

heavier adaptation disorders with autoaggressive behavior. It is very perspective to use a cognitive behavioral therapy in the foundation of prevention of such disorders.

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HEBOID SYNDROME OF RESIDUAL-ORGANIC GENESIS AT PRELIMINARY PUPILS

T. Kolesnichenko. *State Medical Academy for advanced Education, Chelyabinsk, Russia*

Heboid syndrome, being one of the list psychopathologic symthomo-complex is diagnosis at adolescent as a rule. Pathomorphose of mental diseases in now days led to significant rejuvenation of this syndrome. The early diagnostic and medical, psychological and pedagogical management of such children is going to be very actual, because of their aggressive and antidisiplinary behavior led to social disadaptation and affects the further personal development. There were examined 34 children (7–10 years old) with early Heboid syndrome of residual organic genesis that were inpatients at child mental wards. The investigation has been conducted by a set of methods (clinical-anamnestic, clinical-psychopathological, neurological and electrophysiological ones). The results showed that deviant behavior of examined group was explained by polymorph pathologic enforcement and perversion of drives that was associated with decompensation of organic symptoms at second critical period of age. Rudimental-aggressive drives were characterized by tendency to torment pets, offend those who is weak, and get pleasure while doing this. Such children often performed aggressive fantasies that manifested in games and pictures. Some of them had inclination for vagrancy (18), stealing (13) or dispose for pyromania (12). In this age most of pupils demonstrated episodes of abuse. School refuse, behavioral and hyperkinetic deviation defined the school maladjustment, where they distinguished by impulsiveness, irritability, conflicts that is the evidence of emotional disorders. So, Heboid syndrome at preliminary pupils within decompensation of residual-organic pathology exposed through dissocial behavior and allow to take them to "risk group" on abuse and delinquency. This problem needs further complex research.

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DYNAMIC OF PSUCHOMOTOR DISORDERS OF RESIDUAL ORGANIC GENESIS

E. Malinina. *Ural State Medical Academy for advanced Education, Chelyabinsk, Russia*

The problem of residual organic (RO) cerebral disorders in childhood and adolescents is still rather actual. It is associated with their high prevalence, with different approaches to diagnosis, wide specter of pathogenic factors and multiple clinical manifestations. The structure of RO psychosyndrome (F07.9) in childhood besides the other includes psychomotor disorders as the result of failed development of motor function (F82). The aim of investigation was to reveal appropriate and dynamic of psychomotor disorders in RO psychosyndrome in childhood. 48 children in the age of 1...15 with RO psychosyndrome were examined by clinical, psychological and electrophysiological methods. The criteria for exams were psychomotor disorders of organic genesis. One of the early manifestation (in the age up to 5) were some delay in formation of stato-kinetic functions, motor disability. Later tics, hyperactivity, dreamwalking and dreamtalking joined in 16 cases. At the age of 6...8 12 children showed-spelling and reed disability, epileptic paroxysms as simple and complex episodes were revealed

in 8 cases. at first group (18) all disorders were associated with decompensation of organic psychosyndrome at age crisis period. Polymorph and liability of symtomes were marked. At second group (20) different types of motor deviations were enforced and led to epileptic episodes. At the dynamic observation we revealed two variants of psychomotor disorders within RO psychosyndrome in childhood and adolescents. First was displayed by reactions of decompensation and the second was progredient with complicated and enforcing of disorders. Such dynamic approaches could be used for investigations of other variants of RO psychosyndrome in childhood.

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RSYCHOPHYSICAL MALDEVELOPMENT AS THE REASON OF DEVIANT BEHAVIOR IN CHILDHOOD

L. Rychkova. *South-Ural State University, Chelyabinsk, Russia*

The data of special literature evident that bad somathic health and organic damages of brain could be one of the reason of disordered behavior, or biological ground of deviation. 124 children in the age of 6–7 with the minimal brain dysfunction were exposed to clinical-psychopathological examination that showed significant particularities at early stages of their ontogenesis. They manifested weakness, nervous, uneasiness, with bad memory and attention. Headache caused by high brain hypertension marked at 43 cases (34.7%). They hardly stayed heat, stuff, riding transport. 78 (62.9%) showed impulsiveness, irritability, insomnia, indefinite fears, tics and other neurotic and neurotic-like disorders. Hyperdynamic syndrome, perversion of drive, weak attention, unmanagment behavior that come to deviant one (antidisiplinary, asocial, delinquent) appeared in more difficult cases 96 (77.4%). Processes of development and education damaged, reactions of negativism appeared. Particularities of development of the child with bad biologic ground determined the necessity of preventive emotional and secondary behavioral deviations, that manifested as various types of deviations. Complex appearance with joined efforts of physicians, teachers, psychologists, social workers and parents could be thought as an optimal variant of correction. So, the system of complex medical-social-psychological measures at the states of disordered psychophysical development can affect not single functions but social and common maladjustment and be a prevention of deviant form of behavior in child and adolescent.

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INDIVIDUAL SOCIAL AND LABOUR LONG-TERM PROGNOSIS IN ATTACK FORM SCHZOPHRENIA

L. Anachkina. *Serbsky National Research Centre for Social and Forensic Psychiatry, Moscow, Russia*

Clinical and epidemiologic study of social and labour adaptation was performed in 245 patients with attack form of schizophrenia lasting over 25 years. In terms of social adaptation, on the 20th year 41.2% of the patients were highly adapted, 35.9% had lower adaptation level, and 22.9% were disadapted. Hereditary, genetic, clinical and environmental factors (a total of 16 variables in 79 positions) were tested as putative predictors. Most of these were shown to have different statistical values and correlation with prognose that implies the necessity of individual approach to probabilistic social and labour prognosing based on the parameters accounted. Then, a clinico-epidemiologic research method combined with a multi-dimensional analysis was applied in patients suffering from attack-like schizophrenia. This made it possible to distinguish the most informative criteria for a long-term social and

work fitness prognosis: premorbid adaptation, age by the disease onset, duration of the initial period, the first remission syndrome, the intensity of negative disturbances occurring in the course of the first remission, duration of the first remission, exogenous injuries in the premorbid and in the premanifest periods of psychosis. The prognosis classifier developed with regard to the above criteria provides a correct forecasting of the social and work fitness status of patients in 81.19% of cases (when patients are attributed to the favourable prognosis group) and in 69.64% of cases (when patients are attributed to the unfavourable prognosis group).

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FAMILY THERAPY IN SUBSTANCE ABUSE DISORDERS

C. Bressi*, G. Invernizzi. *Psychiatric Clinic of Milan University, IRCSS Ospedale Maggiore Policlinico, Milano, Italy*

Background: The aim of this study was to investigate the impact that substance abuse has on the course of a serious psychiatric disorder like schizophrenia and, in the second place, to assess the efficacy of Systemic Family Therapy in addition to routine psychiatric treatment in decreasing the frequency of relapses, and thus the number of visits in the Emergency Psychiatric Room.

Methods: 40 subject suffering from schizophrenia or correlate disease were recruited at the Emergency Psychiatric Unit of Milan University. 19 patients (45%) have a co-diagnosis of substance abuse or substance dependence. In this group, for 6 patients (33%) Systemic Family Therapy intervention has been associated with routine psychiatric treatment.

Results: In 34 patients with schizophrenia diagnosis undergone just routine psychiatric treatment, it results that subjects which were substance abusers at the moment of recruitment (1st group) have a significantly increased relapse rate compared with those schizophrenic patients who didn't have substance abuse co-diagnosis (2nd group), both at 12 ($p = 0.04$) and 24 months ($p = 0.01$) follow-up. The 13 substance abuser patients have been compared with a group of 6 patients, undergone Systemic Family Therapy. The relapse rate in the 2nd group is lower both at 12 and 24 months ($p = 0.01$).

Conclusion: In conclusion in this study, schizophrenic with comorbidity for abuse substance disorders patients who received Family Therapy in addition to routine psychiatric treatment had a significantly lower relapse rate both at 12 and 24 months, compared with subjects who received only routine treatment.

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PREVALENCE AND SEVERITY OF PSYCHIATRIC CO-MORBIDITY IN NICOTINE DEPENDENCE

M. Riglietta*, M. Campana, L. Musitelli, L. Tidone. *ECCAS Network, Department of Addictive Behaviours of Bergamo, Italy*

Aim: The smokers associated psychopathology is an issue not well describe. We try to evaluate the prevalence and severity of psychiatric co-morbidity in a group of smokers (nicotine dependence according DSM IV criteria) by SCL 90.

Design of the Study: 19 patients who attended to our centre for a specific treatment (acupuncture by Acudetox-program, psychotherapeutic group with behavioural approach, pharmacological support with SSRI and nicotine substitution) were evaluated by SCL-90 scale. Everyone met DSM-IV criteria for nicotine dependence.

Results:

	SOM	O-C	I-S	DEP	ANX	HOS	PHOB	PSY	PAR	SLE
Prev	26.32	36.84	5.26	36.84	15.79	15.79	15.79	0	31.58	26.32
Mean	1.78	1.37	1.8	1.65	2	1.53	1.07	0	1.46	2.24

Discussion: SCL-90 scale is usually in use in our Department in every kind of addictive patients as a screening -test to evaluate psychiatric co-morbidity in addicts. We founded a higher prevalence for O-C, depression and paranoia (more than 30%). Although anxiety and sleeping disorders had lower prevalence, they show a higher mean score (>2). Nicotine dependence needs more attention and study by scientific community, it would be necessary to study this kind of addiction by different scales to better define a profile of the disturbance and to suggest a new approach to the therapy.

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MENTAL DISTURBANCES IN PERSONS EXPOSED TO RADIATION AFTER CHERNOBYL NPP ACCIDENT

I.V. Zdesenko. *Ukrainian Research Institute of Clinical and Experimental Neurology & Psychiatry, Kharkiu, Ukraine*

The long-term track program of 350 patients with discirculatory encephalopathy exposed to low doses of radiation after the Chernobyl nuclear power plant (NPP) accident was held during 1987–1997. All of them were males 30–45 years old. Medium external irradiation dose was 0.25 SV. The vegetovascular manifestation, different paroxysmal syndroms with the progressive significant clinical polymorphism were observed in patients: neurosis - like, somatoform and organic disorders, that in most cases manifested as asthenic, cerebosthenic, depressive, personality-borderline and psycho-organic syndromes.

Somatoform, affective, and psychovegetative disturbances as well, as organic mental syndrome were resistant to traditional medicamentons therapy. New methods of complex therapy and rehabilitation prevention measures in patients with nonpsychotic disorders that resulted from the Chornobyl disaster were developed.

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CHANGINGS IN PSYCHOPATHOLOGY OF SCHIZOPHRENIC PATIENTS DURING THE NATO INTERVENTION IN YUGOSLAVIA

G. Nikolić-Balkoski*, Lj. Leposavić, J. Barišić-Rojnić, D. Duišin. *Institute of Psychiatry, School of Medicine, Belgrade, Yugoslavia*

The aim of this study was to record the changing (if there were any) in the psychopathology of schizophrenic patients under the state of emergency that endangered their's survival as bombing of Yugoslavia was. The patients group consisted of 20 schizophrenic patients according to DSM IV criteria, who were treated in Day Hospital of the Institute of Psychiatry in Belgrade. The assessment was done by using Positive and Negative Syndrome Scale. Scores were correlated before the start of bombing and after two, five, eight and eleven weeks.

The results showed that there were little changes of scores on Negative Syndrome Scale. Scores of Positive Syndrome Scale got lower after first two weeks and became higher (even more than before the aggression) after five weeks of bombing. After eleven weeks of bombing scores on this part of PANSS were almost the same as they were before the start of the NATO intervention.

There are little data what happens with psychotic patients in the war. After this study might conclude that reducing in productive symptomatology in first two weeks of bombing might be the