P105 *Neurosciences, psychopharmacology and biological psychiatry*

CLOZAPINE PHARMACO-EPIDEMIOLOGIC MONITORING MODEL

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The organization of a State Psychiatric Service can best be evaluated using the care of psychiatric patients as a parameter. To a great extent economic conditions influence the therapeutic doctrine for the treatment of psychosis. However, an unfavourable economic situation can lead to a greater focus on cost effectiveness thereby causing an inconsistency in the attitudes of the referring psychiatrist. The monitoring of the administration of clozapine (Leponex) in psychotic patients is being undertaken in Yugoslavia. We hope to establish a model of therapeutic efficacy with reference to both professional and economic justification concerning the therapy and side effects of clozapine pharmacoepidemiology and comcomitant therapy duration and quality of remission. Every two months all patients were clinically examined by BPRS, PANSS, HAMD and CGI. Biochemical and haematological checking was also done. After one year, the results indicate a high efficacy, both in acute and long psychotic treatment, minimal side effects and interactions with other psychopharmacology. Receiving clozapine caused negligible fluctuation in WBC and DB counts.

P106 *Neurosciences, psychopharmacology and biological psychiatry*

DOPAMINE AGONISTS TREATMENT OF CHRONIC DEPRESSIVE STATES

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Objective: to specify the efficacy of dopamine agonist therapy (DAT) and determine its clinical and biochemical predictors in tricyclic-resistant depressive patients. 29 patients (8 males, 21 females) aged from 21 to 62 years with bipolar affective disorder (N=17) and recurrent depressive disorder (N=12) according to ICD-10, were observed. The patients showed no response to at least 3 courses of antidepressants with a duration of depressive symptoms of more than 6 months. As (DAT) we used NACOM (levodopa+carbi+dopa) with a mean daily dosage of 1175 mg for from 12 to 32 days. Daily urine concentration of dofa (D), dopamine (DA), noradrenaline (NA) and adrenaline (A) were determined on the 1st and 12 th days and at the end of the study. High efficacy was observed in 14 patients (50% score reduction by HAM-depression scale) and therapeutic response correlated positively with the prevalence of psychomotor inhibition (87.5%) higher DA urine concentration at the baseline (73%), subclinical Parkinson like symptoms (73%) bipolar course (64.2%) and sleep awakeness cycle disturbances (64.2%).

P107 *Neurosciences, psychopharmacology and biological psychiatry*

PAROXYSMAL DISORDERS IN TEMPORAL LOBE EPILEPSY

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Objective: To discover peculiarities in the psychopathological and clinico-dynamic picture consistent patterns of paroxysmal disorders in temporal lobe epilepsy. Method: Clinical and EEG examination of 58 patients with epilesy who underwent forensic psychiatry evaluation. Alterations in the temporal lobe prevailed in 37 patients. Results: Paroxysmal disorders were revealed in 75% of cases presented by convulsive and non convulsive paroxysms. Convulsive paroxysms were observed in 25% of cases (complete convulsive paroxysm with the preceding aura, adversive convulsive paroxysms, Jackson's etc.). In 10% of cases the aura acted as an independent paroxysm with emerging sensory, vegetal and motor disorders. Non-convulsive paroxysms were noted in 75% of cases and among cardinal symptoms were psychosensory and emotional disorders, vestibular symptoms at an early stage of the disease. Psychosensory disorders were associated with the feeling of fear, horror, distress, somtimes combined with visal and auditory hallucinations, absences, dysphorias, clouding of consciousness, transient psychotic states including Jackson's deja vu and jamais vu sleep-like states, manifestations of depersonalization and derealization. Conclusions: Epileptic paroxysms differ from similar attack-like disorders by (i) presence of specific clinical symptoms: (ii) stereo-typing; (iii)suddeness in symptoms; (iv) non motivation; (v) conscousness alterations; (vi) periodicity; (vii) partial or complete paroxysm amnesia; (viii) corresponding EEG findings; (ix) postparoxysmal states.

P108 *Neurosciences, psychopharmacology and biological psychiatry*

INHERITANCE OF RESTING EEG AND CORRELATIONS OF EEG WITH COGNITIVE AND CT PARAMETERS IN SCHIZOPHRENIC FAMILIES

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Quantitative resting EEG parameters in 53 schizophrenic families were used for mathematical genetic analysis. Our data indicated that for most absolute power values of different frequency bands (delta, theta, alpha 1, alpha 2, alpha 3, beta 1 and beta 2) in 19 brain regions and their hemispheric assymetry coefficients, there was a large additional genetic component of variance (Ga>40%). These EEG parameters were used to discriminate between healthy relatives of schizophrenics (n=46), relatives with borderline pathology (n=36), and normal controls (n=20). True classification is possible in 80-90% of cases. Correlations of EEG frequency bands power with 9 cognitive variables supported the hypothesis of a relationship between specific cogntive disorders in high risk groups and functional temporal lobes deviations.

In 25 families, correlations were calculated between power values of EEG and morphometrical CT parameters. The most significant correlations were found in groups of relatives with alpha power in anterior and temporal regions with anterior horns, subarachnoid space and III ventricular indices (r=0.3-0.5).

https://doi.org/10.1016/S0924-9338(97)80676-1 Published online by Cambridge University Press