

present the worker with heavy professional, relational and emotional stress.

Many variables are involved: the organisational structure, the individual factors, the historical and cultural factors and the policies and strategies for intervention.

In the '90's, the philosophy and the policy of Reduction of Harm and the philosophy of Recuperation and Rehabilitation appeared to be the prevalent working guidelines in these Services. Thus it appears significant to know and analyse the different legislation in the two countries, the typologies of interventions and the organisation of the services and evaluate the presence and level of stress in the workers.

The hypothesis of the research is that the workers' stress is in relation to the objectives and styles of intervention in the Service.

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SMOOTH PURSUIT EYE MOVEMENT (SPEM) IN BULIMIA NERVOSA

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The eye movement abnormality appears only when the subject tracks a moving target. We have traced this abnormality to a deficit in velocity sensitivity, a function that is regulated by a specific central nervous system network that includes the middle temporal and medial superior temporal areas of the extra-striate cortex. The performance of pursuit eye movements induced activations in the conical eye fields also activated during theta execution of visually guided saccadic eye movements, namely in the precentral cortex (frontal eye field), the medial superior frontal cortex (supplementary eye field), the intraparietal cortex (parietal eye field), and the precuneus, and at the junction of occipital and temporal cortex.

The aim of the present study is to investigate smooth pursuit eye movement and saccadic performance in bulimia nervosa to determine if functional links can be made between eye movement performance and clinical features.

Method: SPEM were induced by oscillating red point and recorded by electrooculogram. These variables were scored by 2 physicians on blind method: the amplitude of the point (AB), the amplitude of saccadic movement (AK), irregularities superimposed on the tracking curve shorter than 0.1 s (MS), irregularities superimposed on the tracking curve longer than 0.1 s (VS), desintegration of the tracking curve (D), and the whole patterns of tracking curve (CT).

Clinically, each patient was assessed using the Eating Disorder Inventory (EDI) and Hamilton Scale for Depression (HRSD).

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ALEXITHYmia CORRECTION AT HYPERTENSION PATIENTS WITH AFFECTIVE DISORDERS

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The purpose of this study using hypertensive patients was to examine the validity and reliability of the current measures of alexithymia and affective disorders. The diagnosis of affective disorders was corresponded with ICD-10 criteria. The daily monitoring of arterial bloodpressure was conducted using the SpaceLabs Medical - 90207 ambulatory blood pressure monitor. For the estimation of the level of anxiety we used the Hamilton (HARS) and Taylor scales. The level of depression was measured by two

scales: Montgomery-Asberg (MADRS) and Zung. Instrument that investigated alexithymia was Toronto Alexithymia Scale (TAS-26).

Based on the sample of outpatient subjects, it was shown that hypertensive patients with affective disorders have the higher level of alexithymia. At the same time the patients with alexithymia demonstrate discrepancy between the level of arterial blood pressure and their subject sensations.

We conclude that alexithymia, that is, poor ability to experience and express emotions and sensations is associated with hypertension. The disturbance of treatment by the hypertensive patients with alexithymia and affective disorders is associated with poor ability to experience sensations. So treatment of the patients with hypertension had to correlate with the correction of alexithymia.

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PSYCHIATRIC CO-MORBIDITY AMONG AMPHETAMINE USERS: RELATIONS TO AMPHETAMINE-INDUCED PSYCHOSIS

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Amphetamine-induced psychosis (AIP) has been viewed as a model of schizophrenia. However the reasons why some individuals develop psychotic symptoms, whilst others do not despite prolonged amphetamine usage, are not clear. This study is part of a project that aims to investigate factors predisposing to amphetamine-induced psychosis. We set out to examine the differences in psychiatric comorbidity and pre-morbid personality between amphetamine users with psychotic experience and those without. A total of 392 amphetamine users were recruited from a psychiatric hospital and a detention house in Taipei. They were divided into those with psychotic experience as cases (127) and those without as controls (265) after assessment with the Diagnostic Interview for Genetic Studies (DIGS) and the Family Interview for Genetic Studies (FIGS). Diagnoses of amphetamine-related disorders and other co-morbid psychiatric disorders were made according to the DSM-IV criteria. Information about pre-morbid function and personality were obtained by telephone interview with the mothers using the Assessment of Premorbid Schizoid and Schizotypal Traits (PSST) and the Assessment of Premorbid Social Adjustment (PSA). The most prevalent coexisting psychiatric disorders were additional substance use disorders. The case group had significantly higher prevalence rate of mood disorders ($p < 0.001$), alcohol use disorders ($p < 0.001$), pathological gambling ($p < 0.01$), antisocial personality disorder ($p < 0.001$) and had a higher mean PSST score ($p < 0.05$) than the control group. These psychiatric disorders or pre-morbid personality might play, at least to a certain extent, roles predisposing individuals to developing psychosis after amphetamine use.

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PSYCHIATRIC MORBIDITY AMONG JUVENILE DRUG OFFENDERS

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This study aims to investigate the magnitude and extend of substance use among juvenile illicit drug offenders and their psychiatric morbidity in a custodial facility. One hundred juvenile illicit drug offenders at a detention center were assessed for substance