

Conclusion: Giving this group of patients the main written summary about themselves is appreciated by them and can be used as part of their overall management.

THE FIRST BAIL HOSTEL IN THE UK SPECIFICALLY FOR MENTALLY DISORDERED OFFENDERS. AN ANALYSIS OF THE FIRST 100 RESIDENTS

N.V. Griffin¹, S.D. Geelan¹, J. Briscoe². ¹ *Reaside Clinic, Birmingham, B45 9BE, UK;* ² *Elliott House, 96 Edgbaston Road, Birmingham, B12 9QU, UK*

Background: In the UK there is a policy to divert those with a mental disorder away from custodial remand facilities to facilities where their mental health needs can be assessed and treatment provided. Elliott House is the first bail hostel in the UK specifically for mentally abnormal offenders. This paper describes how the facility is run and provides information regarding those who were resident there from October 1993 to November 1994.

Method: This paper presents information collected retrospectively on the first 100 residents. Sufficient information for study was available from 92 of the residents because others remained in the hostel for too brief a period to allow an assessment to be made.

Results: The study provides information on demographic features, past and present psychiatric care, index and previous offences, current psychiatric diagnosis, perceived needs and outcome. Analysis of the index offences shows that a significant proportion of the residents were currently charged with serious offences. 53% of the residents were receiving psychiatric care at the time of the offence, and a greater percentage have received psychiatric care in the past. 25% had a primary diagnosis of schizophrenia. Only 16% had a primary diagnosis of personality disorder. The range of primary diagnosis is wide. 14% were found to have no mental abnormality. The commonest perceived need was liaison with other agencies: 54% required medication, 49% needed accommodation and 16% required a court report. Difficulties posed by the residents are presented and discussed. 50% of the residents breached the conditions of bail. The other reasons for leaving the hostel are presented and discussed, including the judicial outcome of those who returned to the court in the normal way from the bail hostel.

DIMETHYLSULFOXID APPLICATION FOR OVERCOMING OF THERAPY RESISTANCE IN PATIENTS WITH LINGERING DEPRESSIONS

H. Grigorieva, L. Saveliev, A. Diakonov. *State Medical Academy, Chair of Psychiatry, Tolbuhina Avn, 6-95, Yaroslavl, 150014 RF*

Understanding the universal and multifactorial effectiveness of dimethylsulfoxid (DMSO) we used it in complex with antidepressants to break therapy resistance in patients with lingering depressions. We had 17 patients (aged 28–55 years) with 5 to 20 years history of definite disease & 8 months to 2 years anamnesis of depression by the experiment's beginning. They were prescribed DMSO 50% solution, 1 ML 3 times a day for 3–5 weeks, with 70 ML of water (to prevent GIT side effects). We also continued basic antidepressive therapy (amylthriptilin, pirasidol, anaftranil) which had had been insufficient recently. We succeeded in 14 patients (82.3%) with 1 to 4 years katamnesis. Control group included 20 patients with primary episodes of depression: 10 on amylthriptilin and 10 on amylthriptilin with DMSO. The treatment was successful in both subgroups, but in the 1-st one it had taken 83 days; in the second one — only 52 days. So DMSO can be used in complex with basic antidepressants for overcoming therapy resistance in patients with lingering depressions, and as a source of reducing the treatment

duration. Such a complex does not increase the side effects of antidepressants.

CENT CAS DE SUICIDES DANS LES HÔPITAUX DU GRAND MONTRÉAL (1986–1991)

F. Grunberg.

Objectifs: Évaluer les caractéristiques cliniques et démographiques, la prévisibilité et les mesures de prévention dans des suicides de personnes hospitalisées.

Méthodologie: Tous les suicides de personnes hospitalisées qui se sont suicidées dans les hôpitaux du Montréal Métropolitain (du 1^{er} avril 1986 au 31 mars 1992) ont été identifiées en utilisant les dossiers des coroners et les dossiers médicaux de ces personnes.

Résultats: On a pu dénombrer 3,079 suicides au cours de cette période (taux annuel 16,4 pour 100.000) dont 104 ont pris place chez des personnes au cours d'hospitalisation (3,38%). Quatre cas ont été exclus de l'étude dû à des dossiers médicaux insuffisants. Les 100 cas restants ont été divisés en trois groupes: 22 (22%) étaient hospitalisés dans des hôpitaux psychiatriques, 48 (48%) avaient été hospitalisés dans le service de psychiatrie d'un hôpital général et 30 (30%) avaient été hospitalisés dans une unité de soins médico-chirurgicale d'un hôpital général ou d'un hôpital pour patients chroniques.

A peu près la moitié des personnes qui se sont suicidées en cours d'hospitalisation (48%) ont posé leur acte en dehors des murs de l'hôpital pendant des absences autorisées ou en évasion. Les suicides étaient beaucoup plus prévisibles dans les hôpitaux psychiatriques que dans les autres établissements. Cependant, les mesures de prévention de suicide ne différaient pas d'un établissement à l'autre.

Conclusion: Le suicide à l'hôpital demeure un phénomène rare. Si quelques suicides nous sont apparus rétrospectivement plus prévisibles que d'autres, nos constatations ne semblent pas justifier un resserrement des mesures préventives dans les hôpitaux étudiés.

Il faut signaler qu'à Montréal au cours des vingt dernières années, aucune poursuite intentée contre les hôpitaux ou des psychiatres pour cause de suicide n'a abouti.

NOCTURNAL ENURESIS: IMIPRAMINE TREATMENT AND PLASMA LEVELS

J.R. Gutiérrez-Casares¹, S. Sanjuan-Rodríguez¹, F. Rey-Sánchez, M.M. Fernández-de-Gatta, A. Domínguez-Gil, A. Pérez-Rodríguez¹. ¹ *Hospital Infanta Cristina, Badajoz, Spain; Unidad de Psiquiatría Infantil, Avenida de Elvas s/n. 06080-Badajoz, Spain, Fax: (*) 24.21.81.10*

Objectives: To value antienuretic response to imipramine in relation to clinical and pharmacokinetic variables.

Material and method: We studied 85 patients with primary daily nocturnal enuresis treated in outpatients consultancies with a mean doses of imipramine of about 1.5 mg/kg/day and we determined, by means of chromatographic gases, the plasma levels. Mean age was 8.5529 ± 2.5889 years (mean ± SD). 75% of the sample (60 patients) were younger than 10.

Results: 75% of the patients obtained a good or very good response and the mean concentration of the overall sample was 73.38 ± 59.25 ng/mL.

98.8% (83 children) did not have family history of urologic disease; 52.4% (44 children) had family background of psychiatric disease and 53.57% (45 children) had family background of enuresis.

Conclusions: Imipramine is a useful treatment for enuresis and its side-effects are minimal and without complications. Although the plasma levels of the patients sample with a good response was 78.28 ± 58.05 ng/mL we did not find a significant correlation between the plasma levels and the enuretic response.