

## SES12. AEP Section "Women's Mental Health": Women's mental health

*Chairs:* A. Coen (IL), I.F. Brockington (UK)

### SES12.01

#### WOMEN AND ORGANISED VIOLENCE

M. Kastrup

No abstract was available at the time of printing.

### SES12.02

#### GENETICS OF PUERPERAL PSYCHOSIS

I. Jones

No abstract was available at the time of printing.

### SES12.03

#### DANISH NATIONAL STUDIES OF POSTPARTUM MENTAL ILLNESS

I.M. Terp\*, P.B. Mortensen, G. Engholm, H. Møller. *Department of Psychiatry, Hvidovre Hospital, Brondbystorvej 160, DK2605 Brøndby; Institute for Basic Psychiatric Research, Department of Psychiatric Demography, Psychiatric Hospital in Aarhus, DK8240, Risskov; Centre for Research in Health and Social Statistics, Sejrosgade 11, DK-2100 Cph. O, Denmark*

**Aims:** Previous studies have suggested that the risk for psychosis, especially affective psychosis, is highly increased during the first 30 day after delivery. The aim of our study was to replicate these findings.

**Methods:** Linking The Danish Medical Birth Register and The Danish Psychiatric Central Register from January 1st 1973 to December 31st 1993 revealed 1253 admissions diagnosed as psychosis within 91 days after delivery. The admission rate after delivery was compared to the admission rate among non-puerperal women in the general, Danish female population.

**Results:** The relative risk of all admissions was only slightly increased, RR = 1.09 (CI, 1.03–1.16). The admission rate concerning first admission was highly increased, RR = 3.21 (CI, 2.96–3.49) whereas the admission rate concerning readmissions was reduced, RR = 0.66 (CI, 0.61–0.72). A diagnosis of schizophrenia, RR = 2.4 (1.9–3.1) and a history of prior psychiatric admission among non-schizophrenic women, RR = 1.8 (1.5–2.1) predicted an increased risk of rehospitalisation.

**Conclusion:** Childbirth is a strong risk factor for first admission with psychosis, but the risk may be less increased than previously assumed. The majority of psychotic relapses are related to the psychopathology of the patient, a history of psychiatric admission and to family relations.

### SES12.04

#### PSYCHIATRY OF THE MENOPAUSE

G. Molnar. *Budapest Social Center, Budapest, Hungary*

Age-dependent endocrine, brain and psychosocial changes can increase the vulnerability to mental illnesses in the postmenopause and involution. Regarding endocrine factors, serum FSH, LH, ACTH, prolactin, estradiol/E<sub>2</sub>, cortisol, progesterone /P/ and testosterone concentrations were investigated by radio-immunoassay in

23 with thought disorder/TD/, 58 major depressed /MD/, 15 dysthymic, 9 somatoform-anxious/SA/and 14 non mentally ill neurologic female patients between 45–75 years of age and compared to gynecologic patients' data. 69 patients were tested on Brief Psychiatric Rating Scale. In MD and TD, FSH levels are above normal in perimenopause reflecting decreased negative feed-back effect of E<sub>2</sub>. FSH and LH levels are lower in dysthymia than those in MD. In SA, ACTH and prolactin levels are low and P levels are high. The lowest E<sub>2</sub> levels are found in dementia. Retarded depressive syndrome occurs frequently under 20 pg/ml of E<sub>2</sub>. Pathological estrogen deficiency /E<sub>2</sub> less than 20 pg/ml and FSH more than 70 U/L in serum/ are found in 24% of MD and in 15% of TD. Regarding the literature, estrogen deficiency has depressiogen effect and perhaps increases the vulnerability to Alzheimer's dementia. In female schizophrenia, of reproductive age, E<sub>2</sub> correlates negatively with thinking disorder. The menopause syndrome is specific on postmenopause which should be differentiated from other mental illnesses. Acknowledgements to the Medical School of Debrecen University, Hungary for the support of endocrine study between 1978–90.

### SES12.05

#### PSYCHIATRY OF FEMALE CRIMINALITY

T. Dmitrieva

No abstract was available at the time of printing.

### SES12.06

#### OBSTETRIC LIAISON SERVICES

A. Rohde

No abstract was available at the time of printing.

## S31. Current state and prospects of psychiatry in the Czech Republic

*Chairs:* J. Raboch (CZ), J. Svestka (CZ)

### S31.01

#### HISTORY AND CURRENT DEVELOPMENT IN CZECH PSYCHIATRY

J. Raboch. *Psychiatric Department, 1<sup>st</sup>. Medical School, Charles University, Prague, Czech Republic*

Czech psychiatry developed mainly under the influence of German speaking physicians. The first director of the first psychiatric hospital in Prague (1790) was Dr. Bayer. Since 1821 psychiatry was taught on the University level in German. The first habilitation in psychiatry in the whole Austrian Empire took place in Prague (Dr. Riedel, 1836). However, at 1881 the University was divided in German and Czech part. In both departments worked outstanding psychiatrists like Germans Arnold Pick (morbus Pick) or Eduard Gamper (arhinenzephalia) and Czechs Jan Jánský (discovery of blood groups) or Vladimír Vondráček (psychopathology, e.g. diogenismus). The Russian influence during the 40 years of communist party rule in Czechoslovakia was not so intense, but the biological approach to mental disturbances was stressed. Czech psychopharmacology (e.g. synthesis of dosulepine) or sexology (invention of phalloplethysmography) contributed to the development