P146 *Psychopathology and psychotherapies*

DEPRESSIVE DISTURBANCES IN UNSTABLE ANGINA PECTORIS

A. Govorin, N. Govorin. *Department of Therapy, Medical Academy, Gorky 39a, Chita 672090, Russia*

265 men with unstable angina pectoris were studied for psychic disturbance. Investigations were carried out by clinical psychopathology using special psychometric scales. The data obtained showed that psychic disturbances of a neurotic kind were found in 82.7% of patients. Their structure showed the following syndromes: disturbed depressive, depression with melancholia, depressive hypochondriac, cardiophobic, astheno-depression similar to neurosis. A study of the relationship between the nature of psychic disturbance and peculiarities in the course of unstable angina pectoris showed that disturbing depressive and cardiophobic syndromes have an unfavourable effect on the basic illness. Patients with registered psychic disturbance had impairments of the cardiac rhythm at 2.4 times in excess, and nearly all patients had cardialgia with typical attachs of angina pectoris. A special study of psychotropic remedies used showed that sulpiride (eglonil) in the most effective treatment for depressive disturbances in unstable angina pectoris producing both antidepressive and original antianginal effect.

P147 *Psychopathology and psychotherapies*

PERSONALITY, PREMORBID ADJUSTMENT AND SYMPTOMS IN PARANOID SCHIZOPHRENIA

A. Grzywa. *Department of Psychiatry, Medical Academy of Lublin, Abramowicka 2, Lublin 20442, Poland*

72 DSM-III-R paranoid schizophrenic patients wre examined by Personality Questionnaire/Cattell, BPRS and premorbid Adjustment Scale/PAS. This study showed that patients had markedly increased cyclotymia, sensibility, unconventionality, depressive uncertainty and high ergic tension. Lower than average results in traits such as domination, surgence and radicalism were achieved. The subscales of PAS showed a strong correlation between the degree of adjustment in early and late adolescence and adjustment in childhood and late adolescence. The analysis of correlations indicate that a blunted affect is connected with maladjustment in all periods but is strongest in late adolescence. Emotional tension is common in patients with bad adjustment in childhood and the whole adolescent period. Mannerisms show connections with poor adjustment in each of the examined periods, the strongest in adulthood. Impaired thinking is connected with disturbed adjustment in childhood and early adolescence. The results suggest that paranoid schizophrenia may be connected with disturbed adjustment in adolescence.

P148 *Psychopathology and psychotherapies*

DEPRESSIVE SYMPTOMS IN PARANOID SCHIZOPHRENIA

A. Grzywa, H. Karakula. *Department of Psychiatry, Medical Academy of Lublin, Abramowicka 2, Lublin 20442, Poland*

Objective: Depressive symptoms appearing in the acute phase of paranoid schizophrenia cause diagnostic and therapeutic problems. Further treatment depends on accurate diagnosis of depressive symptoms and their occurrence and intensity. This study aims to assess the level of agreement between a self-report measure and structured interview.
Method: 66 DSM-III-R paranoid schizophrenic inpatients were assessed for clinical depression symptoms using the Calgary Depression Scale, the Beck Depression Inventory (self-report), and the Hospital Anxiety and Depression Scale. Depressive symptoms were evaluated three times (i) within days of hospitalization, (ii) bi-weekly during acute treatment, and (iii) in the maintenance phase.
Results: Significant correlations between summary results of each scale have been achieved in all three phases. The weakest results, though statistically substantial, were achieved in item comparison for each scale.
Conclusion: Results suggest that the two methods are complementary and if possible an estimation of depressive symptoms should combine self-report and observer report methods. The choice of scale depends on the psychic condition of the patient and the use of the results (e.g. to distinguish depression from negative symptoms and postneuroleptic side effects).

P149 *Psychopathology and psychotherapies*

MEDICINAL HUNGER IN THE TREATMENT OF REACTIVE DEPRESSION

V. Gurvich. *Department of clinico-biological investigations, State Research Centre of Psychiatry and Narcology, 3 Poteshnay, Moscow 107258, Russia*

30 women between 50 and 72 years with hysterical depression, anxiety, melancholia and hypothymic disorders had a special treatment course including medicinal hunger with subsequent restoration of feeding. The duration of the depression varied from 4 months to 3 years, and medicinal hunger lasted 7 to 20 days. Individual psychotherapy at different consciousness levels during the course of the whole treatment was carried out. "Pure hunger" was used as a final treatment method following acute episodes interspersed with psychopharmacotherapy and also at other stages of the treatment to overcome therapy resistance. In therapy resistent cases, psychotropic remedies used after medicinal hunger were effective. Low doses of tranquillizers and antidepressants were also used in complex treatment. Medicinal hunger was seen to be efficient in reducing depressive symptoms in some patients and acted as a complete restorative in others and this method may therefore be included into complex treatment for reactive depressions.

https://doi.org/10.1016/S0924-9338(97)80715-8 Published online by Cambridge University Press