

work fitness prognosis: premorbid adaptation, age by the disease onset, duration of the initial period, the first remission syndrome, the intensity of negative disturbances occurring in the course of the first remission, duration of the first remission, exogenous injuries in the premorbid and in the premanifest periods of psychosis. The prognosis classifier developed with regard to the above criteria provides a correct forecasting of the social and work fitness status of patients in 81.19% of cases (when patients are attributed to the favourable prognosis group) and in 69.64% of cases (when patients are attributed to the unfavourable prognosis group).

P03.390

FAMILY THERAPY IN SUBSTANCE ABUSE DISORDERS

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Background: The aim of this study was to investigate the impact that substance abuse has on the course of a serious psychiatric disorder like schizophrenia and, in the second place, to assess the efficacy of Systemic Family Therapy in addition to routine psychiatric treatment in decreasing the frequency of relapses, and thus the number of visits in the Emergency Psychiatric Room.

Methods: 40 subject suffering from schizophrenia or correlate disease were recruited at the Emergency Psychiatric Unit of Milan University. 19 patients (45%) have a co-diagnosis of substance abuse or substance dependence. In this group, for 6 patients (33%) Systemic Family Therapy intervention has been associated with routine psychiatric treatment.

Results: In 34 patients with schizophrenia diagnosis undergone just routine psychiatric treatment, it results that subjects which were substance abusers at the moment of recruitment (1st group) have a significantly increased relapse rate compared with those schizophrenic patients who didn't have substance abuse co-diagnosis (2nd group), both at 12 ($p = 0.04$) and 24 months ($p = 0.01$) follow-up. The 13 substance abuser patients have been compared with a group of 6 patients, undergone Systemic Family Therapy. The relapse rate in the 2nd group is lower both at 12 and 24 months ($p = 0.01$).

Conclusion: In conclusion in this study, schizophrenic with comorbidity for abuse substance disorders patients who received Family Therapy in addition to routine psychiatric treatment had a significantly lower relapse rate both at 12 and 24 months, compared with subjects who received only routine treatment.

P03.391

PREVALENCE AND SEVERITY OF PSYCHIATRIC CO-MORBIDITY IN NICOTINE DEPENDENCE

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Aim: The smokers associated psychopathology is an issue not well describe. We try to evaluate the prevalence and severity of psychiatric co-morbidity in a group of smokers (nicotine dependence according DSM IV criteria) by SCL 90.

Design of the Study: 19 patients who attended to our centre for a specific treatment (acupuncture by Acudetox-program, psychotherapeutic group with behavioural approach, pharmacological support with SSRI and nicotine substitution) were evaluated by SCL-90 scale. Everyone met DSM-IV criteria for nicotine dependence.

Results:

	SOM	O-C	I-S	DEP	ANX	HOS	PHOB	PSY	PAR	SLE
Prev	26.32	36.84	5.26	36.84	15.79	15.79	15.79	0	31.58	26.32
Mean	1.78	1.37	1.8	1.65	2	1.53	1.07	0	1.46	2.24

Discussion: SCL-90 scale is usually in use in our Department in every kind of addictive patients as a screening -test to evaluate psychiatric co-morbidity in addicts. We founded a higher prevalence for O-C, depression and paranoia (more than 30%). Although anxiety and sleeping disorders had lower prevalence, they show an higher mean score (>2). Nicotine dependence needs more attention and study by scientific community, it would be necessary to study this kind of addiction by different scales to better define a profile of the disturbance and to suggest a new approach to the therapy.

P03.392

MENTAL DISTURBANCES IN PERSONS EXPOSED TO RADIATION AFTER CHERNOBYL NPP ACCIDENT

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The long-term track program of 350 patients with discirculatory encephalopathy exposed to low doses of radiation after the Chernobyl nuclear power plant (NPP) accident was held during 1987–1997. All of them were males 30–45 years old. Medium external irradiation dose was 0.25 SV. The vegetovascular manifestation, different paroxysmal syndroms with the progressive significant clinical polymorphism were observed in patients: neurosis - like, somatoform and organic disorders, that in most cases manifested as asthenic, cerebosthenic, depressive, personality-borderline and psycho-organic syndromes.

Somatoform, affective, and psychovegetative disturbances as well, as organic mental syndrome were resistant to traditional medicamentons therapy. New methods of complex therapy and rehabilitation prevention measures in patients with nonpsychotic disorders that resulted from the Chornobyl disaster were developed.

P03.393

CHANGINGS IN PSYCHOPATHOLOGY OF SCHIZOPHRENIC PATIENTS DURING THE NATO INTERVENTION IN YUGOSLAVIA

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The aim of this study was to record the changing (if there were any) in the psychopathology of schizophrenic patients under the state of emergency that endangered their's survival as bombing of Yugoslavia was. The patients group consisted of 20 schizophrenic patients according to DSM IV criteria, who were treated in Day Hospital of the Institute of Psychiatry in Belgrade. The assessment was done by using Positive and Negative Syndrome Scale. Scores were correlated before the start of bombing and after two, five, eight and eleven weeks.

The results showed that there were little changes of scores on Negative Syndrome Scale. Scores of Positive Syndrome Scale got lower after first two weeks and became higher (even more than before the aggression) after five weeks of bombing. After eleven weeks of bombing scores on this part of PANSS were almost the same as they were before the start of the NATO intervention.

There are little data what happens with psychotic patients in the war. After this study might conclude that reducing in productive symptomatology in first two weeks of bombing might be the