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**THE STRUCTURE OF MENTAL DISORDERS IN A  
DETONATION ZONE**

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Following explosions at an ammunition depot in May 1994, 189 residents of Smolyaninovo, south Primorsky Region were interviewed. 95% registered a strong disadaptive reaction. 30.5% had strong feelings of anxiety, 54.5% panic, and psychomotor and oral excitement (13.6%). 85.5% of respondents experienced delayed psychiatric disturbances and suffered insomnia. The most significant disturbance was phobia among children and adults. Among those previously diagnosed with psychiatric disorders who lived in the detonation zone, a general worsening of health and increase in the severity of psychiatric disorders was noted. One year after the detonation, increasingly severe chronic somatic diseases were noted. Among the respondents the following psychophysical effects were noted: aggravated high blood pressure (46.6%), vegetovascular dystonia (25%), illness of the digestive tract (29.8%), neurotic disturbances (40%), insomnia (38.6%), system neurosis (claustrophobia, monophobia, depression) (16.7%), hearing loss (3.5%) and general increase in the incidence of illness (7.8%).

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**REALIZATION OF THE LAW ON PSYCHIATRIC CARE IN  
RUSSIA**

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Legislators must design new procedures to adjust the Law which is currently too general in character. Several items should be foreseen such as stages and time intervals of execution, sources of funding, executors. Some of the new Laws planned can also help the development of Mental Care Law (e.g., the law about the rehabilitation of the handicapped). Regulations concerning clarification of measures and facilities and putting the new laws into practice are the responsibility of the government and its institutions. State executive institutions should be listed in the text of the laws Federal and regional budgets for medical care should include a list of funds for federal and regional programmes.

The practical experience gained in "About Mental Health Care and the Civil Rights of Mental Patients" revealed that only about 10-15% of planned budget funds for federal and regional programmes were realised because of the socio-economic crisis in the country.

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**ADAPTATION PROBLEMS IN AFGHANISTAN WAR  
VETERANS**

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120 veterans, aged 20-45, who had been in clinics from 2 to 8 years on return from the Afghan war and who manifested difficulties in social and professional adaptation were examined. War service ranged from 1 month to 2 years. They had all been exposed to a combination of pathogenic factors such as lasting physiological and emotional stress, injuries, wounds, infections and somatic diseases. 25% were addicted to alcohol and drugs and 68% had lost 10kg in weight over a short period. The study showed that the diagnosis of mental disorders had been slow and their gravity and influence on the adaptation of the veterans underestimated. All veterans had non-psychotic mental disorders of a definite developing stage from neurotic to patho-characterological level. The psychopathological structure of the disorders and the formation and development characteristics complied with PTSD. Adaptation disorders appeared soon after demobilisation. The main reason for disability definition in 16% of cases was mental disorder. In some cases, favourable environmental conditions promoted the progress to social adaptation.

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**DIAGNOSIS OF AFFECTIVE DISORDERS IN RUSSIAN  
PSYCHIATRY AND ICD-10**

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The morbidity of affective disorders (AD) have been investigated in accordance with psychoneurological instruments available in Tomsk. The results were compared with analogous data from central and European areas of Russia and the Far East. As expected the diagnosis of AD with respect to schizophrenia was diagnostically out of proportion 1:34-1:50.

The diagnostic preferences of psychiatrists can be described as follows: attack-like prodromal (schizoaffective) sch. vs. bipolar affective disorder (BAD) with mood incongruent psychotic symptoms, recurrent sch. vs. BAD with mood congruent psychotic symptoms with partly recurrent depressive disorder; involuntional melancholia vs. first depressive episode after 40 years of age; slowly flowing sch. vs. cyclothymia; organic mental disorder with emotionally labile, astenic and depressive symptoms vs. dysthymia.

The transition to world standards in the diagnosis and therapy of AD requires reform in Russian psychiatric methods and the goodwill of Russian psychiatrists who can considerably improve the quality of life of many depressive patients.