Methods: A sample of 38 HIV+ patients (27 men and 11 women) participated in the study. This represents about one tenth of all HIV+ patients in the Czech Republic. Patients were evaluated with a subjective quality of life questionaire (SQUALA), a form collecting clinical data, and with two scales of general functioning (GAF-Symptoms and GAF-Disability). A referent group included 38 healthy persons of the same age and gender.

Results: For the control group significantly more important were the domains of HEALTH, CHILDREN and SEXUALITY. HIV+ patients attributed higher importance to TRUTH. At the satisfaction scales, controls Were significantly more satisfied in the domains of HEALTH, PHYSICAL AUTONOMY, MENTAL WELL-BEING, SLEEP, LOVE, SEXUALITY, POLITICS and BELIEFS. The total score of QOL was significantly lower for HIV+ patients. Patients with AIDS have, in comparison with HIV+ patients, a lower quality of life in the domain of SELFCARE.

Conclusions: HIV patients in our study have a lower subjective general quality of life than the controls. The domains most affected are mental and physical health and sexual relationships. The positive finding is that HIV patients in our sample are not affected in their interpersonal relationships, work and leasure activities. These results can be used both for planning care and for individual therapeutic plans.

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P01.109

PSYCHOLOGICAL MECHANISMS OF SEXUAL HOMICIDE BEHAVIOR

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Subjects: 52 persons (men), convicted for sexual homicide crimes. Two groups were experienced: 1) the group with disorders of sexual drive (paraphilia) - 28 persons, 2) the group without paraphilia - 24 persons.

Methods: Psychological projective methods, directed to study a gender self-identity and attitudes about sexual partner perception.

Results: Both groups characterized by low level of empathy attitudes, sensitivity and conflicting in interpersonal interactions, low level of communicative skills. In group with paraphilias were detected perception of self-image as unstable and diffuse ($p < 0.01$), identification with female sex-role stereotype ($p < 0.05$), perception of male sex-role stereotype emotionally neutral ($p < 0.05$), low dependence from men's referent group ($p < 0.05$). Besides were obtained specific sexual partner's image perception as "depersonification", perception of partner as "object for manipulation" and "passive and submissive" ($p < 0.01$). In second group were obtained prevalence identification with male sex-role stereotype, emotionally positive perception of male sex-role ($p < 0.05$), dependence from men's referent group ($p < 0.05$), tendency to decrease status of sexual partner as a person.

Conclusion: Results obtained can explain different mechanism of sexual homicide behavior. Persons with paraphilia perceive victim as an "utility" to satisfy abnormal desire, that can indicate patterns of homicide behavior – intention to make a partner more "appropriate" for sadistic drive satisfaction. Persons without paraphilia perceive victim as "interference" to solution of interpersonal conflict. This can indicate another pattern of homicide behavior – intention to overcome interpersonal conflict, by decreasing status of sexual partner as a person. Low level of empathy in both cases can facilitate realization of more brutal forms of repression of victim.

P01.110

PSYCHOEDUCATION AND RELAPSE OF SCHIZOPHRENIA

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Psychoeducation is an important complement of the treatment of schizophrenia. There is some evidence that its implementation can improve compliance with neuroleptic medication significantly and can reduce relapse rates in participants.

In Prague Psychiatric Center we offer to our patients Prelapse program as a supplement to a maintenance antipsychotic medication. It consists of 8 sessions in separate parallel groups – for patients and their relatives. Since 1996, 41 patients with schizophrenia or schizoaffective disorder participated. 16 patients were first episode patients, out of them 3 relapsed in a one year follow-up. 25 patients were multi-episode patients, 6 relapsed in a one year follow up. That makes altogether 9 relapse cases, i.e. 21.95%. Gilbert and colleagues (1) found that out of patients who were maintained on antipsychotic medications 16.2% relapsed over a mean follow-up period of 9.7 months. Those patients were offered no specific psychoeducational program. In our sample we found higher relapse rate and our expectation – that after participation in the program the relapse rate is lower – was not confirmed. Nevertheless the rehospitalizations after the program were shorter in all 9 cases. The mean hospital stay of their last hospitalization before the program was 65.5 days, after the program it was only 28.6 days. Most of the participants – both patients and their relatives – found the program highly useful, there were almost no drop-outs from the program (i.e. presence in less than half of the program) and our clinical impression is that cooperation of most patients following this program is very good.

(1) Gilbert P.L., Harris M.J., McAdams L.A., Jeste D.V. Neuroleptic withdrawal in schizophrenic patients: a review of the literature. Arch Gen Psychiatry 1995; 52: 173–188.

P01.111

THE QUALITY OF LIFE IN PANIC DISORDER

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This research on the course of panic disorder is focused on its impact on the patients social adaptation patterns namely the patients quality of life. The study was conducted on a number at 65 patients by using as a starting point the first admission to the psychiatric clinic. These patients were hospitalized, between 1995–1999. The diagnosis of panic disorder associated with or without agoraphobia was based on the DSM-IV and ICD 10 criteria. At the beginning of the study, the patients were predominantly women (80% of cases) and the average age was 33.5. Out of the total number of patients involved in the study, 75.55% were either working people or university students and only 24.24% were unemployed. The study was conducted comparatively by dividing the patients into 2 subgroups: *sub-group A* consisting of 36 patients diagnosed with panic disorder associated with agoraphobia; *subgroup B* consisting of 29 patients diagnosed with panic disorder without agoraphobia. In order to determine the social, professional and marital functioning level, I resorted to the use of an original questionnaire. The use of this particular type at questionnaire led me to ascertain the following functioning levels: functioning within normal limits; functioning minimum affected; functioning partly/medium affected; functioning severely affected. The data I collected revealed that the disturbance of the global functioning,