for the conservative parties with no votes for the Liberals. This pattern of voting remained stable concerning age, sex and type of housing. Attending general elections was rated important with a medium of 4.84 on a six-point-scale (6 = very important ... 1 = totally unimportant). An analysis of reasons for voting decisions revealed most patients' reasons to be similar to these of the general population (party program, candidate, voting habits), while a substantial proportion of 21.5% related their voting decision to the statement that the party of their choice (Social Democrats only) might do more for mentally ill people.

In contrast to earlier reports from comparable populations, we found that in favouring the 'left wing' parties the voting behaviour of chronic mentally ill outpatients from therapeutic institutions differs from that among the general population. For a small but substantial proportion the voting decision is based on the belief that the party of choice supports the interests of mentally ill clients. We suggest that these results demonstrate the voting decisions of mentally ill clients to be interest-related as among other pressure groups. We see this as an indication of a much more 'normal' voting behaviour than if patients were to exhibit the same voting behaviour seen among the general population.

CONTRIBUTING FACTORS AND PERSONALITY PROFILES IN LONG-TERM SATISFYING MARRIAGES

N. Calovska-Hertzog, D. Lecic-Tosevski, V. Milosevic. Institute of Mental Health, Belgrade University Faculty of Medicine, Palmotićeveva 37, Belgrade, Yugoslavia

This study aims to identify and assess the extent of impact of contributing factors in long-term satisfying marriages and relate them to personality profiles. Sample consists of ten couples married between 25 and 46 years. Additional research was performed with ten couples who have recently divorced after ten or more years of marriage. Quality of life and specific interactional, behavioural patterns were examined by: Dyadic Adjustment Scale, while personality profile data were obtained through Millon Clinical Multiaxial Inventory. Results indicate existing correlation of socio-demographic, communicational factors and motivation to live together on one hand, and certain personality traits on other. This is a pilot study of a larger multi-centric, international project targeting to distinguish contribution factors and personality traits relevant to long term satisfying marriage.

RESEARCH ACTIVITY BY SENIOR REGISTRARS IN PSYCHIATRY

S. Curran, C.J. Williams. Academic Unit of Psychiatry, St. James's University Hospital, Beckett Street, Leeds LS9 7TF, United Kingdom

Objectives. To clarify how Senior Registrars use their allocated research time, and to identify specific difficulties that prevent successful research being carried out.

Methods. A questionnaire was sent to all Senior Registrars in Psychiatry in the Yorkshire and Northern Region.

Results. 99 questionnaires were sent, and 57 (58%) questionnaires were received (56.1% males and 43.9% female). 45% of the responses were from full-time and 12% from part-time Senior Registrars. 80.8% were first, second or third years, and all specialties were represented.

84.2% of trainees were actively involved in some form of research, but 61.4% identified specific problems in carrying out their research including interference from clinical work. Between 66.7% and 84.2% felt that they did not have the skills necessary to use a computer, word processor or carry out a CD ROM literature review. 60.7% of trainees received 6 or fewer research sessions per month despite the recommendation being 8 per month. Only 21.1% reported a lack of interest as being the main reason why their research was being hindered. 61.4% felt that they received adequate supervision and support from trainers, but only 28.1% felt that this was "good". Overall 41% said that they believed their research training was either poor or non-existent.

Conclusions. Research by Senior Registrars is often held back by practical difficulties. It is suggested that there needs to be greater understanding of how Senior Registrars use their research time and the difficulties associated with involvement in research. The College may have a key role to play in this through its network of Regional Research Co-ordinators.

A PSYCHOPHARMACOTHERAPEUTIC STANDARD IN A GENERAL HOSPITAL

H.A.A. de Berk. Catharina Hospital, Michelangelolaan 2 5623 EJ Eindhoven, The Netherlands

The author is developing a pharmacotherapeutic standard in a general hospital. In 1988 he concluded from an investigation of different aspects of benzodiazepine dependence that an *indicating protocol* is needed, if psychotropic drugs are to be prescribed adequately. In many instances a *specific indication* for treatment with psychotropics is lacking. Thus in order to treat psychiatric patients adequately the process

of indicating has to follow certain pathways. In addition to the specific indication other stages in this process are distinguished. The *positive time indication* means the period within or after which a treatment should be started. The *negative time indication* aims at preventing unnecessary or disadvantageous continuation of psychotropic medication. The *hierarchical indication* may help the doctor in making an adequate choice between the next, often more serious therapeutic steps to take. A tentative psychopharmacotherapeutic standard was built up by matching the process of indicating with the different groups of psychotropic compounds: antipsychotics, antidepressants, hypnotics, anxiolytics and other sedatives. These psychopharmacotherapeutic guidelines were presented to the medical staff of the general hospital. In a survey two years later one hundred medical files were checked in order to determine if the above mentioned therapeutic guidelines were followed. The data of this survey are presented in this paper.

BIOCHEMICAL CORRELATES OF PERSONALITY DIMENSIONS IN HYPERTHYROID PATIENTS

S. Draganić, V. Cvejić, V.R. Paunović. Institute for Mental Health, Palmotićevo 37, 11000 Beograd, Yugoslavia

In contrast to psychodynamic interpretations within most of psychosomatic studies, the efforts to get insight into biochemical suppositions of personality dimensions of hyperthyroid patients have been, by far, less frequent. Also, there may be encountered various psychopathological manifestations in hyperthyreosis in correlation with neuroendocrine dysbalance. The aim of the study was to get insight into, by determination of thrombocyte monoamine oxydase (MAO) activity, possible biochemical correlates of personality dimensions of hyperthyroid patients. The experimental group consisted of 24 patients, in whom there was diagnosed Graves-type hyperthyroidism. Controls included 34 healthy subjects. For assessment of personality dimensions MMPI-201 test was applied. The MAO activity was determined by fluorimetric procedure (Krajl, 1965.). The obtained score personality profile of hyperthyroid patients corresponds to the profile of a healthy personality. The level increase of scores on the scales of hysteria (Hy), depression (D) and hypochondriasis (Hs) is interpreted as so-called "neurotic trend", i.e. neurotic level of organization of these personalities, with a marked tendency to react, in stress situations, by manifesting psychosomatic reactions. The study results confirm significantly low levels of the thrombocyte MAO activity in the patient group. Such finding indicates noradrenergic/serotonergic (NA/5-HT) dysbalance as a possible biochemical substrate of anxiety (the increase on the scale Hy suggests somatic correlates of anxiety) and depression (the elevated score of the scale D) in the patients. A negative correlation between the scale psychopathic deviate (Pd) and the MAO activity is interpreted within the context of so-called desinhibitory psychopathology, indicating the impaired modulatory (inhibitory) impact of the serotonergic system (the decreased thrombocyte MAO activity).

COMPARISON OF BLACK AND CAUCASIAN MALES ADMITTED TO A PSYCHIATRIC INTENSIVE THERAPY UNIT

Richard Duffett, John Cookson. The Royal London Hospital (St Clements), London, U.K.

Aim: A review of admissions to the Psychiatric Intensive Therapy Unit (ITU) at the Royal London Hospital revealed that Black patients (Afro-Caribbean and African) were over-represented in comparison to Caucasian patients. We wished to examine differences in the indication for admission, past history and diagnosis between the ethnic groups.

Method: 43 Afro-Caribbean and 19 African males having their first admission to the ITU were identified from a central computer

record, these were matched for age (± 3 years), and sex to a similarly identified Caucasian group.

Results: Black men had significantly longer admissions to the ITU (mean 34 vs. 25 days), and on average the length of their admission to hospital was longer (229 vs. 132 days). Black patients were more likely to have had a diagnosis of schizophrenia (80% vs. 51%) and less likely to have a diagnosis of an affective illness. The incidence of past forensic histories (61%) and previous hospital admissions (71%) were identical. Violence as an indication for admission to the ITU was more frequently recorded in black patients, although the actual number of violent incidents during admission to the ITU were similar. There was a trend for more of the black group to be in the community at follow-up (75% vs. 59%, $p < 0.1$).

Conclusion: The excess of admissions amongst the Black patients may be partially explained by a larger proportion of this group having a diagnosis of schizophrenia (which was associated with longer admissions in both groups). The trend for more of the black patients to be in the community at follow up is consistent with other studies showing a more remitting course of psychotic illnesses in this group.

SEX OF PARENT TRANSMISSION EFFECT IN TOURETTE'S SYNDROME: AGE AT ONSET IN MATERNALLY TRANSMITTED CASES SUGGESTS A GENOMIC IMPRINTING EFFECT

V. Eapen, J. O'Neill, H. Gurling, M.M. Robertson. Academic Department of Psychiatry, UCL Medical School, London WIN 8AA, UK

It has recently been suggested that parent of origin effects possibly caused by genomic imprinting influence the phenotypic expression of a number of heritable human disorders. To test this phenomenon in the Gilles de la Tourette Syndrome (GTS), 437 first degree relatives systematically ascertained through 57 probands were studied. Age at onset, age at diagnosis and phenotypic expressions as observed in the diagnosis of GTS, Chronic Motor Tics & Obsessive Compulsive Behaviours in the offspring of affected males were compared with that in the offspring of affected females. Of the 437 subjects, 16.7% had matrilineal inheritance and 13.9% had patrilineal inheritance, as determined by family history methodology. Chi-square analysis of the different phenotypic expressions and sex of the transmitting parent failed to provide evidence of significant group differences. There were no significant differences when age at diagnosis was compared. However, the maternally transmitted offsprings showed a significantly earlier age at onset. This points to parent of origin effect on the putative GTS gene(s) that could be explained by meiotic events or even intrauterine environmental influences. These findings may help to explain the hitherto conflicting reports about the nature of genetic transmission in GTS, and suggest a need to re-examine family data separately for maternally and paternally transmitted cases, taking into account the possible role of imprinting.

AUSTRALASIAN FIELD TRIALS OF THE DRAFT MULTI-AXIAL VERSION OF THE ICD-10 (MENTAL AND BEHAVIOURAL DISORDERS SECTION)

P. Ellis¹, P. McGorry², G. Ungvari⁴, R. Chaplin², M. Chapman², S. Collings¹, P. Hantz³, J. Little³, G. Mellsop¹, G. Purdie⁵, J. Richards², P. Silfverskjold¹. ¹ Dept Psychological Medicine, Wellington School of Medicine; ² Dept Psychiatry, University of Melbourne; ³ Dept Psychological Medicine, Dunedin; ⁴ Chinese University of Hong Kong; ⁵ Dept Community Health, Wellington School of Medicine

Background: A number of versions of chapter V of ICD-10 are being prepared for use in different settings, including clinical practice,