

Fifteen of twenty patients (75%) had symptoms of delayed PTSD, 10% (2/20) suffered from Depression, and 15% (3/20) from Anxiety Disorders. We found in 80% (16/20) PTSD associated with Personality Disorders, or with Panic attacks, or with drug and alcohol abuse.

The most frequent symptoms of PTSD were: flashback, intrusive symptoms, avoidance, nightmare, affective rigidity, loss of concentration, depression, suicidal thoughts, anxiety, insomnia.

After treatment, we found five patients (33%) with severe Personality disorders after experienced trauma. And we noticed that 3 patients (20%) were chronic PTSD.

If we would have new patients POWs, they would also, have been observed and evaluated.

Mon-P80

CHILDHOOD TRAUMA AND THEIR CONSEQUENCES IN PERIOD OF ADOLESCENCE

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Childhood psychic trauma appears to be a crucial etiological factor in the development of a number of serious disorders both in adolescence and in adulthood.

Aim of our study is to investigate relation between childhood trauma and psychic reactions of war trauma.

Sample is consisted of 174 refugee adolescents 14–20 years old, who are experiencing the war trauma. Research is designed as an open clinical study. Standardized instruments are used for evaluation: CAT-scale, Achenbach-YSR-questionnaire and CWTQ. Results present significant differences between sexes, girls have more negative experience than boys in childhood ($p = 0.0449$, $X_f = 8.47$; $X_m = 7.19$). Relation between childhood trauma and psychic reactions of war trauma are obvious. Results are presented by tables and pictures.

Childhood trauma is very important fact because of development of emotional life in period of adolescence.

Mon-P81

CARE ARRANGEMENTS FOR PTSD PATIENTS

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War situation with massive psychotraumatization challenge mental health profession with huge number of people with trauma related syndromes. During and after war in Croatia besides well defined syndromes several syndromes that do not match existing diagnostic criteria could be observed. The authors reviewed the development concerning of the treatment model patients with PTSD and other traumatized syndromes treated on Rijeka region during and after war in Croatia. They also showed changes of the clinical picture resulting from war psychotrauma. They presented the program of treatment for PTSD patients presently adopted, as well as recommendations for further development of care of PTSD patients and possibilities of evaluation of therapeutic outcomes.

Mon-P82

HOW DOES THE TRAUMA IMPACT THE PTSD

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PTSD is a disorder caused by such kind of traumatic experiences that could cause psychological reactions to almost everybody.

The harder the traumatic experience was, the higher the incidence of PTSD may be expected.

Two groups were compared in this study - the first group consisted of combat veterans and the second group of veterans who were prisoners of war in addition.

The specific trauma questionnaire has been constructed by the authors and applied in both groups as well as DSM-III-R criteria questionnaire.

The question this study is answering is whether and how the differences in traumatic experiences impact the incidence of PTSD.

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PSYCHOVEGETATIVE DISTURBANCES AS A COMPONENT OF SYMPTOMATOLOGY IN THE VICTIMS OF THE CHERNOBYL NPP DISASTER CONSEQUENCES

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Objects: 44 persons, who took part in the elimination of the Chernobyl NPP accident consequences (the so call "liquidators") (main group) and 11 patients with mild psychoorganic syndrome of different nature (control group) were investigated. The liquidators suffered from polymorphous psychopathological disorders with domination of somatoform, affective (dysthymic type) disturbances and cognitive impairment with a tendency to formation of psychoorganic syndrome. All the patients had psychovegetative disturbances of different severity.

Methods: The evaluation of vegetative status included the definition of the overall vegetative tonus (the vegetative index by Kerdo and cardiac output), investigations of vegetative reactivity (pharmacological test with Adrenaline 1%–1.0 ml per cut), definition of the vegetative maintenance (by orthostatic test).

Results: The data of vegetative index analysis showed that there is a shift in the autonomous nervous system activity in the "liquidators" to the parasympathic component domination. The reactivity in the main group was characterized by an increased parasympathetic mode of reaction. Ensuring activity in the main group showed a trend to formation of the excessive vegetative activation under the usual stimuli. Delayed vegetative responses on the type of vegetative paroxysm have been revealed in the main group.

Conclusion: The results showed total vegetative disturbances with decreasing of compensatory possibilities both in reactivity and in the vegetative maintenance activity. The types of vegetative reactivity in the "liquidators" are similar to vegetative paroxysms.

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MIRTAZAPINE: AN ALTERNATIVE TREATMENT FOR DEPRESSED PATIENTS WITH POOR COMPLIANCE DUE TO SEXUAL DYSFUNCTION

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Mirtazapine, a noradrenergic and specific serotonergic antidepressant, displays strong 5-HT₂ blocking properties which may be related to lack of sexual dysfunction.

In our open-label study, after a wash-up period of 4–14 days, mirtazapine (30–40 mg/day) was administered for 6 weeks to 24 male and 21 female patients who had discontinued the treatment with selective serotonin reuptake inhibitors (SSRIs) because of sexual dysfunction. The patients were moderately depressed and none of them experienced any sexual dysfunction prior to SSRI treatment.

We discuss further the efficacy of mirtazapine as well as its very low adverse input on the sexual function of our patients.

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PECULIARITIES OF CLINICS AND TREATMENT OF MENTAL DISORDERS IN VICTIMS OF THE TCHERNOBYL DISASTER

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Recent investigations show that majority of victims of the Chernobyl disaster suffer from non-psychotic disorders. Clinical and neuro-physiological studies showed a variety of symptoms -from asthenic states to manifestations of the organic brain syndrome. The following syndromes are revealed: asthenic, neurotic, depressive, psychopathic and cerebrastrhenic. The boundaries between the above mentioned syndromes were relative and there were common features of cerebrastrhenia in each of them.

In the majority of the cases cerebrastrhenic syndrome was "axial" and manifested with constant feeling of hopelessness, tiredness, fatigue, emotional instability, lack of initiative and vegetative signs. Study of brain bioelectric activity showed that in all patients, despite of the character of leading syndrome, regular and desynchronic EEG type was registered.

A complex of therapeutic measures for the treatment of these disorders was suggested by us. On the background of individually chosen doses of psychotropic drugs, complex of treatment and rehabilitative measures was held. Among them psychotherapy, physiotherapy, diet and physical exercises are of a great value. Also, complex therapy included weakly mineralized water "Naftusia" and some enterosorbents - such as amorant, ferrocine, to accelerate the radionuclides elimination process and to minimize the process of internal irradiation.

Mon-P86

STRUCTURE OF CARE IN PSYCHIATRIC HOSPITAL UNITS 22 YEARS AFTER THE GERMAN "PSYCHIATRIE-ENQUÊTE"

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Objective: Starting with the recommendations of the "Psychiatric-Enquête", a current empirical stock-taking was undertaken about the structure of care in psychiatric hospital units.

Methods: 319 treatment units (289 in Germany, 11 in Austria, and 19 in Switzerland) were interviewed concerning size of the treatment unit, number of wards, centrality of admission, existence of large observation rooms ("Wachsäle"), specialized wards, single sex wards, regionalization/sectorization, open-door wards, coercive measures, and intended structural changes.

Results: The return rate of questionnaires amounted 59%. Across countries differences resulted in size of ward, centrality of admission, open-door wards, and coercive measures. Treatment units in the western and eastern parts of Germany differed in size of ward and centrality of admission. Differences between psychiatric hospitals, psychiatric departments at general hospitals and psychiatric university hospitals were, though significant, smaller than expected in the light of past controversies.

Conclusions: The recommendations of the "Psychiatric-Enquête" are realized today in many places, but not everywhere. Intended structural changes mainly concerned open-door wards,

internal sectorization, decentralization of admission, and mixing the sexes in single sex wards.

Mon-P87

HELP REQUIREMENTS OF THE CHRONICALLY MENTALLY ILL — A FIELD STUDY ON REGIONAL PLANNING

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The inadequate availability of epidemiological data on the prevalence of mental illnesses necessitates the implementation of specific field studies to answer selected questions in the area of planning for regional needs.

The study reviewed here relates to the area of the Tuebingen administrative district and was carried out with the participation of general practitioners from the region. The study was based on the hypothesis that there are people with mental illnesses living in the region who, despite having a defined need for help, have no access to the psychiatric/psychosocial help system, and that these patients are treated first and foremost in the practices of general practitioners.

63% of the general practitioners in the Tuebingen area agreed to participate in the investigation, 89 patients were identified as belonging to the target group. 53% of these patients were over 60; over 80% of the patients had suffered from the mental illness for at least 2 years. According to the evaluations of the treating doctors, help was needed in numerous problem areas; often cited was the need for neurological treatment as well as supervision by the psychosocial services (33%). The realisation of help failed in most cases (78%) due to refusal by the patients.

The results show that comprehensive care close to home has not yet been realised for all people with chronic mental illnesses.

In order to come closer to this goal, the development of low-threshold help and user-oriented regional care planning are necessary.

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PSYCHIATRIC ADMISSIONS IN A GENERAL HOSPITAL — A FIVE YEAR FOLLOW-UP

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A population of 1,377 acutely ill patients admitted to the Psychiatric Department of a big general Hospital in Lisbon (Hospital Santa Maria), is studied. The aim of this research was to determine its socio-demographic characteristics and diagnostic profiles in relation with length of hospitalisation, in order to achieve a better quality of psychiatric assistance for the future. Analysis of medical records was performed during a five year period (1991–1995). Results account for a majority of females, main diagnosis being Major Depression, Bipolar Disorder and Schizophrenic Psychosis. Personality Disorders (ICD-9-CM) also rates high. Psychotropic drugs are the first choice treatments, often associated with structured psychotherapy. Other clinical variables, such as comorbid illness are also taken into account. Length of hospitalisation is correlated with comorbidity and severity of the disorder. Rates of re-admissions in relation to diagnostic and demographic characteristics were also taken into account. Annual admissions rates remain stable along the period under study although monthly and seasonal fluctuations are significant.