

S18 *Schizophrenia: a new clinical narrative...*Genetic epidemiology and clinical narrative

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In medical research, epidemiological data may provide a base for etiopathogenic hypothesis. That is also the case for such a complex and multiform disease as schizophrenia. Although epidemiological inquiries often rely on clinical observations or questions, their results do not completely satisfy the practitioner.

Interested in fine semiology, in evolution of the disorder and its multiple facets in a single patient, the therapist cannot go far with these data. He has been used for a long time to find in detailed clinical accounts a way of feeding his thoughts and speculations. The disappearance of this kind of report, yet too prolix, brings the risk of an impoverishment of the clinic. There is no way to decipher the pathological process of schizophrenia without linking the scientific breakthrough to a pertinent clinical relation. We have to pay attention to symptomatic emergencies and refitements, but also to intrapsychic movements to intersubjective experiences, all phenomena that are not grasped by the instruments designed for epidemiological studies. A narrative account involves rhetoric, unforeseeable actualisation of latent affects or thoughts, that is to say a form unamenable to the dichotomic logic prevailing in the psychometric instruments. Which form should we therefore adopt, if we are convinced that understanding schizophrenia in its full complexity requires the articulation between the abundant wealth of the clinical narrative and the quantified epidemiological and/or pathophysiological data? A confrontation of the narrative constraints with the genetic nosology should help us to find new paths.

S19 *Psychiatric disorders related to the war in former Yugoslavia*CONDITION OF MENTAL HEALTH IN SURROUNDED SARAJEVO

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War in the Republic of Bosnia and Herzegovina has caused many psychic and social breakdowns. In September 1992 the work on the "Psychosocial aspects of war in Bosnia and Herzegovina" project had started.

Objective of researching were

Evaluation of psychiatric morbidity of all ages as the consequence of the war. Also field research will be applied as well as and inspection in medical and other documentation (The register of psychotic patients, protocols and history of disease of the Psychiatric Clinic)

Results and conclusions

Research was carried out in Sarajevo (Stari Grad, Old Town, New Sarajevo and New Town municipalities), because war circumstances did not allow research in some other regions of Republic of B&H. Results indicate the following

1. Appearance of "new patients" (disturbances caused by war stress)
2. Frequency of appearance of such patients is very shown that in general population there is more than two thirds of mentally disturbed. Hospital and out-patient morbidity shows the increase of trends of those "Reactive and "Affective" while a negative trends is expressed at "Alcoholic psychosis"

S19 *Psychiatric disorders related to the war in former Yugoslavia*PSYCHIATRIC DISORDERS RELATED TO THE WAR IN FORMER YUGOSLAVIA

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Experts of states directly involved in the war in former Yugoslavia will give information about the psychiatric disorders related to the war in their respective countries. Experts of neighbouring countries will give information about refugees from war regions in their respective countries. By this analysis we envisage a contribution evaluating the situation of refugees and war victims from the psychiatric view.

S19 *Psychiatric disorders related to the war in former Yugoslavia*PSYCHIATRIC HOSPITALS IN WAR: CROATIAN EXPERIENCE

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The concept of the war against Croatia was based on the strategy of genocide what completely eliminated distinction between military and civilian targets. Everything, including psychiatric hospitals, was a legitimate target. Fortunately, it was the war of low intensity, not a total war.

Psychiatric hospitals in Pakrac (280 beds), Zemunik near Zadar (250-270 beds) and Petrinja (150 beds) were evacuated just before Yugoslav Army occupation. The majority of the psychiatric patients were admitted in other psychiatric hospitals: Vrapče (1075 beds), Popovača (900 beds), Ugljan (670 beds), Jankomir (550-600 beds) and Rab (447 beds). It was the great challenge for the psychiatric services in free part of Croatia. Approximately 30 percent of Croatian territory was occupied with 300 thousands of refugees what eliminated demissions of the patients from occupied territory. Quite a number of psychiatric patients from Bosnia and Herzegovina (Jakeš, Domanovići) was also admitted in Croatian psychiatric hospitals. The consequence was 20-25 patients in one room, but the psychiatric patients of all nationalities were not left to the street.

Structure of the patients in the psychiatric hospitals was changed. The number of admissions due to alcoholism was significantly decreased. The number of outpatients was decreased for almost 50 percent. Interestingly enough, the behaviour of psychiatric patients was very disciplined in comparison with somatic patients who were prone to panic reactions.