

(86.9%) had another psychiatric diagnosis, while 13 (13.1%) had no other psychiatric diagnosis. In the comparison of the two groups, statistical significance was established by the χ^2 test for categorical data, while the two-tailed Student *t* test was used for comparison of means with interval data. The results showed that the prevalence of concomitant psychiatric disorders was high, being personality disorders the most prevalent diagnoses ($n = 68$, 68.7%), and among them the antisocial personality disorder ($n = 39$, 39.4%). Those patients with a concomitant psychiatric disorder were more likely to have a diagnosis of abuse or dependence of other psychoactive substances, both when admitted into the MMP (O.R. = 7.95; C.I. (95%): 2.25–28.06; $p < 0.002$) and after 12 months of follow-up (O.R. = 4.11; C.I. (95%): 1.23–13.70; $p < 0.05$). They also had a worse heroin use outcome (O.R. = 4.63; C.I. (95%): 1.19–18.03; $p < 0.05$). No significant differences between the two groups were seen in treatment retention rates; 67% of the 99 patients were still in treatment after 12 months of follow-up. These data suggest that among our patients, psychiatric comorbidity did not seem to influence treatment outcome, although it was related with a higher rate of abuse or dependence of psychoactive substances.

AIDS — THE PSYCHOLOGICAL IMPACT OF AN OFFICIAL ANNOUNCEMENT OF A SURGEON GETTING INFECTED WITH HIV DURING SURGERY IN A GENERAL HOSPITAL

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An orthopedic surgeon was accidentally infected with the HIV virus probably during surgery. A public announcement was made both by the surgeon and the head of the hospital. Due to the gravity of the situation arising from this announcement, a crisis team (medical and administrative) was set up to address the issue. The anticipated consequences of this situation led to an initiative to conduct an epidemiologic study of the five thousands patients who have had a surgical intervention by the force mentioned surgeon.

In order to assess the psychological reaction of the lay public, the patients and their families, and of the medical community, their responses by way of letters, telephone calls or individual consultations were analysed. Preliminary results show good emotional stability both among the public and within the hospital community and indicated the importance of the role of General Practitioners providing primary care. It was also evident that infection transmitted by a surgeon to the patient overwhelmingly impressed the parties involved.

ALCOHOLIC DEPRESSIONS AND SUICIDE

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The task of the present study was to find out the main reasons and regularities of suicides appearing in alcoholic patients. We've been observing a group of '60 patients (aged 28–59) with alcoholism for 3–8 years; 35 of them with suicide attempts and 8 with completed suicide. In part of cases alcoholism was secondary to depression, and in the rest depression occurred as a reaction for unfavourable social and family situation. Suicidal behaviour appeared as a result of affective disorders among which dominated depression with anxiety that developed on alcoholic background. Suicides were registered more often in men than in women, the rate of suicides was maximal at 35–49 age group. 25% of patients repeated suicide because of hard economical situation and poor social support. More often suicide was done with drug over-dosage and by self-destructive acts.

Patients, who attempted suicide received qualified help, which included rehabilitative measures for elimination of depression, psychotherapeutic methods for self-esteem correction. It was very important to involve patient's family members into the process of treatment and rehabilitation to avoid primary and repeated suicides.

Hence, family psychotherapy, social rehabilitation and changing the system of values are very important in suicides prevention in patients with alcoholism.

P2. Affective disorders, suicide, antidepressants and mood stabilisers; Health Service Research

MAJOR DEPRESSION, VIRAL REACTIVATION AND IMMUNE SYSTEM

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The hypothesis that the Central Nervous System (CNS) plays a role on the modulation of immune responses is widespread, albeit incompletely documented. Authoritative and recent contributions (N. Engl. J. Med. 1993, 329:1246–53; Clin. Micr. Rev. 1994, 7: 200–212) has shown that psychological stress can cause suppression of immunesurveillance with consequent reactivation of latent Herpesviruses (HHV-6, CMV, EBV...) an event helpful in understanding the pathogenesis of Chronic Fatigue Syndrome (CFS) and related disorders.

On this rationale 17 patients with major depression (MD), according to the criteria DMS4, have been enrolled to establish the possible correlation with immune system disorders and reactivation of latent viruses. A complete hematological profile and a throughout immunological study were obtained for the subjects enrolled.

Direct virological identification for HHV-6 and EBV has been performed by lymphocyte culture and by polymerase chain reaction. CMV has been grown on MRC-5 cell line and confirmed by IFA. Antibodies against HHV-6, CMV, EBV, HBV, HCV, HIV were detected utilising routinely available commercial kits. Patients depression was measured with Hamilton test. A homogeneous group of healthy subjects, matched for sex and age, acted as control.

The obtained results clearly demonstrate among our psychiatric patients the existence of a well defined subgroup (41%) characterized by active viral multiplication and/or significantly elevated antibody titers.

Interestingly EBV and HHV-6 were the viruses most commonly detected in culture, a result indicating active replication and not simply a latent state. In this subgroup of patients with active infection a significant degree of immunodeficiency was observed, but this parameter was not *per se* sufficient to predict viral reactivation. Other viruses, among those investigated, do not seem to play a role being their detection merely casual. CMV and HCV were detected only in one patient respectively.

The data reported suggest a possible modification in the cytokines