

P01.167**STAGE OF CHANGE IN ANOREXIA AND BULIMIA NERVOSA. CLINICAL AND THERAPEUTICAL IMPLICATIONS**

F. Fernández-Aranda^{1*}, V. Turón¹, I. Sánchez¹, M. Viñuales¹, M.J. Ramos¹, J. Vallejo¹, M. Katzman². ¹Unit of Eating Disorders, Department of Psychiatry, University Hospital of Bellvitge, Barcelona, Spain

²The Maudsley Hospital, Institute of Psychiatry, London, UK

The purpose of the present study was to determine the motivational stage of Anorexia and Bulimia nervosa patients and to assess the relationship between this topic and clinical or symptomatological variables.

Method: 347 patients with Eating Disorder (136 AN; 211 BN), who consecutively sought treatment at our Unit, participated in the present study. The whole Ss fulfilled DSM-IV criteria for such pathologies, and were female. The age of the sample ranged between 16–37 years.

Assessment: Measures used were Eating Attitudes Test (EAT-40), Eating Disorders Inventory (EDI), Bulimic Investigatory Test Edinburgh (BITE), Body Shape Questionnaire (BSQ) and Beck Depression Inventory (BDI), and Analogical visual scale of motivational stage as well as clinical and psychopathological relevant variables.

Results: Our results indicated higher motivation for change in BN than in AN patients (84.3% vs. 74%). Greater motivation was positively associated with older patients ($p < .05$), lower Body Mass Index (BMI), longer duration of illness ($p < .05$) and higher body dissatisfaction ($p < .03$).

Conclusions: Patients with AN presented greater resistance to change than BN. Furthermore, younger patients and therefore lower duration of illness may be associated with greater resistance to change, and also with poorer prognosis.

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P01.168**FIRST MAJOR DEPRESSIVE EPISODE AMONG SUICIDE ATTEMPTERS IN HUNGARY**

J. Balázs^{1*}, I. Bitter², Y. Lecrubier³, N. Csiszér⁴, J. Koszták⁴. ¹Vadaskert Hosp., Budapest; ²Semmelweis Univ., Budapest; ⁴Elisabeth Hosp., Budapest, Hungary

³Hôpital de la Salpêtrière, Paris, France

The aim of this study was to investigate the prevalence of affective disorders especially the rate of first major depressive episode among suicide attempters.

Methods: Using a structured interview determining 16 Axis I psychiatric diagnoses defined by the DSM-IV (Mini International Neuropsychiatric Interview) and a semistructured interview collecting background information, the authors examined 100 consecutive suicide attempters, aged 18–65 in Budapest.

Results: Eighty-eight percent of the attempters had one or more current diagnoses on Axis I. The most frequent current diagnosis was major depressive episode (MDE) (69%) followed by generalized anxiety disorder (62%), substance dependence and abuse (53%). More than one-third (35%) of patients with current MDE belonged to the bipolar group and 79.2% of them got the bipolar II diagnosis. Among suicide attempters with current MDE, 60% had their first episode. Eighty-six percent of all current disorders was diagnosed together with current MDE. The diagnosis of current MDE was significantly and positively related to the number of

suicide attempts. The diagnosis of past MDE was not significantly related to the number of suicide attempts.

Conclusions: These results support previous studies showing high rates of mental disorders, especially MDE among suicide attempters. Bipolar (particularly bipolar II) patients are overrepresented among the subjects. The presence of current MDE was significantly higher among repeaters than first attempters. To our knowledge, this is the first study in which the rate of first MDE was found as high as 60% among suicide attempters.

P01.169**REHABILITATION OF REFUGEES AND FORCED MIGRANTS WITH SOCIAL-STRESS DISORDERS IN RUSSIA**

E.N. Prokudina^{1*}, V.N. Prokudin^{1,2}, A.P. Muzychenko³. ¹Memb. of Civ. Assist. Comm. for Refugees and Forced Migr.; ²Doc. Dep. Psychiat. Rus. Med. Univ.; ³Ch. Dep. Psych. of Rus. St. Med. Un. Moscow, Russia

Since 1990 in Moscow the first Russian public charity organization which assist to refugees and forced migrants have started to work. After the desintegration of Soviet Union the migration on the postsoviet area turned into suffering of million people. Socio-psychological situation, which gradually was developing in Russia for last 10 years had brought the fundamental breakage in public consciousness and vital orientation of hundred millions people. Mass manifestation of psychoemotional tension and psychical disadaptation in the ethnic Russian in former republics of Soviet Union became natural experimental model of Social-Stress Disorders (SSD) - variant of posttraumatic stress disorders when enormous mass of civil population are involved). Likewise the typical posttraumatic stress disorders the SSD appear in majority of people as result of the revolutional changes in entrenched massive consciousness and way of life. In 1994 the group of medico-psychological help began to act in Civic Assistance Committee (therapeutist and psychiatrist) with the aim to improve the refugees' and forced migrants' psychosocial rehabilitation. We present here the psychopathological analysis of 1245 migrants from Chechnya, Tadjikistan, Abchazia, Azerbaidjan. It was shown that: 12% of refugees and forced migrants suffered from pre-disease reactions with emotional tension, obsessive reminiscences about tragic events during civil war or pogrom; 18% - affective-shock reactions (in anamnesis) with disturbances of consciousness; 31% - psychoadaptive states with neurasthenical, hysterical reactions; 39% - pathological personality development or psychosomatic disorders. Nozologically all above mentioned groups of patients were determined as SSD. In treatment of those patients the combination of different kind of psychotherapy (rational, suggestive, behavioral) and varied psychopharmacotherapy (valium, phenazepam, clonazepam, alprazolam, coaxil, zolof, neuleptil, melleri, nootropil) was the most effective.

P01.170**A FACTOR ANALYSIS OF SIGNS AND SYMPTOMS OF THE MANIC EPISODE WITH BECH-RAFAELSEN MANIA AND MELANCHOLIA SCALES**

A. Rossi^{1*}, E. Daneluzzo, L. Arduini¹, O. Rinaldi¹, M. Di Domenico, C. Petruzzi. Dept. of Clinical Psychology at 'Villa Serena Medical Center' (PE); ¹University of L'Aquila (AQ), Italy

Background: Even though the two phases of bipolar disorder in their classical expression consist of retarded depression and euphoric mania, manic and depressed states are often not mutually exclusive. Several factor analyses of signs and symptoms of mania

have been reported using different rating scales. The results are sensitive to the rating scales used. The research question is whether or not depressive symptoms are common during manic episodes or are confined to clinical subtypes. We propose here that the use of two instruments, well known in the European literature, may be useful in detecting the structure of manic episode.

Method: We investigated the pattern of symptoms in a group of 124 bipolar inpatients hospitalised for a manic episode. We conducted a factor analysis of the broad range of psychiatric symptoms covered by the Bech-Rafaelsen Mania Scale (BRMaS) and Melancholia Scale (BRMeS).

Results: Five Eigen values were greater than unity, which determined the number of factors computed. The five factors captured 66.7% of the total variance. Following rotation, 5 factors were clinically relevant.

Conclusion: A renewed interest in the phenomenology of mania prompted several factor analysis studies to examine the issue of possible psychopathological subtyping of the disorder. The use of two well-validated instruments in the assessment of mood disorders, like the BRMaS and BRMeS, is able to add further knowledge about the internal structure of manic episode presentation. Our study confirms that both euphoric-activation and depression are prominent in this sample and that the occurrence of 'depression during mania' is not confined to a minority of cases but it is relevant to the construct of mania itself.

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COMORBIDITY OF BIPOLAR MOOD DISORDERS AND UNIPOLAR MOOD DISORDERS WITH PERSONALITY DISORDERS

A. Rossi*, M.G. Marinangeli. *Unit of Clinical Psychology, University of L'Aquila, Italy*

Early studies about Axis I-Axis II comorbidity reported a significant association between Mood disorders and Cluster B Personality Disorders (PDs). Recent studies do not seem thoroughly confirm these findings especially when we separately explore pattern of comorbidity in Unipolar Mood Disorders and in Bipolar Mood Disorders. The aim of this study was to assess prevalence of PDs and their patterns of comorbidity with Axis I disorders in two clinical samples of inpatients with Unipolar Mood Disorders (N = 117) and with Bipolar Mood Disorders (N = 71). To assess DSM-III-R Axis II diagnoses, the Italian version of the Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II) was used. To determine significant comorbidity between Axis I and Axis II disorders, the odds ratios were calculated. Among patients with Unipolar Mood disorders the most prevalent Axis II diagnoses were Avoidant PD (31.6%), Borderline PD (30.8%) and Obsessive-compulsive PD (30.8%). We also found a significant association ($p < .01$) between Unipolar Mood Disorders and Avoidant PD (O.R. = 1.7, C.I. = 1.06-2.9). In Bipolar Mood Disorders group, patients showed more frequently Obsessive-compulsive PD (32.4%), followed by Borderline PD (29.6%) and Avoidant PD (19.7%). Pattern of comorbidity between Mood Disorders and Personality Disorders is probably more complex than initially anticipated. Further research is needed to better understand it and its clinical implications.

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BREATH CARBON MONOXIDE INCREASES DURING PSYCHIATRIC HOSPITALISATION

D. Zullino*, C. Bron, J. Besson, F. Borgeat. *Département Universitaire de Psychiatrie Adulte, Prilly-Lausanne, Switzerland*

Smoking is frequent in psychiatric patients and they are at especially high risk for tobacco-related disorders. Hospitalizations could be opportunities for preventive interventions. Tobacco consumption has, however, up to now, received only slight attention from European psychiatry and smoking is only rarely restricted in psychiatric hospitals. The objective of this study was to examine the impact of psychiatric hospitalization on smoking habits.

Thirty consecutively admitted patients were examined within two hours after their admission with the Fagerstrom test, the Michigan Alcohol Screening Test and a questionnaire assessing diagnosis, sociodemography and caffeine consumption. The concentration of expired air carbon monoxide was measured with a Micro Smokerlyzer® monitor. A second examination was performed after 3 to 7 days of hospitalization.

There was a general increase of CO concentrations during the first days of hospitalization, up to 75% in some smoking patients. This augmentation of CO seemed not correlated to an increased number of smoked cigarettes. The CO concentration increased also in nonsmokers.

These results indicate a significant exposure to environmental tobacco smoke of both smokers and nonsmokers during psychiatric hospitalization. Whereas hospitals are commonly intended to improve the patient's state of health, neglecting such an important aspect as smoking can considerably increase the health risks. The fact that not only smokers, who smoke deliberately, also nonsmokers increase their risk, is an even more important issue.

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OLANZAPINE IMPROVES SOCIAL DYSFUNCTION IN CLUSTER B PERSONALITY DISORDER

D.F. Zullino*, T. Häfliger, Ph. Quinche, M. Stigler. *Unité de Biochimie et Psychopharmacologie Clinique, Département Universitaire de Psychiatrie Adulte, Prilly-Lausanne, Switzerland*

Whereas neuroleptics are considered as useful components for the treatment approach to some subgroups of personality disorders, there is only few data on symptoms which may be preferentially responsive to these drugs. The objective of the present study was to examine the efficacy of olanzapine in cluster B personality disorder with special regards to aggression and social dysfunction.

The sample consisted of 12 patients with cluster B personality disorder (DSM-IV), who had been previously treated with different psychotropic drugs, including classic antipsychotics, without satisfying effects. Their medical history was reviewed for the period before the introduction of olanzapine, and the effect assessed with an adapted form of the SDAS (Social Dysfunction and Aggression Scale).

The main therapeutic effects observed were improvements of social dysfunction and impulsivity addictive behavior. The most disturbing side effect was weight gain.

Improving social dysfunction may be a pivotal objective in the management of these patients may especially help to integrate them into more comprehensive treatment programs including psychotherapeutic and sociotherapeutic interventions.