

Finally there will be a comparison of the number of long-stay mental patients for possible deinstitutionalization between 1982 and 1995.

DEPRESSIVE SYMPTOMS IN PEOPLE WITH A LEARNING DISABILITY

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Depression is a significant cause of morbidity in the learning disabled (LD) population. Standardised diagnostic criteria such as ICD 10 and DSM IV rely on adequate verbal communication skills. These skills may be limited in the LD population potentially limiting the reliability of such criteria. As a consequence it is likely that cases of depression will be missed. This study attempted to identify symptoms that might help differentiate depressed from non-depressed people within this population.

A check list of 32 symptoms was completed with 86 patients and their carers, looking at changes of at least 2 weeks duration within the preceding 12 months. A second, independent, assessor later used case notes and interviews to make a diagnosis. Differences in symptom presentation between the depressed and non-depressed group, across the spectrum of learning disability, was then analysed using chi squared tests with Yate's correction.

36 patients were found to be depressed. Symptoms of depressed affect and sleep disturbance were significantly different between the depressed and non-depressed group, throughout the spectrum of LD. Other "classical" symptoms of depression were found to be significantly different in the mild/moderate LD population, but not at the severe/profound level. Here, symptoms such as screaming, aggression and self injurious behaviour were significantly different between the depressed and non-depressed group.

We found that standardised diagnostic criteria can successfully be used to recognise depression in the mild and moderately LD population. However, as verbal communication skills worsen in the severe and profound groups, such instruments become less useful. Here it would seem that "behavioural" equivalents should have more emphasis placed on them to ensure depression is not missed.

THE PRIORITY TRENDS OF REFORMATION OF PSYCHIATRIC AID IN ESTONIA

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When evaluating the development of psychiatric aid in Estonia it is necessary to take into consideration:

- 1) what system of organization Estonia has just left;
- 2) what socio-economic and socio-psychological state of affairs Estonia is situated now;
- 3) the socio-psychological factors affecting spread and structure of psychic disorders.

The main changes reforming Estonian psychiatric aid are following:

Organizational measures

- decentralization and despecialization of psychiatric aid, the enlargement of the share of general practitioners and family doctors when dealing with persons with psychic disorders;
- the preferential development of the out-patient forms of psychiatric aid;
- development of programmes of rehabilitation;
- determination of the principles of optimal loading and paying of the staff and the structure of establishments.

Raising the standard of education of the staff

- schooling in psychiatry of hospital nurses and caring personnel;

- schooling in psychiatry of general practitioners and family doctors;
- more thoroughful treatment than up to now of dealing with non-biological methods of diagnostics, and treatment and rehabilitation in schooling of psychiatrists.

Changing of orientation of psychiatric aid

- maximum taking into account of the free will of a person in rendering psychiatric help to him/her;
- enlarging of empathy of the republic in their attitude in regard to the persons with psychiatric disorders;
- enlarging of social and legal safety of a patient.

EMIL KRAEPELIN'S ACTIVITIES IN TARTU (DORPAT)

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In 1996 140 years (15.02.1856) will pass from Emil Kraepelin's birth and 70 years (07.10.1926) from his death. His working period in Tartu (1886–1891) was essential because of experimental psychological and psychopharmacological investigations carried out here.

Eight doctor's dissertations were finished under E. Kraepelin's instruction in Tartu, seven of them were works in experimental psychology. Probably H. Dehio's ("Über Einflüsse des Coffeins und Thees auf die Dauer einfacher psychischen Vorgänge." 1887.) and A. Oehm's ("Experimentelle Studien zur Individualpsychologie." 1889.) doctor's dissertations having been accomplished under the instruction of E. Kraepelin are the first experimental-psychological dissertations at all.

He has presented the results of his research in experimental psychology and psychopharmacology mainly collected in Tartu in his monograph "Ueber die Beeinflussung einfacher psychischen Vorgänge durch einige Arzneimittel". Jena, 1892, 260.

INFLUENCE OF EXAMINATIONS IN SLEEP QUALITY OF THE STUDENTS IN MEDICINE IN VALLADOLID EVALUATED BY PSQI

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Moans about sleep problems are very frequent and its prevalence in the population is referred between 15% and 30%, even more the incidence of insomnia reaches the 35% of the patients in Psychiatry consulting. In spite of this, only a few scales had been specifically designed to measure sleep quality.

The Pittsburgh Sleep Quality Index (PSQI) developed by BUISSE et al. at Pittsburgh's University is a self-applied questionnaire which has 19 questions about sleep problems during the last month. From the analysis we obtain seven scores referring to seven subscales about sleep quality: subjective quality, sleep latency, lasting, efficiency, sleep disorders, using of hypnotic drugs and disturbance in the daily activity. Adding these partial scores we obtain a total score.

The Spanish version of PSQI was applied to a group of 120 student in Medicine in Valladolid, in two different moments, attending to the presence or absence of examinations. So it was applied for first time in February and for second time in March. Obtained results show that, during exams, students have less sleep latency and also less total time of sleeping, with an early wake up time, being significative the differences in all cases. There were no significative differences in the rest of scores in the PSQI.