mental illness and the recovery of mental health which may surprise them.

Several themes emerged from the exhibition, some unexpected. Patients and staff derived tremendous satisfaction from the exhibition and the attention it engendered. With a little effort the whole ambience of the building improved and the patients hosted a number of 'at home' afternoons for other patients around Scotland. Interest grew in leaps and bounds. People began to evaluate their contributions in light of public interest to purchase their work and to re-evaluate themselves.

New ideas emerged and continue to emerge for new projects, one exhibition has spawned eight projects, two awards and funding for an artist in response. Through staff and patients' efforts we have continued to grow and thrive. Relationships became special and patient/therapist barriers were broken down, we became people with a common goal. The public were enthusiastic with about content and quality of the work of these people and local groups have supported us welcome us into their community.

What of the future? This paper explores the way in which art brought together the various strands of relationship, altered prospective and individual acceptance. How do we create this environment permanently and incorporate it into healthcare services?

HOUSE OF ARTIST IN GUGGING, NEAR VIENNA

Johann Feilacher. *A-3400 Maria Gugging, Hauptstr. 2, Austria*

In the fifties, a time of radical change after World War 11, the art world in Austria experienced new trends and all kinds of developments. It was in this climate of openness that the Psychiatrist Leo Navratil discovered artistic talent among his patients in the course of routine drawing tests. He encouraged these artists and was able to publicise their work. Through books and films these patients came into contact with the art world, gallerists, museum people and avant garde artists. Collectors appeared on the scene enhancing the artists image through purchases and sales. Exhibitions in galleries and museums followed and these artists who could not have made such contacts on their own were now sought out by 'society'. A 'House of Artists' was established combining studios, gallery and communication areas selling original works, books, catalogues, posters and postcards. On his retirement his work has been continued Dr Johann Feilacher, and their artistic achievement and future international success is discussed.

TATE GALLERY

Penny Robertson. *Pentreath Industries, Bodmin, Cornwall*

The 'Tate Experience' is an art project which enables talented artists to attend the Tate Gallery, St Ives, for workshops run by artists who are usually exhibiting in the gallery. The workshops provide structured tuition on a variety of themes and have included photography, textiles, landscapes, printmaking, portraiture.

This project won a Healthy Alliance award 1995 — Virginia Bottomly.

The workshops are specifically for artists who have experienced enduring mental illness.

S14. The treatment of depression in the medically ill

Chairmen: M Musalek, V O'Keane

DEPRESSION AFTER FIRST MYOCARDIAL INFARCTION

A. Honig [1], H.M. van Praag [1], R. Lousberg [1], F. Wojciechowski [1], P. Kuypers [2], H. Wellens [2]. [1] *Department of Psychiatry,* [2] *Department of Cardiology, Academic Hospital Maastricht, PO Box 5800, 6202 AZ Maastricht, University of Limburg, The Netherlands*

Depressive disorder is a frequent concomitant disease in patients with diseases of the coronary arteries and in particular following myocardial infarction (MI). The incidence rates of depressive disorder following MI vary widely, from 20% up to 88%, probably because standardised criteria for depression and standardised interviews were not applied. Recent studies report a frequency of about 20% for major depression. The number of methodologically well conducted studies is however still small. The psychopathological structure of depressive illness following MI needs badly further investigation. Also the course of depressive disorders following MI has not been sufficiently studied. In a study of Schleifer et al (1989), 44% of the patients who 8–10 days following MI were diagnosed with a major depression still qualified for this diagnosis 3 months later. Longer term data are as yet not available. Recently Frasure-Smith et al (1993 and 1994) reported a five fold increase of cardiac death in depressed patients versus non depressed patients in an eighteen months follow-up study after MI.

A research project is described investigating first: the frequency, nature and course of depressive disorder following a first MI and impact on cardiac prognosis of MI; second: possible cardiological, biological, psychological, social and interrelational riskfactors in the occurrence of depression post MI and third: a randomised double blind placebo controlled intervention on depression following MI. Data are presented of a cumulative year prevalence study of depressive symptoms 1, 3, 6 and 12 months following a first MI, reporting a gradually increasing percentage of major depressive disorder from 5% one month post MI to 29% 12 months post MI. Initial data of a case control study comparing 15 depressed and 15 non-depressed post MI patients identifies cardiac complications directly after MI, a past psychiatric history and the use of benzodiazepines in the first weeks after MI as possible riskfactors.

The clinical presentation is dominated by loss of interest, fatigue, irritability and psychomotor agitation. Guidelines for the detection of depressive disorder post MI are given based on the above research.

PREFRONTAL AND ANTERIOR PARALIMBIC DYSFUNCTION IN PRIMARY AND SECONDARY MOOD DISORDERS: EVIDENCE OF COMMON NEURAL SUBSTRATES

T.A. Ketter [1], M.S. George [2], T.A. Kimbrell, R.M. Stein, M.W. Willis, B.E. Benson, M.A. Frye, G. Corá-Locatelli, R.M. Post. *Biological Psychiatry Branch, National Institute of Mental Health, Bethesda, Maryland, 20892, USA;* [1] *Stanford University School of Medicine, Stanford, California, 94305, USA;* [2] *Medical University of South Carolina, Charleston, South Carolina, 29425, USA*

Preclinical evidence suggests that basal ganglia-thalamocortical circuits involving prefrontal and anterior paralimbic (anterior limbic and nearby cortical) structures may be involved in the mediation of emotional processes. Recent brain imaging studies have further sup-

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ported this view. In healthy volunteers, anterior paralimbic activation has been noted during pharmacological (procaine) & neuropsychological (transient self-induced sadness) induction of affective arousal. Moreover, in primary mood disorders, abnormal anterior paralimbic activation has been noted with these probes. Most functional imaging rest studies in both primary and secondary depression have reported decreased prefrontal and anterior paralimbic activity, with this hypofrontality often correlating with the severity of depression & resolving with symptom remission. A few studies of primary mood disorders have noted increased activity in these same regions, which may reflect heterogeneity due to particular illness subtypes.

Preliminary evidence suggests that baseline prefrontal and anterior paralimbic functional abnormalities may even provide differential markers of therapeutic responses. Taken together, these findings indicate that prefrontal and anterior paralimbic structures may be common neural substrates for both primary and secondary mood disorders. Future studies of the function of these structures may yield further insights into the neurobiology of normal emotion in health, subtypes of primary and secondary affective disorders, and perhaps even improved targeting of therapeutic interventions.

DEPRESSION AND THE POSTPARTUM PATIENT

M. Steiner. *McMaster Psychiatric Unit, St. Joseph's Hospital, and Departments of Psychiatry & Biomedical Sciences, McMaster University, Hamilton, Ontario, Canada*

The prevalence of non-psychotic depression postpartum is between 10% and 15% in first-time mothers. The risk is even higher in women with a previous history of a mood disorder and in women with a higher prevalence of mood-related disorders in their families. Other risk factors such as psychosocial stressors, obstetric complications and marital relationships have all been studied but the data are inconclusive. Laboratory findings and in particular neuroendocrine studies have so far yielded only very limited support to the hormonal theories concerning the etiology of postpartum mood disorders. The recurrent nature of postpartum depression has nevertheless prompted studies into prophylactic measures and preliminary results from successful interventions seem to indicate that dysregulation of central neurotransmitter systems may be relevant in these patients.

S15. Liaison psychiatry across Europe: setting clinical standards

Chairmen: F Creed, T Herzog

GUIDELINES FOR C-L INTERVENTION IN INTENSIVE CARE UNITS

G. Cardoso, P. Tienari and the ECLW. *Department of Psychiatry, Hospital Santa Maria, 1600 Lisboa, Portugal*

Intensive Care Units (ICU) have been described as a unique setting where high rates of psychiatric morbidity are expected. The seriousness of somatic conditions and the strange technological environment no doubt help create this situation. These conditions make ICUs a particular setting for a specific intervention in C-L psychiatry. The European Consultation-Liaison Workgroup Collaborative Study, aiming at the assessment of health care delivery in C-L psychiatry across Europe, has presented results which enable us to formulate guidelines for ICU intervention.

The main results are the following: Psychiatric referrals from ICUs constitute 6.3% of the total referrals (14717) and come mainly from Medical units. The main reasons for referral are: 1. attempted suicide, 2. current psychiatric symptoms, including anxiety, depression, confusion/agitation and 3. substance abuse. Referral is more often urgent or very urgent and more often within 24 h. of admission when compared to non-ICU (51.5 against 32.9%). 80% of patients in ICU are seen on the day of referral against 57% of non-ICU. There is a higher percentage of contract and liaison articulations with ICUs then with other departments. C-L intervention in ICU has a higher rate of staff interventions and of combined patient, staff and family approaches when compared to non-ICU.

The following guidelines can be drawn from these results: 1. C-L services to ICUs are urgently needed. 2. These services must be easily accessible and answer referrals within 24 hours. 3. Their organization must include specific programmes for suicide attempts. 4. The C-L team must work in strong coordination with the medical staff 5. Furthermore, it must include families in their intervention.

THE U.K. RESULTS OF THE EUROPEAN CONSULTATION LIAISON WORKING GROUP STUDY

F. Creed, F. Huyse, T. Herzog, A. Lobo, U. Malt. *Dept. of Psychiatry, Rawnsley Building, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL*

The European C.L. workgroup collaborative study included 1375 referrals within the U.K. across 7 hospitals.

The proportion of deliberate self-harm referrals in the U.K. (34.6%) was significantly greater than 4 the E.U. as a whole (17%). The reason for referral, other than deliberate self-harm, was similar between the U.K. and other E.U. countries.

There was very considerable variation between the U.K. centres, including duration of consultation — a potential quality measure. Both the results of multi-variate analyses will be presented in this paper. Variables relating to the nature of the service (e.g. discipline of C.L. staff) were prominent for deliberate self-harm patients but for the remainder, additional variables relating to severity or/and nature of physical and psychiatric disorders were important, thus indicating the needs of the patient.

EUROPEAN STANDARDS FOR CONSULTATION LIAISON (CL) PSYCHIATRY AND PSYCHOSOMATICS?

T. Herzog, B. Stein and European Consultation Liaison Workgroup (ECLW). *Dept. of Psychosomatics and Psychotherapeutic Medicine, University of Freiburg, Hauptstr. 8, D-79104 Freiburg, Germany*

Objective: 1) To increase awareness of the meanings and implications of terms like "standards", "guidelines", "options". 2) To involve the audience in a process of priorization regarding the choice of aspects of CL care delivery ready for European consensus. 3) To prepare a European consensus conference on CL care delivery.

Method: After a clarification of terms [1] selected structural and process data from the largest international multi-centre naturalistic study of CL service delivery [2,3] are contrasted with some existing recommendations (e.g. [4]). Size of the audience and time permitting, an abbreviated nominal group process method will be used to collect and prioritize specific areas in need of consensus.

Results: The presentation and participants' input will contribute to ongoing multi-centre studies on quality management in CL psychiatry and psychosomatics [5,6].

[1] Institute of Medicine (U.S.) Committee on Clinical Practice Guidelines (1992) Guidelines for clinical practice: from development to use. National Academy Press, Washington, D.C.

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