FC21-2
SOMATIZATION VARIANTS IN DISORDERS OF DEPRESSIVE SPECTRUM

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Objective: Comparison of variants of somatization (considered as vitalisation process) in different disorders of depressive spectrum.

Subject of Study: 3 groups of depressive patients. The groups differed as follows:

1. 90 patients with major depression admitted to psychiatric hospital;
2. 88 patients with chronic cardiac pain syndrome of organic (coronary artery disease) and functional nature, admitted into general hospital and met the criteria of depressive syndrome;
3. 64 patients with asthma and asthmoid bronchitis admitted into pulmonological department of general hospital and met the criteria of depressive syndrome.

Instruments: Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale and Original Psychopathological Assessment Scale for affective, somatoform and related disorders. Somatization process emerging as feelings of oppression, aches and other painful sensations in chest, palpitation, lack of breath, heaviness and/or emptiness in head, heavy arms, etc. has been registered in all the patients in these 3 groups without any significant differences in frequency of the most of the symptoms. However the diurnal variations of the symptoms pronouncement differed in the 3 groups, in particular they were the most pronounced in the morning in the 1st group, but they increased to the evening in the 2d and 3d groups. Painful sensations were relatively independent from environmental influences in the 1st group, in the opposite they showed some fluctuations depended on physical charges and emotional tension, situation factors in the second and the third groups. These differences should be considered in choice of psychopharmacotherapy because of different tolerance: more remarkable sensitivity to antidepressants therapeutic and side effects in the 2d and the 3d groups in comparison to the 1st one.

FC21-3
VALIDITY OF DIFFERENT VERSIONS OF THE WHO-WELL-BEING SCALE FOR DETECTING PSYCHIATRIC DISORDERS IN THE ELDERLY POPULATION

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The WHO Well-Being Scale is a self-rating scale which has been developed for the assessment of subjective quality of life in diabetes patients. The objective of this study has been to evaluate the validity of different versions of the scale, i.e. versions with different item numbers, in a sample from the elderly general population. - A sample of 254 elderly subjects completed the 22-item Well-Being Scale. The subjects were interviewed with the Composite International Diagnostic Interview for current and lifetime psychiatric disorders. - The internal validity or consistency of the self-rating scale showed that short versions of the scale with 10 or 5 items were as valid as the full 22-item scale. The external validity indicated that the subscales were as valid as the full scales as to predicting subjects with psychiatric disorders. - All scale versions seem to be adequate tools to identify subjects with low subjective well-being in the elderly general population. However, the variance in well-being explained by the presence of a psychiatric disorder is limited in the general population in which only a small proportion is suffering from psychiatric disorders.

FC21-4
LENGHT OF FIRST INPATIENT STAY IN PSYCHIATRIC HOSPITAL

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Length of stay (LOS) of first inpatient episodesis was investigated in this study which is part of the Nordic Comparative Study on Sectorized Psychiatry. The questions adressed concerne the variation in LOS between hospitals in different mental health sectors and associated factors.

Methods: 838 consecutive patients admitted during one year to seven psychiatric hospitals located in four Nordic countries were included. Only new patients (not in contact with the service for at least 18 months) were included. Survival methods were used for the analyses.

Results: We found considerable differences in LOS between the hospitals, which could only partly be explained by the factors analyzed in this study. Being female, not having children at home, psychosis, planned admission and outpatient contacts before and after inpatient stay, were all associated with increased LOS. The findings were to a great extent stable across gender and diagnostic group and across the hospitals.

Conclusion: In spite of differences in LOS between the hospitals, a general pattern of associations with LOS was found. The study extends previous work in using survival techniques and in including several hospitals.

FC21-5
VALIDATION OF DATA ON INVOLUNTARY ADMISSIONS TO MENTAL HOSPITALS

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Registries are used in several countries for research, administration and planning. However, studies on validation of register-based data are scarce. The purpose of this study was to validate data on involuntary admissions from the Danish Psychiatric Case Register and police statistics, which both record these data in Denmark.

From 1 January 1996 to 31 December 1996, 25.8% (437 involuntary admissions) of all involuntary admissions in Denmark were investigated by comparing medical records to data in the Danish Psychiatric Case Register and police statistics. In 347 (79.4%) cases the involuntary admission was recorded as such both in the register and in police statistics. Thirty (6.9%) involuntary admissions could not be found in the register. Sixty (13.7%) admissions were recorded as involuntary by the police but as voluntary in the register. Medical records were available in 53 of these 60 cases and showed that in 46 cases the police record was correct, i.e. the

patient had been committed, and in 7 cases the register was correct, i.e. the patient had been admitted voluntarily. This difference in correct registration was statistically significant ($p < 0.02$).

The study concludes that police statistics seem more correct than the Psychiatric Case Register data. This is mainly due to insufficient reporting by the psychiatric departments to the register. For register data to be used in administration, planning and research, this must be improved.

FC21-6

A COMPARISON OF NEED FOR CARE BETWEEN A GROUP OF "HEAVY USERS" OF THE PSYCHIATRIC HOSPITAL AND A GROUP OF "DIFFICULT-TO-PLACE" PSYCHIATRIC PATIENTS IN A DANISH COUNTY

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Methods: 63 patients defined as "heavy users" of the psychiatric hospital (group 1) and a group of "difficult-to-place" psychiatric patients (group 2) were selected for the study. In both groups diagnostic and demographic data were obtained and the patients and the staff-members completed the Camberwell Assessment of Need - CAN.

Results: Group 1: 48 patients (76%) participated. 62.5% were males. Mean age (SD) was 37 (13) years. 60% were diagnosed as schizophrenics. 52% had drug and/or alcohol abuse. None of the patients had own income. 17% had no accommodation. According to the 26 topics in the Danish version of CAN the mean number of needs identified by the patients was 10.2 +/– 3.9 with a range from 1 to 18. The mean number identified by the staff-members was 12.0 +/– 3.8 with a range from 3 to 22. Group 2: 14 patients (70%) participated. Only 1 patient was woman. Mean age (SD) was 41 (12) years. 86% was diagnosed as schizophrenics. 64% had drug and/or alcohol abuse. They all received pension. 36% had no accommodation. The mean number of needs identified by the patients was 11.0 +/– 4.4 with a range from 5 to 18. The mean number identified by the staff-members was 15.4 +/– 3.6 with a range from 10 to 22. In both groups the patients seldom received help from friends and relatives. Unmet needs assessed by rating of the adequacy of help were found to be low in both groups except from the area accommodation in group 2. The p-value when comparing the number of needs identified in the two groups is 0.013. When comparing the amount of help needed among patients with an identified need for care there is only a significant difference in 2 of the 26 areas. A comparison of the difference in patient and staff-ratings in the two groups shows a p-value of 0.013, which properly reflects the lack of insight in illness and violent behaviour found in group 2 in the diagnostic interview.

Conclusions: The difference between the two groups seems mainly to be the amount of need for care overall and not the amount of need for help in each area. Secondly it seems as if the "difficult-to-place" patients lack insight in their need for care opposite the "heavy users".

FC21-7

TRANSLATION OF THE SCALE "THE PSYCHOLOGICAL WELL-BEING SCHEDULE" (PGWB)

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PGWB was elaborated by Dupuy in 1969 and has been applied in several major American studies, among these "The National Health and Nutrition Examination Survey" (Monk K 1980), The Rand Health Insurance Study (Ware J E, et al. 1979) and in the hypertension study by Croog S H et al. from 1986.

PGWB consists of 22 items and that covers both the positive and the negative well-being. The internal consistency is high with an alpha coefficient of 0.96 and a Loewinger coefficient of 0.50 (Guelfi J D 1997). The mean score of the American population is 82.8 point.

PGWB was translated and adapted from American into Danish. The translation procedure is described in "Cross Cultural Adaption of Health Related Quality of Life Measure" (Guillemin et al 1993). This method is based on 1) translation, 2) backtranslation and 3) committee review.

All of the translations were made by professional American/Danish translators. The committee consisted of specialists with psychiatric expertise.

The translations, backtranslations and committee reviews were described in a final report which was sent to the primary author to obtain an approval of the translation.

The Danish edition of PGWB was sent to 1.620 Danes representing a section of the Danish population. A few results from this material will be compared with the American population.

FC21-8

FROM NATIONALLY DEVELOPED TO INTERNATIONALLY APPLICABLE MEASUREMENTS; THE FOCUS GROUP PROCESS

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During recent decades of international research on comparison of mental health services the need for internationally standardised and reliable measurements has emerged. Often instruments are translated without taking into account their cultural and conceptual acceptability. The Focus Group is a formal group interview which in its structure and methodology takes advantage of the methodology of group psychotherapy. It is a qualitative research method which among other purposes is used in health service research to obtain information about a given problem, service or other phenomenon, or to evaluate cross-cultural adaptation of concepts, constructs and instrumentation.

The Aims of this Paper Are: 1) to present a method of translation to improve instruments; 2) to present the Focus Group as a method to develop instruments for international comparison; 3) to present results applying this method on five instruments in five European countries.

Method: A protocol was developed describing the Focus Group process of each instrument: the designation of professionals and non-professionals (including patients and relatives) participating in the Focus Group, the issues to be raised, and the sequence and the information to report on from the Focus Group. The Focus Group reports were summarised for each instrument to make cross-cultural comparison and to recommend changes of instruments.

Results: Changes of measurements were within three areas: 1) We made profound changes of the instrument (2 measurements); 2) we adjusted concepts/structure (1 measurement); 3) we developed extended manuals (3 measurements).