

FC115 *Psychopathology and psychotherapies*

Stress and Burnout among Prehospital Emergency Teams.

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Conditions of work of medical staff involved in prehospital emergency care might be very stressful. This study measured mental health, burnout, work-related stress and posttraumatic stress in the "SAMU de Paris", a prehospital emergency medical department.

100 members of the SAMU staff (physicians, nurse anesthetists, medical regulation operators and ambulance drivers) were evaluated by questionnaire.

The 12-item version of the General Health Questionnaire (GHQ-12), the State-Trait Anxiety Inventory (STAI), the Center for Epidemiologic Studies Depression Scale (CES-D), the Work-Related Strain Inventory (WRSI), the Maslach Burnout Inventory (MBI) and the PTSD Interview were used. The following variables were measured: demographic variables (age, sex, marital status), profession, work setting, level of education, level of experience, time in current job, project of career.

Women and hospital-based personnel scored significantly higher on the GHQ-12, the STAI, the CES-D than men and personnel which intervene in the field. 36% of the personnel had high scores on the MBI, indicating a burnout. People who experienced a traumatic event had significantly higher scores on the WRSI and the MBI. There was a correlation between higher scores on the MBI and projecting to quit the SAMU in the next five years. 14% of the personnel had high scores on the PTSD Interview.

We discuss the role of profession, level of responsibility and strategy of coping in the development of work-related stress and burnout. Some modifications in work organization should be suggested.

FC117 *Psychopathology and psychotherapies*

LOW BACK PAIN AND DEPRESSION

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Author researches occurrence of depression in two groups of patients with low back pain. First group consists of 20 patients of both sexes with duration of low back pain over 6 months and with excluded arthritis, spondylitis and negative myelography findings. Second group consists of 20 patients of both sexes with low back pain 2 months after surgical procedure. Control group consists of 20 patients of both sexes with Unipolar Major Depression according to criteria of ICD-10. All patients underwent psychiatric examination and they have been tested with Hamilton Rating Scale for Depression. There is statistically significant difference between the first group and control group $t=4,7$ $p<0,01$. There is also statistically significant difference between the first and second group of patients $t=6,5$ $p<0,01$. Author suggests the necessity of psychiatric examination for depression in patients with chronic low back pain, especially after negative tests for arthritis, spondylitis and discus hernia.

FC116 *Psychopathology and psychotherapies*

PRIMARY ENDURING NEGATIVE SYMPTOMS, BASIC SYMPTOMS AND PREMORBID ADJUSTMENT IN SCHIZOPHRENIA

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In recent years there has been a plea for the importance of subjective experience of schizophrenia and its relationship with manifest psychopathology, especially negative symptomatology. In a preliminary investigation, taking into account the categorization into deficit (primary enduring negative symptoms)/non-deficit symptoms, we have found that deficit patients have less basic symptoms (especially cognitive basic symptoms) and higher level of insight. In the present study, 50 schizophrenics (DSM-IV), both in- and outpatients, were evaluated to assess manifest psychopathology and basic symptoms and categorized according to the deficit-nondeficit distinction. In addition, premorbid adjustment was evaluated in order to select patients in which the negative syndromes may be linked to the vulnerability to schizophrenic process (McGlashan et al., 1992). This study aims to explore the relationship between basic symptoms and negative symptoms which are expressions of the vulnerability to schizophrenia.

FC119 *Psychopathology and psychotherapies*

LEGAL TOXIC SUBSTANCES IN GENERAL PSYCHIATRY

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The present study aims to rate, using a biopsychosocial approach, attitudes and toxic dependence behaviours towards alcohol, caffeine and nicotine consumption in 128 patients from a general psychiatry outpatient clinic. The abuse of these toxic substances might induce a phenomenon of toxic dependency as well as interfere with the treatment prescribed by the psychiatrist. Methods used are psychiatric examination according to the DSM-III-R criteria. Study of the psychiatric medical records of the HUG. Self-questionnaire about alcohol, caffeine and nicotine consumption. To summarize: 46.7% have a main diagnosis of psychotic disorder. 60% are followed by a psychosocial support programme. The average age of their first consumption of legal toxic substances is situated at about 16 years of age for alcohol and tobacco and at about 12 years of age for coffee. 70.2% of our patients present clinic criteria for nicotine dependency, 23.9% with a caffeine dependency and 20.4% with an alcohol dependency. We point out a high proportion of socially defavoured among the psychiatric patients of the public area as well as a high level of consumption of legal toxic substances. The study shows a discordance between the patient's evaluation of their consumption and the psychiatrist's evaluation at the clinic. Finally, a preventive and therapeutic assistance could be favourable in a non-specific service in the context of treatment of disorders related to the use of psychoactive substances.