P02.285
COULD ANOREXIA BE CONSIDERED AS AN ADDICTION?

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If eating disorders tend more and more to be integrated in the large field of addictions, the place of anorexia is still debated.

Even if this behavior can not be defined as an addiction because of the lack of the compulsive caracteristic, it can be regarded as belonging to this group when referring to the following criteria:

- we note an intense search for physical experience, the recurring caracteristic, the risky use of the body and a dependance on fast which neurobiological bases remain unconfirmed;
- the frequent schift to other forms of addictions (bulimia, alcohol, drugs dependance...).

From a survey conducted among a population of female anorexics studied according to the Sensation Seaking Scale and the Physical Anhedonia Scale, the authors intend to enlight the link between these psychological dimensions. They raise the hypothesis that the active behavior of alimentary restriction, leading to the hunger sensation, equals in fact to a search for an intense physical experience, even painfull.

This search for sensorial stimulation would go against a certain degree of affective indifference.

P02.286
AGITATION AND AGGRESSIVENESS AMONG FRENCH ELDERLY RESIDENT

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Background: Little epidemiological data about disruptive behavior in elderly people, especially concerning elderly in patients, have been gathered or published in the French scientific literature. This paper is focused on the type and prevalence of agitation and aggressiveness among elderly residents.

Method: A survey was conducted in collaboration with 79 French geriatric centers (32 elderly nursing homes and 47 long term care centers). Investigators were asked to, to include 15 patients selected at random and to fill in for each of them, a specific questionnaire with 15 items (symptoms) designed to identify aggressive and agitated behaviors.

Results: Preliminary results concerning 42 centers and 629 patients are presented below. A total of 76% of the patients (n = 478) exhibited agitation or aggressiveness, 35.3% had 1 to 5 symptoms, 32.6% 5 to 10 symptoms and 8.1% more than 10 symptoms. Symptoms noticed in more than 40% of the patients were opposing (57.4%), anger (55.2%), verbal aggressiveness (49%), agitated behavior (45.4%), persecuted (41.5%). Aggressive and agitated patients had more difficulties to put one's affairs in order ($p < .001$), psychic anxiety ($p < 0.001$), sadness ($p < 0.001$), social withdrawal ($p < 0.001$), spatial disorientation ($p < 0.001$), temporal disorientation ($p < 0.001$) and memory loss ($p < 0.001$), and diurnal incontinence ($p < 0.001$). On the other hand suicidal ideas ($p < 0.001$) and cries ($p < 0.001$), lack of speech ($p = 0.006$) were less frequent in agitated and aggressive patients.

Conclusion: These data, although preliminary, underline the high prevalence of disruptive behavior in the elderly.

P02.287
THE PSYCHOPHYSIC RELAXATION AND NEUROTICISM IN THE CHILDREN WITH CEREBRAL PALSY

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This paper was designed investigate psychophysic relaxation to the neuroticism in children with cerebral palsy. The research included a sample of 80 children (40 subject of experimental and 40 subject of control group), age from 8 to 15 years. The control group didn't include in relaxation. Before and after the training each group was tested with HANES Scale of neuroticism. The program was continuited during the one year. Statistical significance of the differences between of the initial and final results was determined with the analysis of variance.

The psychophysic relaxation has prooved successfull and significantly improwed to elimination of the neuroticism in experimental group.

P02.288
BIOLOGICAL FACTORS IN FEMALE SEXUAL DEVELOPMENT

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The aim of the study was to examine the course of psychosexual development and of sex life of 22 persons with various forms of somatic intersexuality aged over 18 years. All the probands were followed in the Gynecologic Department of Charles University for more than 20 years with longitudinal hormonal replacement therapy. All 22 patients in adult age did not have any troubles with their female sexual identification. According to Schofield's schema psychosexual development of two thirds of them reached stages V. or VI. characterized by coital activity with one or more heterosexual partners. The first intercourses were delayed, mainly after 19 years of age, and the number of sexual partners was low. In the Masculinity and Femininity Questionnaire, most of the cases (55%) ranged between values characteristic for male and female behavior in childhood. The findings in the Sexual Arousability Inventory confirmed that almost half of examined patients (46%) had lower sexual reactivity. The results of Female Sexual Function Test showed in 55% of patients deficient course of sexual partnership. Not a single patient was treated in psychiatry and nobody used psychotropic drugs. Small occurrence of anxiety symptoms in Zung's Anxiety Scale was observed. We can conclude, that the group of 22 adult patients with somatic intersexuality did not show any distinct signs of major psychic alteration.

P02.289
STUDY OF THE CYCLOTHYMIC TEMPERAMENT SCALE IN CONTROLS AND RELATIVES OF MOOD DISORDER PATIENTS [DEPRESSIVE AND BIPOLAR]

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Background: The depressive, hyperthymic, irritable and cyclothymic temperaments are included more and more often in an affective trouble spectrum. Then, the bipolar condition is generally well accepted as a familial illness. So we investigated one of these temperaments [the cyclothymic, CT] in controls and bipolar patients' relatives in order to study the relationship that links this condition to the diagnosed disorder of Bipolar-type I trouble.

https://doi.org/10.1016/S0924-9338(00)94696-0 Published online by Cambridge University Press

Methods: We applied the self-rated cyclothymic temperament scale [CT], as described by Akiskal et al., to a sample of 177 individuals divided in 3 groups: [a] 100 "super-normal" subjects [healthy volunteers without any familial affective trouble antecedent, NFH]; [b] 37 "normal" volunteers, symptom free but with familial affective history [PFH]; [c] 40 subjects in the brotherhood of patients suffering from Bipolar-type I Disorder according to the DSM IV [BPR]. The two last groups defined cleraly at risk subjects for affective troubles. To analyse our results, we used descriptive statistics, parametric tests [Student's t-test, Pearson's Khi-2] or non parametric test [mann-Whithney].

Results: Our results indicate that the CT is more frequent:

- in the BPR vs. the controls [16.22% vs. 3.64%; X2 = 5.74; p = 0.013],
- in the group [PFH and BPR] vs. NFH [12.9% vs. 1%; X2 = 11.24; p = 0.001].

Further, exhibit a higher rate of CT: [a] the subjects with a familial bipolar disorder antecedent [14.63%]; [b] the individuals with a familial only depressive trouble history [11.76%]. At last, the CT seems to predominate in the females compared to the males [respectively 8.6 and 4.1%].

Discussion and Conclusion: First, we will discuss first the accurate CT definition problem and the limitations of this study. Then, we will review the CT status among the bipolar disorder spectrum in light with the most recent studies focused on the subsyndromal troubles. The better understanding of this temperament is certainly of major relevance for the physiopathology and treatment of the bipolar condition. Perhaps, this could help us to define a more homogeneous phenotype for the affective troubles phenotype.

P02.290

THE NICOTINE DEPENDENCE IN INPATIENTS WITH SCHIZOPHRENIA AND SCHIZOAFFECTIVE DISORDER

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Background: Numerous studies provide evidence that prevalence of cigarette smoking among patients with schizophrenia and schizoaffective disorder is very high. However, the causes of this phenomenon remain unclear. One hypothesis suggests that cigarette smoking in schizophrenia and schizoaffective disorder may represent an attempt to self-medicate symptoms of the illness.

Objective: The aim of this study was to examine 1) the prevalence of nicotine dependence in inpatients with schizophrenia and schizoaffective disorder, 2) the relationship of smoking with age, duration of psychotic illness, number of psychiatric hospitalisations and gender, 3) smoking habits and attitudes of patients to their nicotine dependence.

Methods: Schizophrenic and schizoaffective patients hospitalised in our clinic from January 1 to April 26 2000 (N = 53) were surveyed by semistructured interview on smoking habits. Data regarding age, diagnosis, duration of psychotic illness and number of psychiatric hospitalisations were obtained from clinic records.

Results: Current smokers comprised 29 (55%) patients, 17 (32%) patients were non-smokers and 7 (13%) of the patients were former smokers. Significant relationship was found between number of cigarettes smoked per day and number of psychiatric hospitalisations ($p < 0.05$), between number of cigarettes smoked per day and age ($p < 0.05$) and between number of cigarettes smoked per day and length of psychotic illness in male patients ($p < 0.01$) but not in female patients.

72% of current smokers (21 patients) reported some positive influence of smoking on their mental functioning. 52% of current smokers (15 patients) reported decrease of anxiety or settling nerves, 14% of the patients (4 patients) reported improvement of thinking or concentration. Other patients reported increase of energy and improvement of depression after smoking.

Conclusions: We confirmed high prevalence of cigarette smoking among patients with schizophrenia and schizoaffective disorder. We found association between number of cigarettes smoked per day and number of psychiatric hospitalisations, age and length of psychotic illness (only in male patients). Self-reports of patients support the hypothesis that cigarette smoking in schizophrenia and schizoaffective disorder may represent an attempt to self-medicate symptoms of the illness.

P02.291

CHOLESTEROL CONCENTRATIONS IN HIGH AND LOW WOMEN SUICIDE ATTEMPTERS

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Aim of the Study: To evaluate whether women, who have committed high violence suicide attempt, have lower serum cholesterol concentrations than women who have committed suicide attempt by low violence method with regards to diagnosis and age.

Introduction: Previous studies have suggested that depression and suicide are related to alterations in total cholesterol serum concentrations. Trials of cholesterol lowering have shown an increased mortality from violent death and suicide. Studies found low serum cholesterol concentrations in people with a violent or aggressive behaviour. A biological mechanism for this relation is unknown. Some theories suggested, that low cholesterol might affect a microviscosity of membranes, which could contribute to a decrease in serotonine functioning. This may in turn increase an impulsive behaviour. Thus reduced cholesterol, whether through a medication or other reasons, could make such a complex behaviour as the violence towards the self or others much more likely.

Methods: The study used a case control design to compare the cholesterol levels of patients who had a history of high (N = 19) and low (N = 51) suicide attempts and controls of non suicidal subjects (N = 72). High violent suicide attempts include gunshot wound, hanging, jumping from height and drowning. A suicide by overdoses we consider as low violence suicide attempt. The analysis of covariance (ANCOVA) with age as covariate was used to analyse differences in cholesterol levels in groups according to diagnoses and violence.

Results: Using the ANCOVA method, a significant ($p = 0.016$) effect of the factor of violence on the level of cholesterol was discovered. A significant difference for the factor of diagnosis and for the interaction between factors was not found. Using the Sheefe's test, a significant difference ($p = 0.011$) was revealed between the group of high violent and low violent suicide attempters. A significant difference between the high violent suicide attempters and control group was described, too.

Conclusions: The study demonstrates that the women hospitalised after the high violent suicide attempt reveal lower cholesterol levels than the women after the low violent suicide. A significant difference between the cholesterol levels in the control group and patients after the low violent suicide attempt was not found. The results of this study refer to the correlation of low cholesterol levels with a violent, rather than suicidal behaviour.

https://doi.org/10.1016/S0924-9338(00)94696-0 Published online by Cambridge University Press