S42.05
THE PREDICTABILITY OF ADULT INDIVIDUALS' PSYCHOSOCIAL CHARACTERISTICS ON THE BASIS OF IQ AND PERSONALITY TRAITS ASSESSED IN CHILDHOOD

L. Kubicka

No abstract was available at the time of printing.

S43. Suicidal behaviour in the East European and the Baltic countries

Chairs: V. Krasnov (RUS), D. Wasserman (S)

S43.01
SOCIAL ENVIRONMENT AND SUICIDAL BEHAVIOR

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The study has been carried out in Autonomous Republic of Ajarja, Georgia. From 1993 to 1996 102 cases of suicide were investigated. There were 41 completed suicides among them. General Psychosocial and Suicide Questionnaire has been elaborated. The following issues has been analysed with regard to a suicide attempt: demographic and social (age, gender, local living standards, marital status, education, occupation), medical status, history. All the investigated patients were volunteers in the research proramme. To measure depression and anxiety levels Beck Depression Inventory and Sheehan Self-Rating Scale were used. Observation also included free psychiatric interview with the participants of the study.

Results: A portrait of a suicide attempter was elaborated according to which a cluster of suicide risk features is common in healthy persons aged 30–40, who are living in the city. The motivation for a suicide commitment is mostly determined by financial and social factors. Declining of life standards has been also noted. The suicidal behaviour is associated with the factor of employment of a person. Suicide is especially high in families with broken cultural traditions.

S43.02
EPIDEMIOLOGICAL STUDY OF PARASUICIDES IN THE CITY OF MINSK IN BELARUS

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Since 1997 a large epidemiological study of parasuicides has been undertaken in Minsk – the capital of Belarus with a population of 1.72 million people. Before starting the monitoring phase of the study a procedure of registration and reporting of parasuicides was set up at emergency rooms of the local health centers (polyclinics) and all the hospitals in the city. The instruments, developed for this study, were adapted from the instruments, used in WHO/EURO multicentre study on parasuicide. In 1997 a total of 1314 parasuicides were registered in the city, and in 1998 - 1391. The age-standardized rates were calculated by direct standardization based on sex and age distribution of the population. In 1997 age-standardized rate of suicide attempts in men was 75.9 (/100000), in women - 93.3. In 1998 - 92.2 and 90.8 correspondingly. Age distribution of suicide attempts reveals gender differences in peak ages: males more often commit parasuicides in the age 20–24, whereas females – in the younger age (15–19). Poisoning (primarily by medicines) was observed in about 70% of parasuicides in women and only about 30% – in men. Self-cutting was a predominant method of parasuicide in men (about 50%). The results of the study show that the most frequent method of parasuicide in men in studied population is self-cutting, which differs from other similar studies, and might be explained by comprehensiveness of parasuicide registration in this study, which has been not limited to the hospitals.

S43.03
SUICIDES IN LITHUANIA

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Since 1920 till 1940 there were about 200 suicides per year in Lithuania. This number was the lowest in Europe. During last several decades there were about 1,500 people per year who commit suicide, and about 15,000 people per year who try to commit suicide (the population of Lithuania is about 3 700 000. The ratios of suicides in Lithuania are as following: 1996 - 46.4; 1997 - 44.0; 1998 - 41.9 per 100,000 population. Before the Second World War the number of suicides was as much as 4 or 5 times higher in the cities than in the rural areas. Since 1970 the situation has been changed, and the number of suicides in rural areas exceeds the number of suicides in the cities. The number of completed male's suicides exceeds the number of completed female's suicides as much as 5 times. However our research data show that the number of suicide attempts is higher among female population. In 1999 the State Programme for Prevention of Mental Disorders was approved by the Lithuanian Government. The programme includes a section on suicide prevention. According to this programme the first step in providing suicide prevention is establishing of local mental health centers. Those mental health centers provide primary mental health care. One or several teams work in mental health center. Every team consists of a psychiatrist for adults, a psychiatrist for children, a psychiatrist specialised in addictive disorders managing, a psychologist, social workers, and 2 nurses.

S44. Innovating approaches to psychopathological research

Chairs: J.E. Mezzich (USA), P. Smolik (CZ)

S44.01
DIAGNOSIS AND PSYCHOPATHOLOGY: WHAT DEFINES A DISORDER?

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Mental illnesses are usually diagnosed based on the recognition of a syndrome – a characteristic clustering of signs and symptoms, sometimes in conjunction with a characteristic course. Historically, the development of such syndromal definitions is the first step in a four-step process that defines successful longterm management of mental illnesses: definition of the syndrome (phenotype), identification of its mechanisms and causes, development of treatments that reverse the symptoms (or more ideally, the mechanisms and causes), and development of interventions that prevent the mechanisms and causes from arising altogether (primary prevention). We have succeeded in this full process for only one mental to

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