

tablet 3 times/day (37.5 mg) on the third day of treatment. From the third day all patients reported the significant decrease in the level of anxiety, tension and severity of obsessions; mood improvement was registered in majority of cases with feeling of emotional comfort. Such dynamics permitted patients to function more productively and to show positive approach to problems solving. In such a way, tianeptine proved to be an effective mean for the treatment of neurotic states with depression, without excessive sedation, that makes it valuable for out-patient service.

P03.374 VISUO-SPATIAL FUNCTIONS IN THE SCHIZOPHRENIC SPECTRUM

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Objective: This preliminary study investigated the function of the visuospatial processing in psychotic disorders with a task that had no memory component, but rather required judging the orientation and the location of lines.

Method: A sample of 30 DSM-IV schizophrenic patients, 15 patients with Delusional Disorder and 42 age, sex and educational level-matched controls was assessed elemental visual spatial processing abilities employing the Benton's Judgment of Line Orientation Test (JLO).

Results: Mean scores between groups showed an ability gradation. Controls were on the first rank followed by patients with Delusional Disorder followed by schizophrenic patients. Different levels of performance between groups with a low overlapping of specific ranges was demonstrated. The JLO had an excellent discriminant capacity between groups, a good sensitivity and specificity.

Conclusions: Data seem to suggest a sort of continuum between "normality" and the schizophrenic psychosis. Changes on test performance appear to be present in variable degrees throughout the whole distribution of patients. Further studies are recommended.

P03.375 THERAPY TREATMENT-RESISTANT DEPRESSIONS

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The aim of this trial is study of efficiency selective serotonin reuptake inhibitors (SSRIs) at therapy treatment-resistant depressions.

The trial included 60 patients had a history of Amitriptylin treatment nonresponse. All patients have received treatment course of adequate doze of Amitriptylin (175–300 mg/day) before beginning trial. Duration of previous treatment was 8 weeks. All patients have been investigated in the present study met criteria DSM-IV major unipolar depressive disorder. The patients were treated by SSRIs - Fluoxetine (Lilly), Fluvoxamin (Duphar), Sertraline (Pfizer). Trial lasted 8 weeks, after wash-out period of 7 days. Hamilton Rating Scale for Depression (HAM-D₁₇) was used to assess the mental state. The criterion of good therapeutic effect was the decrement in HAM-D₁₇ at least more than 50%. These patients composed the group of responders.

The searching of optimization ways therapy was conducted in two directions. There was use switching from TCA to SSRIs in first groups (45 patients). The SSRIs-TCA combinations were use in the second group (15 patients). The 22 patients (48.8%) have reacted positively on monotherapy SSRIs in first groups. Besides, 2 patients were registered selective sensitivity to Fluoxetine. Condition of patients was worsened after switching from Fluoxetine to other

preparations (including other SSRIs) after the completion of study. Recurrent purpose Fluoxetine had a positive effect.

The 14 patients of the 15 were registered positive result of therapy in second group.

So, the SSRIs are efficient to some of patients treatment-resistant at therapy Amitriptylin. The SSRIs-TCA combinations therapy is more method at therapy treatment-resistant depression.

P03.376 TO PHILOSOPHIC STATEMENT OF A QUESTION ABOUT MENTAL HEALTH IN RUSSIAN CULTURE

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We mustn't give definitions of the particular from the point of Logic without knowing the definition of the general. Without having no definition of Man's health we mustn't give any interpretation of his diseases, that is declinations from the normal state. In the manuscript titled "A book about a soul" (Kitab an-Naphs) by Abu Ali Ibn Sina there are such words: "Knowledge about the particular exists only to knowledge of the general. The correct way of learning is to give first of all some information about "soul", and then some information about "body", than to speak at first about "body" and then about "soul". For the usefulness of learning emotional states is more important than the usefulness of learning "body" so that to learn the state of "soul", though each of them helps each other". In the treatise "Kitab al-Isharat" Ibn Sina wrote the following: "Logic of a Man means his canon weapon, and applying this weapon a man can defend his thought from not being in error or delusion... The way of learning X is through the well-known, but even knowing it is impossible to sought for the unknown quantity if there's no way, which could lead to this unknown quantity."

Monach Avvakum (XVIIth century) said: "Be with Your intelligence, and I will be with my Apostolic foolishness". We think that "Mental Health" means some religions approach to things. For atheism - is some way of religious thinking. The absence of philosophy is by itself some definite philosophy. There are the similar ideas said L.S. Vygotsky in his famous monography "Thought and language". Mental Health - is a harmonic trinity of three notions, three rhythmic in a Man, as its pictured in Holy Trinity by monach Andrey Rublev (XIVth century). We discover isomorphism-trinity in microcosmos and macrocosmos, as well as in a person and in a nation: 1) general religion - spirit, 2) general language - soul, 3) general body - blood-family relations.

P03.377 RUSSIAN PSYCHOANALYSIS MUST CORRECT THE FREUD'S MISTAKE

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Freud made a mistake on considering religion to be "collective neurosis". The rituals of an neurotic are similar from the first glance to the religious ones but it doesn't mean at all that religion is a "massive neurosis". Freud also made a mistake when he gave up hypnosis, that is to treat people by suggestion and by gaze. There are such ideas that you may find with Ibn Sina. Avicenna's words are the following: "It goes without saying that in metaphysics that primacy matter of this world is subjected to soul and intelligence and that a way of thinking that appear in our soul, is a source to some extent of these images in this world. ...But a soul of Man is weak. And though a soul is weak, but it is like a world soul according to some actions. A soul of Man is out of a man's body,

but it is connected with it. It is like a weapon and coexist with a body. A soul may exercise some influence to the extent that it is connected with primary matter within its power per primary matter. And owing to the reason that this soul is not so strong as a world soul, this influence also is weak. But it used to be that a soul may affect other bodies by hypnotism or by gaze – this circumstance doesn't contradict with intelligence. Some people have such a strong soul that is able to exercise important influence over bodies of our world using some images or voluntarily..." (Al-kitab-al-alai). Freud gave its own interpretation of psychoanalysis, first of all, as a scientific commentary of dreams. At one of his lectures in the USA Freud (1909) gave the interpretation of dreams as via Regia into the sphere of unconsciousness. In Vienna and London he was lonely and he was misunderstood, slandered in "pansexuality". It's worth reminding of others outstanding psychoanalysts of their time – Iosiph, who succeeded to give interpretations of Pharaoh's dreams, and Moses, who took the people of Israel out from Egypt. From the point of the Russian culture we try to combine psychiatry, psychotherapy with the orthodox religion or, to say broadly, integrate science and religion, intelligence and emotions. You may find such an idea in the novel "Duel" by A.P. Chekhov, where there is a dialogue about a possibility of synthesis of a humanitarian subject and scientific knowledge (chapter 16th).

P03.378

REBOXETINE IN NEGATIVE SYMPTOMS OF SCHIZOPHRENIA

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We study the possible efficacy of Reboxetine, a noradrenergic antidepressant, in the negative symptoms of Schizophrenia.

Method: We added Reboxetine to the ongoing antipsychotic treatment of ten patients with a DSM-IV diagnosis of Schizophrenia and assessed the patients at 4, 8 and 12 weeks of treatment with the SANS scale for negative symptoms, the CSCV scale for quality of life and the UKU scale for adverse events.

Results: Three patients abandoned the study because of anxiety and excitement (without emergence of psychotic symptoms). Three more patients remained unimproved and four patients showed a clear amelioration of their depressive symptoms and social relationships as measured with the quality of life scales and clinical global impression. We are awaiting the final codification of the results.

Conclusions: Reboxetine could be effective as an adjuvant medication in the treatment of schizophrenic patients negative symptoms.

P03.379

SUICIDE IN HARGHITA COUNTY, 1991-1999. EPIDEMIOLOGICAL RESEARCH

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Suicide and alcoholism cause serious problems and difficulties in supplies, prevention and therapy also for the health care in our county. There is missing information and statistical data concerning correct collection on the suicide occurrence. These data were not collected in Romania before 1989 for political reasons or it was impossible to have access to these and it is also hardly possible these days. This paper analyses the evolution of the suicide phenomenon on a sample of 350,000 people in a period of nine years, stressing upon several specific aspects on the problem. The necessity of

organizing of some structural formula for the prevention and intervention in the crisis is put forward.

P03.380

TOWARDS SYSTEMATIZATION OF PSYCHOTIC DISORDERS WITH SEXUAL CONTENT IN SCHIZOPHRENIA

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Objectives: The questions of manifestation of symptoms and syndromes with sexual content in the process of development of schizophrenia are not explored enough. Our report is concerned with study of forms and regularities of mentioned disturbances, questions of their systematization and distinction from clinically similar disorders of nonendogenous origin.

Methods: Clinical, neurological and experimental-psychological investigation of 102 patients, aged 41–78 years of age was performed.

Results: Psychotic disturbances with sexual content manifest in forms of: 1) hallucinatory disturbances (patients hear the scenes of sexual contacts between their wives and lovers); 2) delusional disturbances of paranoid or paranoid character (delusion of jealousy, delusion of influence on genitals); 3) delusional ideas of nihilistic-hypochondriac character ("sexual organs are atrophied", accuse themselves in being homosexuals, in sexual perversions). As the melancholic paraphrenia develops, the patients consider themselves as biological parents of all the people with sexual perversions in different historical periods.

Conclusions: Psychotic disturbances with sexual content in schizophrenia have their quite pathognomonic psychopathological features, which gives us a basis to distinct different forms of schizophrenia, proceeding with sexual disturbances.

P03.381

INTENTIONALITY AND ERPs IN THE THREE DIMENSIONS OF SCHIZOPHRENIA

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Objectives: To verify the existence of different patterns of relationship between intentionality and Event Related Potentials (ERPs) in the 3 dimensions of schizophrenia.

Methods: Study participants were 60 physically healthy psychiatric inpatients who met DSM-IV (4) criteria only for Schizophrenia (SCID). All patients were divided in 3 groups by dimensions of the Comprehensive Assessment of Symptoms and History (CASH). They were treated with 400 mg/day of chlorpromazine equivalents and were assessed for intentionality by the Mundt's Intentionality Scale (INSKA), for ERPs by a 19 electrodes oddball paradigm.

Results: The comparison of INSKA mean scores and ERPs recordings of the 3 groups, did not show any significant difference. The analysis of within-group correlation of variables showed that the 3 dimensions had strongly different correlations between INSKA total score and Latency of N1 wave.

Conclusions: Different patterns of relationship between intentionality and ERPs in the 3 dimensions of schizophrenia may exist; this could suggest different neurophysiopsychopathological profiles which could have important nosological and pharmacological implications.