

Conclusions: The pathophysiology of malignant catatonia is likewise unknown despite of the multiple etiologies which have been proposed. There is some evidence that a special vulnerability to stress may be an explicative hypothesis.

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DIAGNOSING PSYCHIATRIC COMORBIDITY IN A DRUG-ADDICTION UNIT

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Introduction: The identification of psychiatric comorbidity in substance-abuse patients shows some methodological problems. Several approaches have been used: primary-secondary, organic versus non-organic, and endogenous versus induced distinctions. The use of structured diagnostic instruments has provided an improvement in this field. Nevertheless, most of them have shown some limitations. In the last years a new structured interview (PRISM, Hasin et al, 1996) try to overcome reliability problems in the diagnosis of comorbid psychiatric disorders in substance-abusing samples. The aim of the present study is the use of the Spanish version of the PRISM interview in a sample of drug addiction inpatients.

Subjects and Methods: One hundred and seventy five consecutive in-patients (68% males) with diagnosis of any dependence disorders (DSM-IV) were studied, after written consent, using the PRISM structured interview.

Results: The main current psychoactive use disorders diagnosed found by PRISM were alcohol (20%), benzodiazepine (35.5%), cocaine (57%) and heroin (40%) dependence disorder. The main psychiatric diagnoses found were major depression (10%), affective induced disorder (11.2%), psychotic induced disorder (3.7%) and borderline and antisocial personality disorders (13% and 16%).

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RESIDENTIAL CARE IN ANDALUSIA AND LONDON: A COMPARISON

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In recent years there has been a growing recognition of the need to standardize the assessment of mental health services across Europe, with the ultimate goal of establishing general norms of quality of care.

This collaborative study aims to evaluate the newly developed residential care facilities in Southern Spain, and compare them with the established community network in England.

The Spanish group comprises 77 former long-stay patients, currently living in 18 residential setting in Granada and Seville. The English sample consists of 59 residents, closely matching the characteristics of their counterparts, who live in 14 residential care settings in north London. Data were obtained by schedules commonly used by the Team for the Assessment of Psychiatric Services (TAPS), which were translated into Spanish and tested for reliability.

Various domains are explored, including the profile of residents, the objective measures of the care environments, the cost of services provided and the clients' satisfaction.

The results will be discussed in the context of the cultural and socio-economic differences between the two communities.

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STANDARDISED DESCRIPTION OF PSYCHIATRIC CARE. THE NEED TO PLACE EVERY SERVICE IN ITS SPECIFIC CONTEXT

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In the last two decades, variations in access and utilisation of medical resources have become one of the main issues of debate. The need for a standardised method of comparison and analysis of substantial differences in the provision of psychiatric care to different populations has not been adequately met.

The European Psychiatric Care Assessment Team has addressed this problem by developing an internationally valid technology for assessing scope, structure, levels of utilisation and content of mental health services offered to the population of a specific catchment area.

Every attempt at cross-national comparison of utilisation rates of inpatient or outpatient facilities should be based upon a preliminary assessment of:

- characteristics of the catchment area population (e.g. morbidity, mortality, density, age, gender, marital status, level of unemployment, overcrowding)
- the physical structure of the whole service system, in order to identify different service types and quantify the volume of service provision.
- the extent to which different types of therapeutic activities or modalities (for example, psychological interventions, functional assessment, somatic interventions, etc.) are available in each service module.

This paper will present data from the application of the EPCAT technologies in Italy, in order to identify similarities and discrepancies at these three related levels of analysis of the available psychiatric care.

Rates of utilisation of inpatient beds, commonly used as a relevant measure of resources need, will be compared keeping in mind the characteristics of every specific care network (residential beds, day centres' users, emergency contacts and outpatient users).

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THE INFLUENCE OF THE COMPUTERIZED MANAGEMENT SYSTEM IN THE PHILOSOPHY OF THE DEPARTMENT OF MENTAL HEALTH OF NORTH EAST ITALY

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The use of a computerized system in the management of Department of Mental Health (DMH) represents the changing from a simple technological application to a new philosophical instrument with the aim to reconsider the sense of the daily activity.

From 1990 the Palmanova's DMH has used a structural informatic system and during the last years it has evolved owing to the lack of standard instruments for each service.

The necessity of modifying this instrument is also determined by the difficulty to translate in number and sigles every daily activities, not so easily to code.