

equalling 5,600 patient years that the mortality during lithium long-term treatment is no more different from the normal population, and that it rises again when lithium is discontinued. Additional recent data from Italy, Switzerland and Sweden fully support these findings. Such an effect has not been demonstrated so far for any other alternative prophylactic treatment in affective disorders. It is estimated that in Germany, where only 0.06% of the population are receiving lithium, ca. 200 suicides/year are prevented equalling 3060 working years before the age of 65.

S39.03

CLOZAPINE AND SUICIDE PREVENTION IN SCHIZOPHRENIA

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Suicide is one of the most common cause of premature death among patients with schizophrenia and schizoaffective disorder. The suicide rate among schizophrenic patients is reported to vary between 8 and 15 percent what is more than 20 times higher than in general population. About 40 percent of all schizophrenic patients will attempt suicide sometime in their lives. That is why the suicidal behaviour is one of the most serious issue in the long-term treatment of schizophrenia.

To investigate suicide risk reduction as a possible specific benefit of clozapine treatment, the International Clozaril/Leponex Suicide Prevention Trial (InterSept) is currently being conducted. This large, prospective naturalistic study will compare the rate of suicide attempts and deaths in schizophrenic patients at high risk of suicide randomly assigned to receive clozapine or olanzapine. As results should be available in 2001, in the lecture will be presented some Croatian observations and experiences with clozapine in suicide prevention in schizophrenic patients. The author has had almost twenty years clinical experience with clozapine in the schizophrenia treatment. It appears that risk factors which appear to be significant for suicidal behaviour in schizophrenia are very different: presence of specific schizophrenic productive symptoms (imperative hallucinations and suicidal delusions), traits like increased impulsivity, aggressiveness and low frustration tolerance, experiencing chronic disabling disease and multiple relapses, awareness of mental deterioration, hopelessness and loss of faith in the treatment, akathisia and tardive dyskinesia, premature antipsychotic drug discontinuation and noncompliance, presence of different types of depression (a part of schizoaffective disorder, a post-psychotic depression, a consequence of neuroleptic treatment etc.), destructive family relationships, etc. On the other hand suicidal behavior may be related to dysfunction of various neurotransmitter systems (e.g. postsynaptic 5-HT₂ and 5-HT_{1A} as well as alpha 1 and alpha 2 noradrenergic receptors are increased). Clozapine multiple neurotransmitter modulation of serotonergic, noradrenergic, cholinergic and dopaminergic functions may be the biological basis of its significant antisuicide potential as well as of its beneficial therapeutic effects on majority of risk factors previously mentioned. In conclusion one can say that a significant progress was made by clozapine in improving efficacy of antipsychotic drug treatment of schizophrenia in general as well as in reducing suicidality of schizophrenic patients.

S39.04

PREVENTION OF SUICIDES BY LONG-TERM TREATMENT WITH ANTI-DEPRESSANTS?

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Methodological Considerations: Suicides are rare; study of the effects of treatment on suicide rates therefore requires either very large samples or observation over decades.

Study: In a follow-up study carried out on consecutive hospital admissions (1959–1963) comprising 220 bipolar and 186 depressive patients, mortality data were collected in 1991 and 1997. The long-term medication (more than six months) administered in the intervals between episodes was roughly classified as antidepressants, neuroleptics and lithium. Patients receiving such treatments were more seriously ill and suffered more residual interepisodic symptoms and impairment according to the Global Assessment Schedule. Nevertheless, the suicide rate among patients receiving long-term interval medication was significantly lower than that of the non-treated patients. Their SMR was about one-third that of the untreated sub-sample. A marked reduction in suicides was found among patients receiving antidepressants alone; the reduction was even greater when patients received antidepressants in combination with neuroleptics (mainly clozapine and thioridazine) or lithium. The assumed treatment effect was found in bipolar and unipolar depressed patients. Cardio-vascular deaths were fewer in the treated group than in the untreated one.

Conclusion: Low dose long-term medication with antidepressants and atypical neuroleptics seems to be highly prophylactic against suicidality.

S40. Consequences of extreme situations and disasters

Chair: V. Krasnov (RUS)

S40.01

PSYCHIATRY OF EXTREMAL SITUATION

V.N. Krasnov

No abstract was available at the time of printing.

S40.02

MENTAL DISORDERS IN REFUGEES

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After the USSR collapse about 9 millions of citizens were forced to change their place of residence due to ethnic conflicts. The study have shown that the refugees, who find themselves at the epicenter of ethnic conflicts, have gotten a short-term "pre-emigratory period" of time due to the urgent necessity to flight from the direct threat. After the departure from a conflict zone people manifested different behavioral deviations reflecting different depths of a mental disorder that could be from the psychological level to the psychopathological one, such as psychological shock, grief reactions; paranoid reactions; generalized anxiety disorders; anxiety-depressive disorders; anxiety-phobic disorders. Later on hypodynamic depression developed in some of the emigrants, and hysteria-depressive reactions prevailed in others. The largest group were

those in whom hypochondriac depressive disorders were observed. There was also a group of emigrants with asthenia-depressive disorders on the foreground. In the group of the refugees, who do not suffer from attacks and violence disorders of psychological and sub-clinical registers are discovered. Disorders of the psychological level are manifested by development of psychological crisis in social relationships and a tendency to destructive behavior. Sub-clinical disorders are manifested by unstable anxiety, emotional tension, and impossibility of relaxation. In a number of cases these disorders are accompanied by asthenia manifestations with the avoidance of decision-making, lack of attempts to influence actively on the course of events ("to go with the stream").

S40.03

PSYCHOLOGICAL DEFENSE AND PSYCHOPATHOLOGICAL DISORDERS IN VICTIMS OF THE ARMENIAN EARTHQUAKE OF 1988

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270 victims of the earthquake in Armenia in 1988 have been studied. Psychopathological disorders and psychological defense mechanisms were at the focus of the research. It has been found out that psychological defense in all the investigated victims came out on the basis of the following mechanisms: denial of the event, altruistic feelings, compensation and splitting of the outlook entity.

The initial response to the catastrophe was the denial of the event as well as the arising of mystical outlook in the victims along with feelings of hopelessness, inconsolable grief, and pre-destination. These reactions of shock spectrum were followed by common efforts to help each other, which were accompanied by feelings of unprecedented altruism. Such altruism reflected not only a consciousness' willing to help the other person but also an unconscious desire to ease the own pain and sufferings as well as the feeling of being guilty for being alive when so many people died. The compensation appeared in the form of a wide variety of national rituals, sublimation of the traumatic experience, somatization. Despite the partial compensation that took place in various forms in the psychological realm of the victims some splitting of the outlook entity has been preserved. The catastrophe became the intrinsic background in consideration of all the events, i.e. people divided their life into 2 periods that were before and after the earthquake.

S40.04

REALISTIC EVALUATION OF PSYCHIATRICAL CONSEQUENCES OF CHERNOBYL ACCIDENT

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There was analysis the unfoundedness of one third of conclusions in own candidate's thesis, which was defended in 1993 on the subject "Clinico-psychopathological evaluation of neuropsychic disorders of persons, who participated in liquidation of consequences of Chernobyl accident in 1986–1987." There was the main mistake in the thesis, i.e. hypothesis, framed by our scientific tutor professor V.N. Krasnov about the major role of radiation in mental and psychosomatic illness with the participations who worked to put an end to consequences of the accident at the Chernobyl atomic power

station. The role of low radiation doses, and the post traumatic stress disorders (DSM-III-R), is discussed.

- (1) Skavysch V. Critical review of own candidate's thesis. //Independent Psych. Journ. of Russia, 1998, ¹ 2, p. 74–77.
- (2) Skavysch V. Critical Analysis of my own Dissertation of candidate of medical sciences.// Journ. "Med. Radiology and Radiation Protection", 1999, ¹ 1, vol. 44, p. 72–75.
- (3) Skavysch V. To scientific-methodological statement of a question about actiology of mental disorders in the remote period of the participants of liquidation of consequences Chernobyl's accident in 1986–1987, who got summarize dose of the prolonged external gamma-radiation up to 60 ber (0,6 Grey). //Independent Psychiatric Journal of Russia, 2000, ¹ 1, p. 69–77.

S41. Treatment of eating disorders

Chairs: H.W. Hoek (NL), J. Treasure (UK)

S41.01

A 2.5 YEAR FOLLOW-UP STUDY OF THE EFFICIENCY OF PSYCHOTHERAPEUTIC TREATMENT OF EATING DISORDERS

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There is great diversity within Europe as to the form of service organisation and the type of clinical management used for eating disorders. This therefore offers the possibly of undertaking a natural experiment comparing the type of treatment given and the outcome of eating disorders within the member states.

Aims: The main aim of this European collaboration COST B6 is to improve the empirical basis for the development of treatment programmes for eating disorders.

Method: The design was that of a trans European naturalistic longitudinal outcome study of eating disorders. This involved the development of standard instruments for measuring eating disorders symptomatology at first assessment and over time (2.5 years) and to measure the components of clinical management used. The data collection started after the first year and is being continued for five years. A common database was constructed. One year after entry into the study a postal measure is being sent to the patients. At 2.5 years follow-up the clinical state and the services received are measured by an instrument adapted by the European group (COST B6 LIFE) from a German version.

Results: 19 countries have joined the project. The clinical details are similar across the countries but the service utilisation differs.

Conclusion: The data that we have obtained have important implications in terms of theoretical advances in diagnosis, clinical problems and service management.

S41.02

MOTIVATION IN EATING DISORDERS: IS IT MORE THAN A FASHION?

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Techniques which enhance motivation to change (Project Match, 1997) in eating disorders have attracted a lot of attention. The reasons for this interest are straightforward and relate to the fact