

states and craving. There was a need for developing new instruments based on patient report.

Little attention had been focussed directly on the significance of the experiences of withdrawal symptoms and craving on subsequent substance misuse.

The hypothesis tested was that, no matter what initiates and maintains substance use, once withdrawal and craving develop, these experiences contribute to a significant degree to the perpetuation of further substance use.

Two separate instruments measuring different components of the dependence syndrome is the withdrawal state and craving, have been developed. These scales are more comprehensive than previous instruments and focus on the meaning and impact of withdrawal symptomatology and craving on further substance use in a parallel fashion for alcohol and opiates.

These two scales which were both applied to 289 alcohol and 169 opiate misusers, demonstrated generalisability, and provided scope for comparison across substance dependence. The extent and nature of both experiences in both alcohol and opiate misusers are documented for the first time. These instruments allow for simultaneous and standardised assessments of subjective and physiological responses. In addition they may offer a way forward for matching and monitoring treatment interventions.

#### A PILOT STUDY OF A WEEKLY LIAISON PSYCHIATRIC OUTPATIENT CLINIC IN A DISTRICT GENERAL HOSPITAL (DGH) CASUALTY SETTING

R. Daly.

*Aim:* To describe a population who presents to accident and emergency (A & E) with mental health problems who need assessment by the Mental Health Service but are not labelled emergencies.

ii. To provide an opportunity to educate and develop a better knowledge of mental illness and its service in the A & E staff.

*Method:* A weekly psychiatric outpatient clinic in the A & E department of a DGH hospital was set up.

The referrals were made by the medical A & E staff to clinic.

The clinic work was carried out by a psychiatric senior registrar as a special interest session.

*Results:*

Over 12 week period – 34 patients were reviewed at clinic  
 mean age range – males aged 14–60  
 – females aged 16–60  
 Sex distribution – 21 males and 13 females seen  
 Ethnicity – all white UK born

	Males	Females	Total
Discharge without further follow-up	10	6	16
Further follow-up by psychiatric services	10	7	17
Admission needed by	1	0	1

*Conclusion:* Over 55% of sample needed further treatment from psychiatric service. Without clinic they would have just been discharged to GP care with a very dubious possibility of psychiatric care. Depression was the commonest diagnosis in the group who needed further help from psychiatric services.

#### PSYCHOLOGICAL FACTOR OF DRUG DEPENDANCE — PSYCHODYNAMICS OF ADDICTION

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All forms of human interests can deform in passion, so that drug addiction with the pathologic dependance on the drug may present its specific form. Specific Ego structure and psychodynamics in drug

addicts can differentiate this state from other psychic disorders and describe it as a specific nosological unit.

The structure of drug addict personality includes neurotic, psychopathic and psychotic conflicts, as one of factors in its genesis, but etiopathogenesis must be primarily considered as multifactorial, having in mind diversity of contributing factors. Similarity of character structure between pathologic desire and depression is perceived, so that drug dependance serves as defence from depression.

Deficit of Ego functions, particularly the primary and secondary Ego weakness determined by the negative effect of drug, is not only of differential diagnostic, but of therapeutic importance as well. Specific Ego weakness, primarily the super Ego weakness, illuminates therapeutics "nihilism" of drug dependance and its prognosis.

#### INTRODUCING METHADONE IN GREECE

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*Objective:* To offer an outline of the development and implementation of the first methadone programme and training of staff.  
*Historical background:* Until 1977 heroin use in Greece was rather limited. However between the years 1977 and 1985 there has been a great increase in the availability and use, a major increase in the deaths attributed to heroin use, arrests of people in possession and in the seizures of heroin. There has also been a far greater presence of heroin dependent individuals seeking treatment. Until recently the only treatment available was detoxification in private or state psychiatric hospitals and rehabilitation mainly through therapeutic communities and other forms of group support. Laws passed in 1970 and 1987 stated clearly that heroin substitutes were illegal and could not be used for treatment. These laws changed only in 1993 with a new law allowing OKANA (the Greek organisation against narcotics, that is a private organisation associated with the ministry of health) to use methadone for the treatment (substitution) of heroin dependence in special units. In the same year one of the authors (C.K) was selected in order to draft specifications and general policies of such a unit. The proposals after general consultation and amendments were accepted by OKANA and by the minister of health in April 1995. A building in the center of Athens was found and modified to the needs of the clinic. 19 members of staff were recruited (3 psychiatrists, 2 social worker, 3 psychologist, 4 nurses and 6 members of ancillary and secretarial staff). *Training:* Only two psychiatrists and one psychologist have had experience in working with substance misuse patients in methadone programmes. The third psychiatrist, and another psychologist had experience in working with substance misuse patients. All members of staff were trained together in order to enhance group cohesion and a sense of owning the programme. The training lasted two months and it consisted of "in house training" as well as training from two different teams of specialists (one team from Amsterdam and one team from London). The "in house" training involved seminars in the pharmacology and action of illicit substances in Europe and the U.S., sessions on safe drug use and HIV and AIDS. It also included an introduction and outline of the general concepts of social skills training, family therapy, relapse prevention and the Minnesota model. The Dutch team offered a 4 day workshop and the UK team a 5 day seminar.

#### PSYCHOPATHOLOGIE A L'ADOLESCENCE: DU SOCIAL AU THERAPEUTIQUE. EXPERIENCE D'UNE MAISON PSYCHOTHERAPEUTIQUE POUR ADOLESCENTS, LA "MAISON DES 13/17"

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Les auteurs relatent, à travers la description du cadre et l'analyse

d'une observation clinique, une expérience thérapeutique originale, celle de la "Maison des 13/17", unité d'internat psychothérapeutique qui accueille dix adolescent(e)s entre 13 et 17 ans, pour une durée de 2 à 3 ans. Ces adolescents, qui présentent des troubles sévères de la personnalité (pathologies borderline, psychoses infantiles cicatrisées, névroses graves), sont encadrés par des infirmiers et des éducateurs toute la semaine et un week-end sur deux, dans un pavillon situé dans la banlieue de Paris. Ils sont issus de famille "à problèmes multiples" (sociaux, éducatifs, psychiatriques) et ont, pour la plupart, vécu des situations de maltraitance ou d'abus sexuels. Un des buts poursuivis est la réinsertion et le maintien de ces jeunes dans un circuit scolaire non spécialisé. Un autre est celui de la mise en place d'une autonomisation et d'une insertion sociale de bonne qualité, ce qui passe à la fois par un travail à l'intérieur de la maison (respect du cadre et des règles de vie quotidienne, ateliers introduisant des médiations relationnelles: informatique, photo, écriture, lecture etc.) et par le développement d'activités à l'extérieur de la maison (sports, loisirs), pour lesquelles les jeunes sont intégrés dans des clubs municipaux. Le travail thérapeutique de l'équipe est étroitement articulé avec celui d'intervenants extérieurs (foyers, aide sociale à l'enfance, juges pour enfants, établissements scolaires).

#### **A STUDY OF BODY IMAGE, EATING DISORDER SYMPTOMS, MATERNAL FOETAL ATTACHMENT AND BREAST FEEDING INTENTIONS IN PREGNANCY**

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**Objectives-** To determine whether body satisfaction and degree of maternal foetal attachment in late pregnancy affect plans to breast or bottle feed. To examine the relationship between body shape satisfaction and maternal foetal attachment. To compare the use of the 'Eating Disorders Examination' and the 'Body Satisfaction Scale' to look at body image in pregnant women.

**Subjects-** 50 women between 32 and 38 weeks pregnant were invited to join the study. The subjects were recruited from Liverpool Women's Hospital.

**Results and conclusions-** 38 women completed the full interview and questionnaires. Women intending to breast feed have lower levels of shape concern and are more satisfied with their body shape. Women intending to breast feed have higher levels of maternal foetal attachment. Women who were more satisfied with body shape tended to have higher levels of maternal foetal attachment but the relationship was not statistically significant. The 'Body Shape Satisfaction Scale' (simple questionnaire) is an adequate alternative to the 'Eating Disorders Examination' (Investigator based interview) when studying normative concerns about body shape in pregnant women. Body shape dissatisfaction and low levels of maternal foetal attachment may be partially responsible for the failure of health education programmes encouraging breast feeding.

#### **POST-PARTUM PSYCHIATRIC MORBIDITY**

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**Background:** There has been very few studies of the prevalence of post-partum psychiatric illness outside western Europe and North America. This prompted us to study its prevalence in a UAE sample and examine psychosocial risk factors that contribute to its occurrence.

**Method:** A series of 134 women were prospectively studied post-partum on the third day, first week, 8th week and 30th week after delivery. An assessment was made using the Edinburgh Post-natal Depression Scale, the Self Reporting Questionnaire and the Present

State Examination. Socio-demographic, and obstetric data were also collected.

**Results:** The prevalence of post-partum psychiatric illness was 17.8% in the first week, 22.2% at 8 weeks and 12.8% at week 30. The occurrence of psychiatric illness was significantly associated with increased number of children, poor marital relationship, being divorced/previously married, living with own family, presence of past psychiatric history and an alcoholic member in the family.

**Conclusion:** The findings are similar to studies in Western Europe and North America except for the emergence of more specific social risk factors.

#### **ANTIPSYCHOTIC DRUG USE IN CHILDREN WITH LEARNING DISABILITY (MENTAL RETARDATION): THE IMPACT OF DIAGNOSIS**

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Despite weak scientific evidence for their effectiveness, antipsychotic medication continues to be widely prescribed for people with learning disability and behavioural problems (Challenging Behaviour). We need to know more about the reasons for their continuing use. This cohort study describes the characteristics of children given antipsychotic medication for more than a month compared with other children with cohort.

A survey of all the known children with a learning disability in Cornwall was carried out in 1983 and details of their intellectual and psychiatric status, behavioural problems additional handicaps and psychosocial factors was recorded. The children were followed up and this review looks at those children who were born between 1965 to 1974. Of 302 children in this group 235 were successfully followed up to their 19th birthday. Those children given antipsychotic medication were regularly reviewed and medication continued only where there was evidence clinically for its effectiveness. The children mostly lived with their families but some lived with foster parents or small units in the community.

The percentage of children given antipsychotic medication for more than one month increased from 0.6% at 5 years to 7.3% at 17 years. The average dose in Chlorpromazine equivalents increased from 62 mg at 9 years to 195 mg at 18 years. An average of 3 children a year were given antipsychotics for the first time. This number did not increase with age but as the average duration of treatment was 3 years, 5 months, the percentage of children on antipsychotics gradually increased.

Children given antipsychotics were more likely to have challenging behaviours and a greater number of different challenging behaviours including aggression, destructive behaviour, self injury, temper tantrums and overactivity. Those given antipsychotic medication were more likely to have a diagnosis of autism and hyperactivity and less likely to have a diagnosis of conduct disorder, Down's Syndrome, epilepsy and cerebral palsy. However when children with multiple behavioural problems who had been given medication were compared with children who had a similar number and type of behavioural problems but who had not been treated with antipsychotics, the links between diagnostic categories and medication listed above remained true.

People with learning disability form a diverse group with different aetiologies and associated handicaps. Research into the effectiveness of antipsychotic medication in clients with learning disability has often failed to take account of diagnostic diversity. This study shows that additional handicaps influence the use of antipsychotics clinically.