P02.186

ANXIETY AND DEPRESSION IN FAMILY MEMBERS OF ICU PATIENTS: ETHICAL CONSIDERATIONS REGARDING DECISION-MAKING CAPACITY

F. Pochard[1] *, E. Azoulay[2], S. Chevret[3], I. Ferrand[1], J.F. Dhainaut[1], B. Schlemmer[2]. *For the French FAMIREA Group; [1]Service Psychiatrie et Service de Réanimation Médicale, Hôpital Cochin, 27 Rue du Faubourg Saint Jacques, 75014 Paris; [2]Service de Réanimation Médicale; [3]Service de Biostatistique, Hôpital Saint-Louis, 1 Avenue Claude Vellefaux, 75010 Paris, France*

Background: Anxiety and depression have a major impact on the ability to make decisions. Characterization of symptoms reflecting anxiety and depression in family members visiting ICU patients may be of major relevance to the ethics of involving family members in decision-making, particularly about end-of-life issues.

Methods: Prospective multicenter study in 43 French ICUs (37 adult and 6 pediatric). Each unit included 15 patients admitted for longer than 2 days. ICU characteristics and data on the patient and family members were collected. Family members completed the Hospital Anxiety and Depression Scale (HADS) to allow evaluation of the prevalence and potential predictors of anxiety and depression.

Findings: 637 patients were included in the study and 920 family members completed the HADS. All items were completed in 836 HADS questionnaires, which formed the basis for this study. The prevalences of anxiety and depression in family members were 69.1% and 35.4%, respectively. Anxiety or depression were present in 72.7% of family members and 84% of spouses. Factors predictive of anxiety in a multivariate model included patient-related factors (absence of chronic disease), family-related factors (spouse, female gender, desire for professional psychological help, help being received by usual doctor) and caregiver-related factors (absence of physician-nurse meetings on a regular basis, absence of a room used only for meetings with family members). The multivariate model also identified three groups of factors predicting depression: patient-related (age), family-related (spouse, female gender, not of French descent), and caregiver-related (no waiting room, perceived contradictions in the information provided by caregivers).

Interpretation and Conclusion: More than two-thirds of family members visiting ICU patients suffer anxiety or depression. Involvement of family members with anxiety or depression in end-of-life decisions should be carefully discussed.

This study was supported by a grant from the French Society for Critical Care (Société de Réanimation de Langue Fançaise).

P02.187

PSYCHIATRY FOR MEDICAL STUDENTS IN RESOURCE POOR COUNTRIES: A DESCRIPTION OF THE CURRICULUM AT MALAWI'S MEDICAL SCHOOL

H. Herzig. *Division of Psychiatry, University of Bristol, 41 St Michael's Hill, Bristol BS2 8DZ, UK*

Though mental disorders present a major burden for rich and poor countries alike, in developing countries Psychiatry is neglected in medical training and service provision. Malawi in Central Africa, among the world's poorest countries, lacks an effective state mental health service and until recently had no resident psychiatrist. The author worked as a psychiatrist in Malawi from 1996–98, and as visiting lecturer at the only medical school. A new mental health curriculum was planned and implemented, setting Psychiatry within general medicine and primary health care and de-emphasising its specialist status. Doctors in resource poor countries must fulfil varied roles administrator, educator, service planner, hospital physician, GP - each of which provide opportunities to meet the population's essential mental health needs. Through a variety of teaching methods including an epidemiological research exercise, the new mental health curriculum explores how these basic needs may be met by Malawi's future doctors in their various roles. The course is handicapped by the poor quality of clinical care at the old colonial central mental hospital, which is inadequate for patients, demoralising for staff and unedifying for students. Nevertheless the students embrace the need to provide better mental health care and rate the course as highly relevant. By building lasting links with medical and nursing schools coupled with political and small financial initiatives, European institutions might initiate significant improvement in mental health care in the poorest countries.

P02.188

^{1}H-MAGNETIC RESONANCE SPECTROSCOPY AT 3.0 TESLA REVEALES REDUCED N-ACETYL ASPARTATE, CHOLINE AND MYO-INOSITOL LEVELS IN DEPRESSION

R. Frey*, S. Gruber[1], G. Ortwein-Swoboda, A. Heiden, V. Mlynarik[1], E. Moser[1], S. Kasper. *Dep. of General Psychiatry, University Hospital of Psychiatry, Vienna; [1]NMR Group, Institute for Medical Physics, University of Vienna, Austria*

^{1}H-Magnetic Resonance Spectroscopy (MRS) was performed in 12 untreated patients (7 females, 5 males; mean age 37.1 ± 11.6) with depressive episodes (ICD 10: F32 or F33; HAMD: 24.4 ± 5.0) and 12 controls (age and sex matched sample size). Single voxels (2 × 2 × 2 cm3) were examined in the left and right prefrontal region (gray and white matter) by means of a Bruker Medspec 30/80 DBX, at 3.0 Tesla (STEAM sequence: TE = 20 ms, TR = 6 s). With the total creatin (Cr) as an internal standard, the NAA/Cr, Cho/Cr and mI/Cr ratios were calculated to follow the N-acetyl aspartate, choline and myo-inositol levels, respectively. As compared to healthy volunteers, patients showed significantly lower NAA/Cr ($p < 0.05$) and mI/Cr ($p < 0.05$) in the left frontal lobe as well as significantly lower NAA/Cr ($p < 0.01$), Cho/Cr ($p < 0.05$) and mI/Cr ($p < 0.01$) in the right frontal lobe. Interhemispheric differences were found neither in patients nor in controls. Low NAA levels might be a marker for a decreased neuronal density, but might be as well a substrate of neuronal hypoactivity in depression. Reduced choline levels might be associated with a decreased membrane turnover. Myo-inositol as a precursor in the phosphatidylinositol second messenger system has been reported to be reduced in depression. Results will be discussed quantitatively and the potential impact for therapy control by MRS is open for debate.

P02.189

MEASURING DEPRESSION IN SCHIZOPHRENIA: RELATIONSHIP WITH NEGATIVE SYMPTOMS

V.P. Kontaxakis, B.J. Havaki-Kontaxaki, S.S. Stamouli, M.M. Margariti, C.T. Kollias, G.N. Christodoulou. *Department of Psychiatry, University of Athens, Greece*

Background: The identification of depressive symptoms in schizophrenic patients is difficult, mainly due to overlap between depressive symptoms and negative symptoms. The purpose of this study is to evaluate the associations between four measures of depression and negative symptoms in a group of acute schizophrenic inpatients.

Methods: The study group consisted of 64 acute schizophrenic inpatients (39 male) with a mean age of 30.3 (±8.9) years, consecutively admitted at the Eginition Hospital, Athens, from January 1996 to October 1996. Patients were interviewed on admission on the following scales: The Calgary Depression Scale for Schizophrenia (CDSS), the Hamilton Depression Rating Scale (HDRS), the Positive and Negative Syndrome Scale (PANSS) including the PANSS-Depression subscale (PANSS-D) and the Expanded Brief Psychiatric Rating Scale-Depression subscale (EBPRS-D).

Results: The mean scores both on the CDSS and on the EBPRS-D showed no significant correlations with that of each of the seven negative symptoms-items. Both the mean HDRS score and the mean PANSS-D score were significant correlated with that of the negative item of passive/apathetic social withdrawal ($r = 0.311$ and $r = 0.313$ respectively). Besides, there was a significant correlation between the mean score on the HDRS and that of the negative item of emotional withdrawal ($r = 0.279$).

Conclusions: Only CDSS and EBPRS-D can discriminate between depression and either PANSS negative symptoms subscale score or negative items score.

P02.190

ATHENS FIRST-EPISODE SCHIZOPHRENIA STUDY: EFFICACY OF TREATMENT WITH RISPERIDONE

V.P. Kontaxakis, B.J. Havaki-Kontaxaki, S.S. Stamouli, G.N. Christodoulou. *Department of Psychiatry, University of Athens, Greece*

Background: Risperidone (RIS) is an atypical antipsychotic drug, benzisoxazole derivate, with antagonistic action at serotonine 5-HT_2, as well as, dopamine D_2 receptors. This is the first study examining the efficacy of treatment with RIS given once daily in drug-naïve first-episode schizophrenic inpatients.

Methods: The sample included 25 drug-naïve patients suffering from schizophrenic disorder (DSM-IV criteria). They were 14 women (mean age 27.8 ± 6.5) and 11 men (mean age 27.7 ± 7.5). Clinical assessments consisted of the Positive and Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning Scale (GAF). Ratings were recorded during the drug-naïve state (baseline) and at endpoint of the 8 weeks trial. All patients were treated openly with risperidone given once daily in the evening according to standard guidelines.

Results: Two patients who manifested high levels of impulsivity and aggression were excluded. Two subjects were characterized as risperidone non-responders and switched to haloperidol with good results. Twenty-one patients (91%) responded to risperidone treatment. The mean daily RIS dosage was 4.7 (±2.5) mg. Among responders significant improvement was observed (baseline vs endpoint) in the score of the following parameters: PANSS total (110.61 vs 57.04, $p < 0.0001$), PANSS-positive subscale (26.71 vs 11.90, $p < 0.0001$), PANSS-negative subscale (27.42 vs 15.52, $p < 0.0001$), PANSS-general psychopathology subscale (56.47 vs 29.61, $p < 0.0001$), GAF (33.16 vs 65.00, $p < 0.0001$).

Conclusion: Risperidone given once daily proved to be effective in treating drug-naïve first-episode schizophrenic patients.

P02.191

ATHENS FIRST-EPISODE SCHIZOPHRENIA STUDY: SAFETY OF TREATMENT WITH RISPERIDONE

V.P. Kontaxakis*, B.J. Havaki-kontaxaki, S.S. Stamouli, G.N. Christodoulou. *Department of Psychiatry, University of Athens, Greece*

Background: The conventional antipsychotic drugs are associated with a wide range of unwanted effects while the atypical antipsychotics are less liable to cause adverse reactions. The aim of this study is to examine the safety of treatment with risperidone (RIS) given once daily in drug-naïve first-episode schizophrenic patients.

Methods: The sample consisted of 25 drug-naïve schizophrenic patients (DSM-IV criteria). There were 14 women and 11 men. Their mean age was 27.8 (±6.8) years. All patients were treated openly with risperidone given once daily. Adverse events were detected using the modified version of the UKU-Side Effects Rating Scale, the Rating Scale for Extrapyramidal Side-Effects, the Barnes Drug-Induced Akathisia Rating Scale and the Abnormal Involuntary Movement Scale.

Results: Two patients were excluded from the treatment project because of high levels of agitation and impulsivity. The mean daily dose of RIS was 4.7 (±2.5) mg. The most common adverse reactions observed were that of the motor type. Out of the twenty-three patients, four developed parkinsonism (17%) and one akathisia (4%). The motor side-effects disappeared rapidly patients receiving biperiden or propranolol respectively. None of the patients experienced acute dystonic reactions. Four patients (17%) developed orthostatic hypotension and received etilephrine with good results. Two women complained for amenorrhea (8%). There were no drop-outs due to adverse events.

Conclusion: This open study suggests that risperidone is well-tolerated in the treatment of drug-naïve schizophrenic patients.

P02.192

SUICIDALITY AND CLINICAL SYMPTOMS IN ACUTE SCHIZOPHRENIC INPATIENTS

B.J. Havaki-Kontaxaki, V.P. Kontaxakis*, M.M. Margariti, S.S. Stamouli, C.T. Kollias, G.N. Christodoulou. *Department of Psychiatry, University of Athens, Greece*

Background: The increased risk of suicide among schizophrenic patients is well documented. The aim of this study is to consider the psychopathological risk factors associated with suicidal thoughts and attempts (suicidality) in acute schizophrenic inpatients.

Methods: A total of 93 schizophrenic inpatients (male 69%) defined according to DSM-IV criteria, representing consecutive admissions to the Eginition Hospital, Psychiatric Department, Athens, from October 1996 to October 1997 were included in the study. All patients were assessed using the Calgary Depression Scale for Schizophrenia (CDSS) and the Positive and Negative Symptom Scale (PANSS) on admission (during the first week). Schizophrenic patients rating 1 or more on the CDSS item 8 "suicidality" ($N = 19$, mean age 31.3 years, Group A) were compared with schizophrenics matched for age and sex and scoring zero on the same item ($N = 19$, mean age 31.2 years, Croup B) in many psychopathological parameters (PANSS and CDSS items). Data were analyzed by using the SPSS package. Wilcoxon matched pairs signed-rank tests or paired t-tests were used when appropriate. Because variables that are potentially associated with suicidality are interrelated, multiple regression analysis was performed in order to assess their independent effect.

Results: Statistical analysis revealed that patients' score on the items of depression ($\beta = 0.408$, $p < 0.01$), guilt feelings ($\beta =$

https://doi.org/10.1016/S0924-9338(00)94597-8 Published online by Cambridge University Press