

P8 *Environmental psychiatry***PREVALENCE OF MENTAL DISORDERS IN THE ELDERLY POPULATION OF MOSCOW**

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Following the dramatic changes in the social and economic situation in Russian during the last decade, a population survey has been carried out to determine the possible influence of this instability on the mental health of the elderly. 1165 people over the age of 65 in the limited district of Moscow were studied. 95.2% were individually interviewed on a door-to-door basis. A clinical examination similar to the psychogeriatric examination which took place in the 1970s was used together with geriatric and diagnostic scales. Of 1109 subject who underwent psychiatric examination, 4.9% were diagnosed as demented; 2.3% had psychoses and 42.6% displayed non-psychotic mental disorders including cerebro-vascular psycho-organic (18.7%); sub-depressive (12.6%), personality disorders (5.4%), mild dementia (5.6%) etc.

Prevalence of mental disorders proved to be higher than in the survey carried out in the 1970s especially for non-psychotic disorders. Psychosis and moderate-severe dementia were about the same. The data obtained suggests that the prevalence of non-psychotic disorders have increased in the elderly which may be due to social and economic changes in Russian society.

P10 *Environmental psychiatry***EYE MOVEMENT DESENSITIZATION IN THERAPY OF WAR VETERANS**

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After reviewing Eye Movement Desensitization and Reprocessing (EMDR) technique, claimed to be the most successful in the treatment of most resistant intrusive symptoms of Posttraumatic Stress Disorder (PTSD), the authors report the case study of a war veteran who received EMDR treatment over two sessions. Assessments were made pre and posttreatment and at a year follow-up by using the Symptom Checklist 90 Revised (SCL-90-R) and Impact of Event Scale (IES). Significant improvements were accomplished in all PTSD clusters.

P9 *Environmental psychiatry***PREVALENCE OF PSYCHIATRIC DISORDERS IN SURVIVORS OF TORTURE**

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The prevalence of psychiatric disorders and personality dimensions were examined in a sample of 30 victims of torture from various concentration and improvised prisoner camps in Former Yugoslavia (Croatia and Bosnia). Symptom Checklist 90- Revised, Impact of Event Scale and Structured Clinical Interview were used for detection of psychiatric disorders and Millon Multiaxial Interview and NEO-PI-R were used for personality dimensions assessment. The most common diagnoses were post-traumatic stress disorder (PTSD), major depression, somatoform disorders and alcohol abuse. Of these, PTSD showed the strongest association with experience of torture.

P11 *Environmental psychiatry***SYMBOLISATION AND THOUGHT DISORDERS IN VICTIMS OF WAR**

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Various forms of clinical picture of posttraumatic stress disorder (PTSD) can be connected with at least two distinct mechanisms of processing of trauma, dissociation and avoidance mechanisms, depending on the pattern by which subjects recall traumatic memories, apply or redistribute attention and deal with disturbing thoughts. The concepts of symbolization and development of verbal thought as it is described in object-relations theory can be helpful in understanding the disturbance of thinking in PTSD. The capacity for symbolic thinking is destroyed in PTSD, which is best seen in flashbacks: the thought of event is equated with it and becomes event itself. Trauma destroys containing function, which makes the things thinkable, and leaves the individual with more violent defense mechanisms such as dissociation, splitting, projective identification and denial. We suggest that these mechanisms could explain symptoms of PTSD such as intrusive reliving of traumatic experience, anxiety and avoidance in relation to reminders, amnesia, and epiphenomena such as secondary traumatization, trauma membrane and revictimization. Through presentation of cases we tried to enlighten the role of symbolization and thought disorders in first contact, ambulatory practice, and continuous, multimodal, long-lasting treatment of trauma survivors.