

**P01.65****BELIEFS ABOUT DEPRESSION AND OUTCOME IN MAJOR DEPRESSION: A PILOT STUDY**

R.L. Cornwall\*, B.R. Pollinger, M. Pope. *Department of Psychiatry, University of Newcastle upon Tyne, Newcastle upon Tyne, UK*

**Background:** We undertook a pilot investigation to examine the use of a number of research tools in measuring the impact of beliefs about depression and family functioning on the outcome of major depression and burden of care.

**Design:** Longitudinal follow-up for up to six months of a cohort of psychiatric outpatients with non-psychotic major depression and their cohabiting partners, using symptom severity (Beck Depression Inventory) and caregiver burden severity (Involvement Evaluation Questionnaire) as outcomes. Beliefs about depression and family functioning were measured on the Reason for Depression Questionnaire and the Family Assessment Device respectively.

**Results:** 15 couples were recruited. At baseline, patients reported poorer family functioning than their partners did ( $t = 3.7$ ,  $P < 0.01$ ). Symptom severity was significantly correlated with burden of care ( $r = 0.58$ ,  $P = 0.02$ ), reason-giving ( $r = 0.56$ ,  $P = 0.03$ ) and poor family functioning ( $r = 0.60$ ,  $P = 0.03$ ). Clinical improvement resulted in a non-significant reduction in the level of burden, but was not associated with reason-giving or family functioning. Partners endorsing intimacy reasons for depression continued to experience high levels of burden of care at follow-up ( $t = 2.6$ ,  $P = 0.03$ ).

**Conclusions:** Reason-giving as a whole and also particular reasons for depression may be important in the outcome for both patient and partner and merits further investigation in a larger sample.

**P01.66****CASE REPORT: SEXUAL OFFENDING IN A MAN WITH ASPERGERS SYNDROME, XYY SYNDROME AND A SEIZURE DISORDER**

K.P. Courtenay\*, J. Bird. *Psychiatry of Disability, St. George's Hospital Medical School, London, UK*

**Background:** We present a history of sexual offending in a 23 year old man with Aspergers syndrome. Further investigation revealed a seizure disorder and a chromosomal abnormality. In the report we discuss the possible interaction of the diagnoses and the subject's social background in order to gain an understanding of the aetiological factors operating in his offending behaviour. Discussion of his management will include the therapeutic strategies which have been used. Options for on-going care within existing service provision will be explored with respect to the level of risk that this man poses to society.

**Conclusions:** XYY syndrome associated with Aspergers syndrome has not been reported in the literature. Psychosexual development in people with a pervasive developmental disorder can lead to deviant sexual behaviour. In the presence of a developmental disorder second disorders should be suspected. Epilepsy is common among people with developmental disorders.

**P01.67****CASE REPORT: PRADER-WILLI SYNDROME AND BIPOLAR AFFECTIVE DISORDER WITH PSYCHOSIS**

K.P. Courtenay\*, L. Magrill. *Psychiatry of Disability, St. George's Hospital Medical School, London, UK*

**Background:** We present the history of a 43 year old man living in a residential unit for people with mental retardation who has

evidence of an affective disorder with psychosis and aggression. The psychopathology of the psychosis is unusual in expression with visual misidentification and delusions of grandeur which are consistent during episodes. It is acute in onset and transient in nature. The illness is responsive to conventional drug therapy and behavioural interventions while complicated by his physical disorders. We discuss the possible psychological and physical aetiological factors in his mental illness and the specific issues for services in providing care for this man.

**Conclusions:** Psychosis in Prader-Willi syndrome has been reported previously in affective and schizophrenic-like illnesses. It presents abruptly and is often short lived, having the tendency to recur. It responds to drug treatments. The psychotic presentations may be characteristic of Prader-Willi syndrome and could be linked to the chromosomal origin of the syndrome.

**P01.68****CURRENT AND RESIDUAL FUNCTIONAL DISABILITY ASSOCIATED WITH PSYCHOPATHOLOGY. FINDINGS FROM THE NETHERLANDS MENTAL HEALTH SURVEY AND INCIDENCE STUDY (NEMESIS)**

R.V. Bijl. *Netherlands Institute of Mental Health and Addiction (Trimbos-Instituut), Utrecht, The Netherlands*

**Background:** Few population studies have investigated the functional disabilities that accompany specific psychiatric diagnoses. This study assesses the nature and strength of current and residual impairments in various functional domains of life.

**Methods:** Data were derived from the Netherlands Mental Health Survey and Incidence Study (NEMESIS), a prospective study in the Dutch general population aged 18 to 64 ( $N = 7147$ ). Psychiatric diagnoses were based on the Composite International Diagnostic Interview; functional disability was assessed on the basis of the Short-Form-36 and the number of disability days.

**Results:** Psychopathology was associated with increased disability in social, emotional and physical domains of life. Disability levels varied by psychiatric diagnosis, with mood disorders showing the poorest levels of functioning, especially for vitality and social functioning; alcohol related disorders were associated with few disabilities. Comorbidity strongly increased the severity of disability. The effect of contextual factors on disability was limited, although somatic ill-health, unemployment and adverse youth history increased the likelihood of functional disability. The findings indicate that psychopathology can also have residual debilitating effects.

**Conclusions:** Mental health care providers should be aware that the extent and the type of disability may vary with the different types of disorders and among different groups within the population. Since recovery from functional limitations may not be complete or may take more time than the remission of the psychiatric symptomatology, non-psychiatric follow-up care is needed. The high number of lost work days is relevant from an economic perspective. There is a need for illness-specific disability assessment instruments.

**P01.69****MULTIPLE SCLEROSIS AND EATING DISORDERS**

D. Kountouris. *Center For Neurological Diagnosis, 45 Michalakopoulou, 11528 Athens, Greece*

**Background:** The relationship between the eating disorders with other psychiatrist diseases such as schizophrenia is a subject of a

many years study. Here we are trying to study whether there is a relationship between MS and eating disorders.

**Methods and Material:** From 1024 MS patients who were examined in our clinic in the last 10 years we singled out 28 patients (19 female and 9 male) who suffered from clear eating disorders such as extreme obesity, anorexia nervosa, bulimia, explosive obesity syndrome e.t.c. All these patients were undergoing medical treatment with mitoxantrone for the period of one year. They also were examined according to Kurtzke DSS scale at the beginning and at the end of the treatment. The above results were compared.

**Results:** All the patients presented a significant improvement after the treatment with mitoxantrone apart from 3 patients who besides MS they suffered from extreme obesity. On the contrary, the MS patients who suffered from anorexia nervosa or bulimia showed a simultaneously improvement.

**Conclusion:** According to the results we observe that there is a nosological relationship between MS and bulimia or anorexia which is influenced by the immunosuppressive therapy. This fact challenges us for further research to prove whether bulimia and anorexia have an autoimmune character

### P01.70

#### OXCARBAZEPINE AS A MOOD REGULATOR: ITS EFFICACY, SAFETY AND TOLERABILITY VERSUS CARBAMAZEPINE

G. Tavormina. *Studio di Psichiatria, 11 Piazza Portici, Provaglio di Iseo, 25050 Brescia, Italy*

**Objective:** To assess efficacy, safety and tolerability of Oxcarbazepine as a mood regulator vs. Carbamazepine.

**Materials and Methods:** A total of 13 outpatients were included in this open-label, comparative, naturalistic study, meeting DSM-IV diagnostic criteria for bipolar mood disorders. Nine of these patients had given Carbamazepine in beginning of therapy; four patients instead could not take on it because Carbamazepine was not suitable (liver or haematic complaints; low compliance to monitoring parameters): they since beginning took on Oxcarbazepine. All the patients were periodically effecting a general haematologic exam as well as an electrocardiogram. "Global Assessment Scale" was adopted in determining the effects of Oxcarbazepine treatment, before beginning treatment and after six weeks. Tolerability was assessed, during clinical interviews, by registering treatment-emergent adverse events and valuing the monitored parameters data too.

**Results:** The valuation of the effects of Oxcarbazepine treatment after six weeks with "Global Assessment Scale" shows that all the patients obtained more than 90 points.

**Tolerability:** All the nine patients, that initially took on Carbamazepine and needed to stop it (with its replacement with Oxcarbazepine), subsequently presented a clear-cut improvement of own monitored parameters (liver, haematic, cardiac and dermatological parameters); these parameters were "regular" (after eight weeks treatment) also in that patients that since beginning took on Oxcarbazepine.

**Conclusions:** In this naturalistic study Oxcarbazepine demonstrated its considerable efficacy as a mood regulator and especially its safety and tolerability vs. Carbamazepine.

### P01.71

#### HELP-SEEKING BEHAVIOUR AND COPING PRECEDING FIRST PSYCHIATRIC ADMISSION OF PSYCHOSIS PATIENTS

J. Fuchs\*, T. Steinert. *Centre of Psychiatry Weissenau, Dep. Psychiatry I, University of Ulm, Germany*

**Background:** Several first-episode studies of schizophrenia indicate that many patients experience active symptoms for one year or longer before receiving appropriate medical treatment. To reduce this time without treatment it is necessary to know the pathways to psychiatric care and patients' help-seeking behaviour.

**Method:** In the present study a sample of about 50 first-episode psychosis patients from a rural region in south Germany should be interviewed with the Interview for the Retrospective Assessment of the Onset of Schizophrenia (IRAOS) and a questionnaire of coping behaviour. The results will be represented in a pathway diagram, showing typical pathways and associated time delays.

**Results:** Until now 32 patients have been included with a mean duration of untreated psychosis of 69 weeks. 28% of the patients had no contact with any helpers and only 13% made the first contact with a general practitioner. The patients started help-seeking behaviour (mean) 238 weeks after the first prodromal symptom and it took (mean) 81 weeks between the first helping contact and admission. Different kinds of coping behaviour (e.g. talk to a person to whom one relates most closely, watching TV, playing sports, taking drugs, avoid contact,) were reported by 29 patients.

**Conclusion:** Our data on the early course of illness and the duration of untreated psychosis are corresponding well with results of other studies. In contrast, only a small number of patients in this region made their first contact with a general practitioner. There were high individual differences on the pathways to psychiatric care. These preliminary results suggest that information campaigns with the aim of reducing the duration of untreated psychosis should be addressed to a broad general public, not only to professionals.

### P01.72

#### PSYCHOSOCIAL STATUS OF FEMALE TRANSSEXUALS AFTER SURGICAL SEX REASSIGNMENT

L. Vasilenko\*, L. Gorobetz. *Research Institute of Psychiatry, Poteshnaya, 3, 107076, Moscow, Russia*

The problem of psychosocial functioning of the persons who have changed sex is leaving actual in Russia. We have studied the indices of level of psychosocial adaptation in 120 female-transsexuals/FT/ (average age 30.5 years) before sex reassignment and five years after it. Social, professional, financial, sexual and psychical status was evaluated by the special scales. The progress of FT post-surgical adaptation in male sex role was conformed by the date about receipt higher or middle education, occupation, stable work, salary, presence of sexual partner, civil or legal marriage (87%). The dynamic of patients psychic peculiarities was characterized by emotional stabilization, raising of the mood, establishing the sense of spiritual comfort and satisfaction of they appearance.

Follow-up has showed: 1) sufficiently high degree of FT psychosocial adaptation which mostly marked in post-operational period than before operation; 2) the same level of adaptation in male sexual role of FT who undergone surgical correction fully as well as partly without fallo-plastic gender reassignment surgery.