

Poster Presentations

P1. Children and adolescents; liaison and consultation psychiatry; disorders of reproduction; alcohol and drug use–misuse

RISK AND PROTECTIVE FACTORS FOR MENTAL HEALTH IN ADOLESCENCE

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Objective: A five-year follow-up study was conducted to examine risk and protective factors of mental health and their relation to psychiatric disorders in young adulthood.

Methods: Subjects were 707 adolescents aged 16–19 years at the baseline examination in 1990. The self-administered questionnaire included a set of scales designed to assess e.g. defense styles, life events, trait anxiety, trait depression, coherence of future, future fears and expectations, self-esteem, somatic symptoms and different psychosocial factors. In the follow-up examination in 1995, a two-stage design was applied. At stage 1, a new self-administered questionnaire was mailed to all subjects. The questionnaire repeated the scales from the baseline examination and included a 36-item version of the General Health Questionnaire (GHQ). At stage 2, subjects who had a score of 5 or more in GHQ were asked to participate in the SCAN interviews (Schedules for Clinical Assessment in Neuro-psychiatry). 651-subjects (92%) returned the questionnaire. 199 subjects (30%) scored above the cut-off point, of whom 139 volunteered for the interviews. In addition, a random sample ($n = 40$) of individuals scoring below the cut-off point were interviewed. Diagnoses according to DSM IV and ICD-10 criteria will be derived from the SCAN 2 computer program. Analyses will focus on (1) psychological factors predicting current mental disorders as determined by GHQ-36 and SCAN-interview, (2) psychosocial antecedents for depression in adolescence, and (3) the stability of psychopathology between adolescence and young adulthood. The results which we will present from this study will hopefully aid in developing strategies for prevention and early intervention of mental health disorders in adolescence and early adulthood.

AGE PATHOMORPHOSIS OF ALCOHOLISM CLINICAL SYMPTOMS, CURRENTS AND OUTCOMES

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359 male persons suffering from alcoholism were investigated. It is characteristic for teenagers (22.3% sick people) being exposed to alcohol early; the quick formation of the abstinent syndrome; the long course with clearly seen somato-vegetative disorder and basically

complicated alcohol intoxication forms, with acute development of psychosis (alcohol deliriums).

Alcoholism of middle-age (63.4%) sick people has often a moderate development with the basically high tolerance and late disappearance of vomiting. They have an abstinent syndrome with a predominant psycho-pathological deviations and a grate number of acute and long lasting alcohol psychosis. The changes of personality are with an inclination to alcoholic humour, underestimation of the danger of the illness and reflection of alcohol dominance.

Symptoms of alcoholism of the old age (14.3%) are: being early exposed to alcohol, the increasing of tolerance and a slow drop of it; gradual declining of vomiting; hard development of abstinent syndrome, frequent use of poorly made alcohol, early appearance of psycho-organic syndrome, often met suicides, acute and long lasting psychosis where delirium overcomes hallucinations.

CLONIDINE ABUSE — RISK IN THE PSYCHIATRIC POPULATION?

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Introduction: On the basis of clinical experience clonidine has not been suggested to be a drug which produces a state of dependence. However, there has lately been an increasing number of reports on clonidine abuse in polydrug users. These reports deserve careful attention on the background of widespread use of clonidine for psychiatric disorders, e.g. childhood hyperactivity, nicotine, alcohol and opiate withdrawal syndromes.

Case History: We recently were confronted with a 52-year old woman who admitted to abuse of diazepam (40–60 mg daily) in combination with clonidine (average dose between 2 and 4 mg daily) but no other concomitant medication over the past years. To the best of our knowledge this was the first documented case of clonidine abuse in a non-opioid dependent patient.

Discussion: In a comprehensive review of the literature we compare the pattern of clonidine abuse in our patient with those in previous reports. The stated reasons for clonidine abuse are summarized and possible risk factors are pointed out. We assess implications for the management of detoxification, withdrawal symptoms and rehabilitation.

Conclusion: Clonidine's side effects including significant influence on central nervous system function require its judicious use in the psychiatric population. We suggest that clonidine use–abuse should probably receive a closer look in patients with psychiatric disorders as well as in those with the potential for illicit drug use.

PROSPECTIVE STUDY OF MATERNITY BLUES AND POSTPARTUM DEPRESSION

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Pregnancy is a critical period for women because of its physical, biological and psychological changes. Several studies talk about pregnancy as a time in which sadness and anxiety are more frequent,