

for AMI and 173.21 ( $\pm$  66.12) mg for IMI. Mean plasma steady states levels were 277.31 ( $\pm$  127.94)  $\mu$ g/L for AMI and 216.42 ( $\pm$  129.48)  $\mu$ g/L for IMI. Following a 4 weeks period of treatment 20 patients (67%) were responders-R-HDRS fall more than 50% and 10 (33%) were nonresponders-NR. 14 of 20 R had therapeutic plasma levels (pharmacokinetic R) and 6 of them had plasma level outside the established therapeutic range (pharmacokinetic NR) but 3 patients were within it (pharmacodynamic NR). Comparing the R and NR group within and outside the therapeutic range (for AMI-100–300  $\mu$ g/L and for IMI-170–300  $\mu$ g/L) we found  $X^2 = 4.36$  and  $p < 0.01$ .

In conclusion there was a statistically significant relationship between clinical response and plasma levels of TCA's in the established therapeutic range.

#### ADMISSION TO THE PSYCHIATRIC WARD AFTER SUICIDE ATTEMPTS (ONE YEAR DATA ANALYSIS)

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Today one of the most important psychiatric problems in Lithuania is the rapid increase of suicide rate. Starting increasing from 1990, in 1994 this rate was the greatest in Europe and probably in the whole world (45.8 per 100,000). This rate is much higher in Lithuania than in neighbour countries. Psychiatrists, psychologists, sociologists and others began to investigate the reasons of this phenomenon which are not discovered till now.

One of the main directions of scientific investigations in Vilnius university psychiatric clinic which is presented by the study's author is suicide risk, epidemiology, prevention and other problems. The suicide attempts are being started to investigate but these investigations are not completed yet. There are no special ward for treating crisis and depression in our clinic.

The aim of this study is to investigate how often the suicide attempters are admitted to the psychiatric ward, what the main diagnosis is they are suffering from, what the average of their age is. One year admission of the 60-bedded male ward for acute psychosis leaded by the author has been studied. The psychiatric ward serves a catchment area with a population of 81300. The data represents 1992 year. The following study will be continued.

In 1992 234 patients were admitted to the ward. 16 of them were the suicide attempters (6.84%). Each suicide attempter was subject to standard psychiatric interview, which included demographic information, presenting complaint, past psychiatric history, family history, history of previous deliberate self-harm, drug and alcohol use. The greatest number of suicide attempters were admitted in April and in November. Nobody suffered from schizophrenia. Most often the main diagnosis was adjustment disorder with depressed mood or with disturbance in conduct (12 cases), but organic brain syndrome as accompanying disease was found in 8 cases, caused by brain trauma, atherosclerosis, epilepsy and Pick's disease. Personality disorders were found in two cases. Only one patient suffered from MDP but even in this case the important symptoms of organic brain syndrome were found. Only two suicide attempters have not any accompanying diagnosis except from adjustment disorder but one of them was alcohol abused and the next one had the brain trauma in the past as well.

Most of admitted suicide attempters were between 23 and 30, the next increase was among patients 41–50. Repetition of the suicide attempts occurred among 9 (56.25%) patients, 4 suicide admitters were with alcohol intoxication. Most often patients tried to hang himself, some suicide attempts were combinative. Only in the families of two patients it had been committed suicides before.

Two cases of suicide attempts in the ward and one case of committed suicide is discussed in this paper.

**Conclusions:** 1. Suicide rate in Lithuania is increasing constantly

and in 1994 this rate was the greatest in Europe (45.8 per 100,000 inhabitants).

2. During one year 16 suicide attempters (6.84% of all admission) were admitted at one psychiatric ward of Vilnius university psychiatric clinic.

3. Although the main diagnosis of suicide attempters is adjustment disorder, organic brain syndrome was found in 50% cases. It may be suggested that organic brain syndrome decreased the possibility of patients to adjust to unfavorable social conditions.

4. Repetition of the suicide attempts occurred among 56.25% patients.

5. Only in the families of two patients it had been committed suicides before.

#### THE RELATIONSHIP BETWEEN VIOLENCE AND SELF-INJURY

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Previous studies have showed that self-injury and violence are related but have not assessed the strength of the relationship or whether it applies to all patients. This is an empirical study of the relationship between these two variables in female maximum security patients many of whom show high rates of these behaviours. The relationship between total self injury and total violence over the course of admission was assessed for 80 patients. In addition the temporal relationship between weekly rates of violence and self-injury for 5 personality disordered patients was assessed. There is a positive correlation between total episodes of self injury and violence for personality disordered but not for mentally ill in-patients. However variations in self-injury explain only a small part of the variation in violence. There is a correlation between weekly rates of self injury and violence for most of those personality disordered patients with many episodes of violence but the strength of the association varies from patient to patient. Self injury may be a useful risk marker for violence in some such patients. The association between the two behaviours in female personality disordered patients supports the model that these patients have an underlying liability to behavioural discontrol.

#### PSYCHIATRIC HOSPITAL IN NUCET — A EUROPEAN MODEL: THE REINTEGRATION OF THE ROMANIAN PSYCHIATRY IN THE EUROPEAN STANDARDS

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Nowadays the psychiatric attendance in the Psychiatric Hospital of Nucet is secured in accordance with the requirements and parameters of any civilized country. Before 1989 the hospital was a chronic illness hospital, comprising a TBC department and a neurosis one. The precarious hygienic conditions because of the lack of running-water, the scarce of care-staff and medicines as well as the great number of patients lead to an inefficient medical attendance, to a growing morbidity and mortality.

After 1990 with the help of the Evangelische Stiftung Alsterdorf, the hospital was entirely renovated and reorganized. First of all the care-staff's awareness and attitude towards the patients have been changed by means of special courses and a training period in Germany. The whole hospital structure has been changed by adding to the existing departments some new ones, such as the long-term psychosis, double-care psychosis, geriatric psychiatry, a rehabilitation department and a department for occupational therapy. By reactivating the department for occupational therapy, comprising several workshops and by moving the rehabilitation department outside the hospital, there has been a great gain in the rehabilitation and resocial-

ization of all the patients. As such, the morbidity and mortality index has been amazingly reduced.

The next step will be the avoiding of the institutionalization, the psychiatric attendance will become ambulatory or part-time ambulatory, using the ambulatory community health services. By using the a.m. services as well as the day-care centre and the residence care service, we hope to join the most modern requirements of the European psychiatric attendance.

#### 'COST-BENEFIT ANALYSIS OF A NOVEL TREATMENT OF DEPRESSION'

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**Objective:** To analyse the costs and benefits of augmentation of the antidepressant paroxetine with the 5HT<sub>1A</sub> receptor blocker pindolol.

**Method:** Randomised, placebo controlled trial. Eighty outpatients meeting ICD-10 criteria for depressive disorder and scoring > 18 in the Montgomery-Åsberg Depression Rating Scale (MADRS) were recruited from primary care populations. All patients received paroxetine 20 mg *o.d.* and either pindolol 2.5 mg *t.d.s.* or placebo. The trial period was six weeks, during which the patients were monitored for changes in depressive symptoms using the MADRS and the Beck Depression Inventory. All patients, whether they completed the study or not, are followed up for six months. The economic analysis incorporates all the costs involved, including clinical and laboratory costs, costs of infrastructure and drugs. We applied the techniques of shadow pricing and intertemporal discounts of social taxes.

**Results:** The chief benefits are the speed and magnitude of improvement of quality of life and leisure, together with savings in clinical resource utilisation.

**Conclusion:** Economic analysis plays an increasingly important role in the evaluation of treatment. This study has proved amenable to such analysis and future clinical trials should include similar analyses wherever possible.

#### SEROTONERGIC AUTORECEPTOR BLOCKADE IN THE REDUCTION OF ANTIDEPRESSANT LATENCY: PERSONALITY VARIABLES AND RESPONSE TO ANTIDEPRESSANTS

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No antidepressant currently in use exerts a significant antidepressant effect for at least two to three weeks after the patient starts taking it. Open studies suggest that, for selective serotonergic re-uptake inhibitor (SSRI) antidepressants, this latency may be reduced when the drug is taken with the 5HT<sub>1A</sub> receptor blocker pindolol. We have undertaken a randomised, placebo controlled, double blind trial of augmentation of the selective SSRI antidepressant paroxetine in combination with pindolol. All our patients (*n* = 80; mean age 36 [range 19–65]) met criteria for major depression and received a standard dose (20 mg *o.d.*) of paroxetine plus, randomly, either pindolol (2.5 mg *t.d.s.*) or placebo.

We examined personality variables in 40 consecutive subjects according to a shorter version (TCI-125) of the Cloninger [self-rated] *Temperament & Character Inventory*, and correlated the results with clinical responses in the trial. We present data that indicate that personality variables may be relevant in the prediction of response to antidepressants in these circumstances.

#### THE EFFECT OF TRAZODONE IN DEPRESSED AND NON-DEPRESSED PATIENTS IN CHRONIC PAIN

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**Aim:** The aim of this investigation was to determine whether trazodone was effective in (i) improving depression in patients with chronic pain and (ii) whether it had an analgesic action separate from its antidepressant effect.

**Methods:** 119 patients attending a pain management unit who had complained of chronic pain for at least one year that had not been substantially altered by analgesics or non-antidepressant drugs, were randomly allocated to receive trazodone or placebo after giving consent to the procedure. Allocation of patients into each group was stratified according to sex, age, duration of pain and diagnosis. The patients were seen at weekly intervals for six weeks. Trazodone was administered in a dosage of 100 mg at night for the first week increasing to 300 mg at night after four weeks treatment if there was inadequate response. Daily analogue rating scales of pain intensity were completed one week before entering the study and daily thereafter. The results were analysed by group sequential design based on degree of change according to the daily analogue ratings.

**Results:** Trazodone significantly improved depression ratings compared with placebo (*P* = < 0.05). No significant reduction in pain intensity was shown between trazodone and placebo, however this was rated. There were more drop outs in the trazodone group.

**Conclusion:** Trazodone improves depression in patients with chronic pain but does not reduce pain intensity.

#### DETERMINANTS OF SUICIDE RATES IN MIDDLE-AGE IN WESTERN GERMANY BETWEEN 1955–1989

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The aim of this study is to examine factors that influence the overall rate of suicide in the Western Germany population in the age groups 45–64 during 1955–1989. This age group was selected because of its relatively high suicide rate and because, in theory, it is most subject to the problems of economic change.

Four classes of variables were used to predict suicide rates: (1) economic: unemployment rates, labor force participation rates, business failure rates and real national income per capita; (2) social integration, measured by the immigration rate; (3) federal government expenditures on social concerns and (4) alcohol consumption per capita by major beverages.

In general, the authors find the most important factors involve alcohol consumption per capita. Indeed, if alcohol consumption variables are not inserted into the model as a foundation for the suicide trend in Western Germany, then the remainder of the model is extremely difficult to construct. Following the alcohol consumption variables, the next most prominent predictors are unemployment, business failure rates and government expenditures on the social budget. The last two variables to enter the explanatory model are the immigration and labor force participation rates. All variables are highly statistically significant, with *t*-values ranging from 5.744 to 12.267. The Durbin-Watson statistic shows minimal autocorrelation of regression residuals at 1.83, and the model explains well over 90% of the variance in suicide rates. Finally, the Chow test of stability of the relationships comparing 1955–1973 with 1974–89 shows that the basic relations are not significantly different between the periods.

We conclude that our model is suitable for explaining the suicide rate over the entire period 1955–1989 and is likely to provide a good forecasting basis for policy purposes.