

Conclusion: Homelessness is associated with an early age at onset of alcoholism, frequent admissions for detoxification, high prevalence of psychiatric comorbidity. Proper detection of psychiatric comorbidity and intensive treatment of alcoholics with early onset is needed

FC44-4

DUAL DIAGNOSIS: A SURVEY IN PARIS AREA

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Comorbidity between addictive behavior (concerning alcohol or other drugs) and mental illness, also called "dual diagnosis", has been a major subject of research in the USA during the last decade. Figures reported for addictive behavior prevalence among patients treated for mental illness have been estimated between 20 and 75%. In schizophrenic patients, addiction is a source of treatment resistance and increases the use of health care resources.

This study is an extension of the survey on drug addiction performed by the SESI (Statistical Department of Ministry of Health) in November 1996.

428 dual diagnosis patients, reported by 34 sector community mental health teams, were studied in terms of diagnosis and treatment. Schizophrenia appear as the most frequent diagnosis (44%), followed by personality disorders (34%), and affective disorders (22%).

Dual diagnosis patients, when hospitalized, have longer and more frequent stay. Implications of these results in terms of treatment are discussed

FC44-5

DETERMINANTS OF REPORTED AMNESIA FOR THE OFFENCE IN 246 DEFENDANTS

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Introduction: Inability to remember the circumstances of the offence is frequently claimed by defendants in court and may be difficult to evaluate by the psychiatric expert for its subjective nature.

Methods: Data from psychiatric examinations of 246 defendants were analysed to detect parameters that influence the ability to remember the offence. Bivariate correlations were supplemented by logistic regression analysis to determine the relative contribution of alcohol, crime category and other possibly intervening variables on memory loss.

Results: 28.9% of the population claimed partial amnesia for the circumstances of the crime, 10.2% reported full amnesia. Alcohol intoxication which was present in 65.9% of defendants showed an influence of memory impairment that increased with level of intoxication, but other variables, notably the type of offence, also influenced the occurrence of memory loss. Logistic regression analysis revealed that different parameters influence the two types of amnesia: Partial amnesia was significantly predicted by alcohol intoxication at the time of the offence (odds ratio 2.7, $p = 0.01$) and independently by a diagnosis of alcohol dependency (odds ratio 2.0 $p = 0.04$). Reported complete amnesia was best predicted by a violent crime (odds ratio 5.05, $p = 0.03$) but only marginally by alcohol intoxication at the time of offence (odds ratio 2.95, $p = 0.07$).

Conclusions: We conclude that there might be different mechanisms leading to partial and complete reported amnesia respectively. Whereas partial amnesia was mainly explained by alcohol intoxication at the time of the crime and a diagnosis of alcoholism, total amnesia was primarily predicted by presence of a crime of violence and only weakly related to alcohol intoxication. Thus total amnesia may be a more complex phenomenon with psychological and intentional factors contributing.

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CROSS-CULTURAL COMPARISON OF LAY VERSUS PROFESSIONAL CONCEPTS OF ALCOHOL USE. A NINE-CULTURE STUDY

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There is a great deal of data recognizing that cultural factors play an important role in assessment, diagnostic, and therapy of mental disorders. WHO/NIH Joint Project on Diagnosis and Classification of mental Disorders, Alcohol- and Drug-Related Problems aimed to explore those cultural factors relevant for identification and description of substance use disorders and the extension to which cultural factors may influence the assessment process, bridging the "gulf" between lay and professional concepts of illness.

The underlying assumption in this study is that lay concept of illness and health occur within a particular culture that fundamentally are rooted in beliefs, attitudes, and actions surrounding illness and healing. Cross-Cultural Applicability Research (CAR) Study was devoted to provide ethnographical evidence about applicability of words, terms and concepts used in WHO assessment instruments for alcohol use and related problems (CIDI and SCAN).

Nine centers from different culture, language and religious have been participated in the CAR study: Ankara (Turkey), Athens (Greece), Bagalore (India), Flagstaff-Arizona (USA), Ibadan (Nigeria), Jebel (Romania), Mexico City (Mexico), Santander (Spain), and Seoul (Korea). This study used the data obtaining from two ethnographic studies: key informant interview and focus group. Both were designated to elicit more expanded information about cultural constituencies of concepts and terms already used in the diagnosis of alcohol use disorders.

The paper built an appropriate frame toward "demistification" of the diagnostic process of alcoholism and its item criteria. Each diagnostic category (harmful use, abuse and dependency syndrome, withdrawal state) and item criterion (tolerance, loss of control, craving, progressive neglect, time spent, etc) is put face-to-face with lay meaning in these nine cultures, highlighting the cultural appropriateness of each of them and shaping an dialogue. The importance for assessment process is discussed in the end.

FC44-7

DOES PSYCHIATRIC MORBIDITY HAVE A ROLE IN INCREASING SMOKING LEVELS IN THE COMMUNITY?

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Background: The proportion of smokers has decreased by 40% over the past 20 years but 27% of the British population still smoke and they are more likely to be nicotine dependent. Psychiatric morbidity in nicotine dependent smokers is associated with failure to cease smoking in smokers' clinics. Could psychiatric morbidity which is common in the general population, such as anxiety and