

affective disorders. The origin of high prevalence of emotionally unstable personality disorder in the patients with diabetes mellitus is discussed in connection with developmental-behavioural and biological-constitutional factors.

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COPING STRATEGIES AND PSYCHOLOGICAL MORBILITY IN ASYMPTOMATIC, SYMPTOMATIC AND AIDS PATIENTS

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Aim: To study possible changes of coping strategies with the course of the illness and to assess its relationship with psychological morbidity among HIV positive patients.

Method: 21 asymptomatic, 59 symptomatic non-AIDS and 20 AIDS patient were studied. International Classification of Control Disease Centre, 1993 (CDC stage); CD4 count, CD4/CD8, COPE Questionnaire (Carver et al, 1989) to assess coping strategies; Hospital Anxiety and Depression Scale (HAD) to assess affective disorders were used.

Results: 32% of all sample showed anxiety symptoms, which rise 50% if we include patients who presented borderline anxiety. Anxiety was related neither to CDC stage of HIV infection nor CD4 count. However, anxiety were correlated positively with denial of illness ($p < 0.001$) and behavioural disengagement ($p < 0.04$). Acceptance of HIV infection was negatively correlated to anxiety ($p < 0.01$). Symptomatics non-AIDS had more depressive symptoms than other groups ($p < 0.04$). Behavioral disengagement and denial were more common among symptomatics-non AIDS and were positively correlated to depressive symptoms ($p < 0.001$). A negative correlations between depressive symptoms and active coping. These last were more common among asymptomatic and AIDS patients. Suppression of competing activities, CD4 count and behavioral disengagement are the best predictor (70%) for any HIV infection stage.

Conclusion: to identify disadaptatives coping strategies in the outcome of HIV infection is a significant predictor of psychological morbidity among HIV patients

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SOCIAL SUPPORT AMONG DIFFERENT HIV POSITIVE RISK GROUPS

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Aim: To studied the social support in HIV+ people belonging to different HIV risk groups. To exam the relationship between social support in each HIV risk group and its repercussions in psychological morbidity or adaptation to illness.

Method: 100 HIV+ patients: 51 IDU's, 20 homosexuals and 29 heterosexuals were evaluated. Sociodemographic and clinical data, Eysenck Personality Inventory (EPI), Social Provision Scale (Rusell & Cutrona, 1987), Hospital Anxiety & Depression (HAD, Zigmon & Snaith, 1983) were used.

Results: Significant statistical differences in each HIV risk group regarding gender, marital status and sociocultural level, were seen. No statistical differences were found between sociodemographic data and extraversion, anxiety, depression and social support. Introversion were more common among IDU's and homosexuals. Introversion and social support were negatively correlated ($p < 0.01$). Depressive symptoms were more common in IDU's; social

support and depression were negatively correlated ($p < 0.001$). Social support as best psychological predictor to identify HIV risk grup were pointed out. The lowest social support were seen among IDU's. Lower of social support was associated with the lack of preventive measures towards HIV transmission ($p < 0.01$).

Conclusion: Improvement and increase social support among HIV+ IDU's are needed. Social support is both important whether to cope well with illness or to prevent HIV transmission

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INFLUENCE OF INTERPERSONAL PSYCHOTHERAPY (IPT) ON PSYCHOSOCIAL VARIABLES AND IMMUNE STATUS OF DEPRESSED HIV-POSITIVE PATIENTS

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Objective: IPT is a short-term therapy with documented benefits for depressed patients. The influence of psychosocial variables on the biological course of a HIV-infection has been discussed. The preliminary data presented here are derived from two treatment modalities of a randomized clinical investigation in which the autors compared a 16 session intervention of IPT to an isofrequent supportive psychotherapy on psychosocial outcome variables and parameters of immune status of HIV-infected males.

Method: HIV-positive and not severely handicaped males who had scores of ≥ 18 on the Hamilton DRS were randomly assigned to one of the two treatment modalities. They were assessed first at baseline and after completion of therapy by means of the following instruments: HDRS, BDI, SCID, SCID-PD, MMSE, Self-Rating of Feelings (v. Zerssen), Questionnaire on Interpersonal Relations (IIP-C, Horowitz) and a medical check-up incl. CD-4 count, PCR, β 2-microglobuline and p24-antigene. In each session HDRS and v. Zerssen were repeated.

Results: Results from ongoing treatment and completed analysis showed decreased scores (HDRS, v. Zerssen) for both treatment modalities. Significant improvement for IPT appeared by midtreatment and increased towards termination. Preliminary data implied no significant psychoimmunological effect of psychotherapy neither in comparison of both treatment modalities nor when focussing on the general progression of illness (opportunistic infections, viral load etc).

Conclusion: Results do suggest that a specific manual based antidepressent psychotherapy like IPT focussing on interpersonal problems present in many HIV-patients- has advantages over a supportive therapy. An immunstimulating effect could at least not be shown by our regime. Improved immunology situation is discussed as psychotherapy effect via increased compliance.

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INTERPERSONAL PSYCHOTHERAPY (IPT) AS A TREATMENT FOR DEPRESSED HIV-POSITIVE PATIENTS: FOCUS, PSYCHOSOCIAL VARIABLES, OUTCOME

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Objective: IPT has rarely been described as a treatment for depressed HIV-patients, although IPT offers effective strategies in encountering the additive deterioration of health by physical and psychological problems. The interpersonal perspective emphasizes functioning relations vital for compliance, active coping, prevention of suicide, quality of life and perhaps also the immunological situation. In this survey 12 clinically depressed HIV-positive patients