Conclusions: For the schizophrenic patients, social problem-solving efficiency relies mostly upon attention and executive functions. This correlation is restricted to this group. The link between neurocognitive performances and social skills may be due to the impairment associated with the schizophrenic process, rather than to a non-specific relationship between cognitive variance and social competence. This issue is important regarding schizophrenia and its functional outcome. Also, support is given to the usefulness of the combination of neurocognitive training with social skills training in social rehabilitation, at least for the training of the kind of skills involved in social challenges as featured by the AIPSS.

P02.354

ANNOUCEMENT OF DIAGNOSIS OF SCHIZOPHRENIA

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The annoucement of diagnosis in psychiatry is more and more widespread. But in France, it still remains a controversal practice in the patient's care. Following the example of other medical disease, we hope that patients, knowing more about their illness, will better observe and participate to the medical attention. Consequently, a better observance and less frequent and less severe relapses are waited for. Clinically, the annoucemnt of diagnosis may come up against anognosia, which is an inherent symptom in the illness, and often a worsening factor, hindering the good proceed of care.

The annoucement can help the patient to limit the baneful effects of this symptom. This study proposes to evaluate the annoucement of diagnosis's impact, whose information elements will be formalised Day1, Day7, Day28 after on a population of 30 schizophrenic patients. 3 supervised interviews and evaluation of patients with avisual analogical scale will be performed. It will permit to appreciate the persistance of the given information about the illness and the potential psychopathological consequences on the short and middle-term.

P02.355

COMEDICATION IN PSYCHIATRIC ILLNESES

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Several reasons stand behind the rationale for the use of combination therapy. It has been hypothesised that this strategy likely target the different neurotrasmitter systems involved in the pathophysiology of psychiatric disorders. Indeed, neurotrasmitter imbalances in some areas of the CNS as well as neuroanatomical and neurophysiological abnormalities may coincide for different nosological entities and therefore, monotherapy is usually insufficient to adequately treat an individual nosological category. Additionally, augmentation strategies, when residual or recurring symptoms are not controlled with a single primary agent, or when the disease is resistant to one or more monotherapies has also been advocated. There are reports in the literature which associate combination therapy with better clinical outcome. However, controlled clinical trials with enough number of patients are lacking to support the use of this polypharmacy and the risk for the appearance of potential pharmacokinetic and pharmacodynamic drug interactions that frequently lead to the increase incidence of severe side effects is not mall. In our presentation the rationale behind the proposed combination therapies (especially in the treatment of schizophrenia, major depression and bipolar disorders), their clinical outcome and their potential for the development of side effects as reported in the literature will be reviewed.

P02.356

MENTAL HEALTH SUPPORT FOR WAR REFUGEES

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During spring 1999 more than a million had to flee from Kosovo. 300000 escaped to fYR Macedonia, 700000 to Albania. The influx of refugees was enormous, thousands crossed the border daily. This caused an enormous turbulence, because the refugees were continually transferred to other camps.

The refugees arrived scared and in chock after a few days of travel. The immediate needs were protection and shelter, the next food and information. After a few days the impact of the trauma became more obvious, with denials, repeating of memories, dissolving or hiding emotions and behavioral symptoms.

Medical services were arranged in the camps with mental health. The services were mostly individual visits to a health worker, usually a health worker among the refugees – hired by an organization. The patients sought relatively often help for somatization. The treatment was usually pharmacological.

The refugees shared their experiences first with their family, relatives or people from the same villages. The refugees searched very actively for people they knew from before, with the same cultural background. This network was clearly the most important source of comfort and support. Non therapeutic activities as sports or different leisure activities were important as also domestic tasks.

The coordination task of the organizations and activities in the camps was enormous. More than 100 different international organization participated. Local Macedonian and Albanian professionals were not properly involved in the services.

A guideline of the mental health and psychosocial services needed by war refugees in should be prepared. Local professionals should be involved. Other forms of support than individual visits must be arranged. The observations above were collected by WHO-EURO during the Kosovo crises 1999.

P02.357

COMPARISON OF THE TREATMENT OUTCOME MEASURES IN PANIC DISORDER

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Background and Objective: The monitoring of the outcome of treatment of panic disorder (PD) has recently been improved by introduction of Panic and Agoraphobia Scale (PAS) and Panic Disorder Severity Scale (PDSS). The goal of this study was to compare the efficiency of these instruments for measuring the outcome of treatment of PD.

Methods: 96 patients with PD were treated with cognitive-behaviour therapy (CBT) and pharmacotherapy. CBT was performed over the course of 16 sessions, followed by "booster" sessions once a month. Pharmacotherapy involved an 8-month course with an SSRI plus a 6-week initial treatment with a high-potency benzodiazepine. The scores on the PAS and PDSS were obtained at baseline and after 8 months of treatment.

Results: Patients showed a significant improvement on both the PAS and PDSS scores. However, the magnitude of the improvement ($p = 0.002$) was greater when the PAS scores at baseline and posttreatment were compared with the PDSS scores at baseline and posttreatment ($p = 0.03$). The improvement demonstrated by the PAS correlated more closely with clinical observations.

https://doi.org/10.1016/S0924-9338(00)94764-3 Published online by Cambridge University Press

Conclusions: The difference between the efficiency of PAS and PDSS as treatment outcome measure in PD is likely to be a consequence of their different structure. The PAS and PDSS do not measure the same components of PD, and components specifically measured by the PAS (e.g., worries about health) appear more indicative of a therapeutically significant change and/or may be more amenable to such a change than some components measured by the PDSS (e.g., phobic avoidance of physical sensations).

P02.358

MID LIFE WOMEN, DEPRESSION AND SOMATISATION

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Mid life and elderly women receive insufficent medical attention because doctors believe depression and somatisation are normal in the elderly' and because the symptoms are maskedby the coexistence of physical symptoms. Psychosomatic complainsts remain often untreated because of female passivity, and are mistreated with sedating medication. A sociodemographic and psychiatric evaluation (with the H.S.C.L 90) on 1356 psychosomatic patients in 5 european countries showed 2/3 are women with a mean age of 51 and with astenia, dizziness and headache as top symptoms. Multisomatoform disorders is twice as fequently in females. Somatized depression is a major health risk for the mid-life and older women often in co-morbidity with other psychiatric and somatic illness. In mid-life and elderly women the causes of depression psychosomatic syndromes are multifactorial. There is an interplay between biological factors (genetic influences on brain vulnerability, hormonal factors (oestrogen - cortisol) and a strong impact of concomittant physical illnessses (pain, arthritis, heart, cancer. In women sociological factors play a role. Gender aspects of role, ranking, the 'double caring' tasks of women but also economic factors as poverty, violence and victimisation are pivotal. The most important etiological factors are of a psychological nature: a negative self-image, helplessness and behavioural inhibition impeach the development of adequate coping styles. Profiling of risks and protective factors towards psychosomatic illness was conducted in belgian mid-life and older women (29.3% of the Belgian female population is over 55). Vulnerability factors in elderly women are women's socialization and cultural identity which facilitates admittance of symptoms and comprises a tendency to help-seeking behaviour through physical complaints and medicalisation of help-seeking actions. Social risks factors associated with psychosomatic illness are low income, absence of outside work, solitary living conditions and being charged with different caring tasks. Biological risks factors predispone elderly women to multisomatorm disorders, with pain, insomnia, depression, hypertension, backache, varics, cardiovascular, gastro-intestinal and respiratory symptoms being the most recorded. Factors proven protective towards psychosomatic illness are attitudes towards ageing: four health-protective coping styles were identified.

P02.359

TIANEPTINE FOR THE TREATMENT OF MAJOR DEPRESSIVE EPISODE: A DOUBLE-BLIND STUDY VERSUS FLUOXETINE

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This was a multicountry (Czech and Slovak Republics) multicentre study in adults who met DSM-IV criteria for either major depressive episode, major depressive disorder or bipolar disorder, instant episode depression, moderate or severe without psychotic features with or without melancholic features.

For inclusion, candidates were required to have a MADRS score $\geq$ 25. Qualified patients were randomized to receive either tianeptine 37.5 mg/day or fluoxetine 20 mg/day for 6 weeks.

Efficacy and safety assessments were carried out at D1, D7, D14, D28 and D42.

The protocol identified a single primary outcome measure, the change from baseline in MADRS total score. The secondary measures included Clinical Global impression of severity of illness, assessment of anxiety based on COVI scale, acceptability based on AMDP-5 and finally the rate of anxiolytic coprescription.

Results: The study enrolled 188 patients, 87 in the tianeptine group and 91 in the fluoxetine group. The mean ages of patients were 42.7 in the tianpetine group and 40.9 in the fluoxetine group (no significant difference).

At inclusion, the mean MADRS scores were of 29.2 in the tianeptine group and 30.0 in the fluoxetine group (no significant difference).

Over 90% of randomized patients completed the study.

There were no statistical difference between both tianeptine and fluoxetine regarding total MADRS scores. Nevertheless out of separate items statistically significant improvement in favor of tianeptine occurred in item 3 (inner tension) on the level of statistic significance $p = 0.022$, and in item 6 (reduced ability of concentration) on the level of statistic significance $p = 0.045$.

The assessment of the severity of disease (CGI item I) permitted to show a significant difference in favour of tianeptine ($p = 0.031$).

There were no difference of anxiolytic activity according to COVI scores, but in the group of patients receiving tianeptine, the anxiolytic coprescription decreased of 27% whereas 13% in the fluoxetine group.

Finally, according to AMDP-5 scale, there were less appetite disorders in tianeptine group ($p < 0.05$).

Conclusion: This study confirmed that tianeptine is an effective treatment of major depression.

P02.360

DIFFERENCES IN ECHOGENICITY OF SUBSTANTIA NIGRA IN PATIENTS WITH DIFFERENT SUBTYPES OF THE SCHIZOPHRENIC SPECTRUM

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Objective: Schizophrenic patients treated by conventional neuroleptics often develop neuroleptic-induced parkinsonism (NIP). Even with quite similar doses, the extent varies considerably. In parkinson disease, previous transcranial sonography (TCS) findings suggested a correlation of hyperechogenicity with nigrostriatal dysfunction. Investigating the clinical hypothesis of higher incidence of NIP in cycloid psychoses, the current study tested for differences of the substantia nigra (SN) echogenicity in schizophrenic patients on neuroleptic drugs, applying Leonhard's nosology.

Methods: 79 patients suffering from schizophrenic spectrum psychoses (31 cycloid psychosis, 25 non-systematic, 23 systematic schizophrenias) and 22 healthy controls were included. All patients received neuroleptic treatment and underwent transcranial ultrasound examination as well as, by a second investigator, a clinical examination for NIP (EPS). Diagnosis was established independently by two experienced psychiatrists.

Results: The echogenic SN area did neither correlate significantly with the neuroleptic dose nor the duration of illness, but positively with the EPS-score. Moreover, a previous history of NIP

https://doi.org/10.1016/S0924-9338(00)94764-3 Published online by Cambridge University Press