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EVALUATION OF AN INPATIENT DUAL DIAGNOSIS TREATMENT

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"Dual diagnosis" refers to patients who suffer from a substance disorder with a coexisting mental disorder. In Switzerland, there was a nationwide lack of medical and psychosocial care for this increasing group of patients. A Unit at the Psychiatric Services of the University of Berne was opened 4 years ago where inpatient treatment considered both disorders and acts as a transit between crisis intervention units and rehabilitation programmes. Research concentrates on the development, description and evaluation of inpatient treatment. A comparison between the assessments at the beginning and after one year of treatment demonstrated that psychopathology (thinking disturbance, anxious depression and hostility/suspiciousness) decreased, housing and subsistence improved but substance abuse did not change. Only patients who frequently took substances before treatment consumed less or no substances at follow-up. During treatment, schizophrenics with polysubstance abuse were able to learn better, and consume no or less substances than patients with other dual diagnoses (e.g., personality disorders with alcohol dependency) but they could not stabilize and generalize their behavioural change in their everyday lives. The results are discussed concerning the impact for inpatient treatment for patients suffering from dual diagnosis.

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ASPECTS OF ECOLOGY AND LAW ON THE PSYCHIATRIC HEALTH OF THE POPULATION OF THE TVER REGION

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The study of this subject is motivated by the following factors:
 1. The Tver Region is in the heart of Russia; 2. The demographic situation has changed and the death rate is higher than the birth rate.
 3. In most parts of the region, the ecology is bad; 4. An increasing number of people are engaged in substance abuse, alcohol, drugs etc. In 1995, 200.8 cases of alcoholism per 100,000 people and 18.0 cases of narcotic use per 100,000 were registered and 5000 people between the ages of 14 and 20 take drugs regularly. There has also been an increase in cases of psychiatric disorders, particularly nervous breakdowns. A joint Russia-Netherlands project revealed that the population is very concerned about the ecological situation, particularly in Udomlia the site of the atomic electric power station, and does not trust official information.
 These facts underline the need for new paradigms in social-ecologic policy aiming to improve the psychiatric and physical health of the population of the region. Scientists and practical workers should be united in the aim to improve the ecology of the region, and ecologists and medical scientists in the sphere of psychiatric diseases and valeology. Finally, it should be stressed that urgent measures must be undertaken in order to stabilize and improve the ecology of the Tver region.

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OBSESSIVE-COMPULSIVE PARAPHILIAS: PRINCIPALS OF THERAPY

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34 males were examined and treated suffering from sexual preference disturbance (ICD-10 F65) including transvestism with gender dysphoria syndrome, sadomasochism, pedophilia, exhibitionism, necrophilia, picacism. Pathologic drive had an obsessive-compulsive character and the existence of the pathological system consisting of a generator of pathologically strenuous excitation and pathological determinants constitutes the base for such disorders. The main therapeutic principles are:

1. Complex pathogenetic therapy interacting with dopamine receptors - microdoses of benzodiazepines, butirofenons, lithium and/or carbamazepine.
2. Treatment of early organic cerebral affection, revealed in 98.2% of cases and presented often with minimal cerebral dysfunction.
3. Antiandrogen therapy (with ciproteron acetat). Hormone therapy is effective only as part of a complex treatment because reduction of sexual drig results in qualitative but not quantative changes in a patient's behaviour.
4. Psychotherapy (rational, psychodynamic, autogenous training, psychoanalysis). We achieved a positive effect in 22 cases (61.1%) and a complete cure in 10 cases (27.7%). A complex systemic approach to the treatment of obsessive-compulsive paraphilias can give us opportunities for successful correction.

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A NEW DIAGNOSTIC INSTRUMENT FOR DUAL-DIAGNOSIS PATIENTS

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Objective: Patients with dual diagnosis cause great difficulties in diagnosis as well as in therapy. Till today, few diagnostic features have been published about this patient group. In order to achieve a more precise diagnostic evaluation, the Addiction Severity Index (ASI) was used in this study.

Method: Four different patient groups of 25 people hospitalized in a psychiatric clinic were examined with the ASI: dual diagnosis, schizophrenic patients, addicts using legal and using illegal substances.

The ASI differentiates these four groups very clearly and dual diagnosis patients are identified with a high probability ($p > 0.87$). The sum of the interviewer ASI ratings as well as a small cluster of only 6 single items selected from the ASI parts "psychological" and "drug abuse" differentiate significantly from the dual diagnosis and the other patient groups ($p < 0.025$). These instruments can serve as rapid and simple diagnostic screening tools to identify patients who suffer from dual diagnosis. In several ASI fields these patients differ significantly from addicts as well as from schizophrenia patients. We hypothesise that dual diagnosis may represent its own diagnostic category.