

P03.455 PSYCHIATRIC DISORDER IN MENTALLY RETARDED ADOLESCENT INPATIENTS

V. Tort-Herrando*, M.E. Navarro-Hurtado. *Adolescent Psychiatry Unit, Benito Menni CASM, 38 Dr. Antoni Pujadas, Sant Boi de Llobregat, 08830 Barcelona, Spain*

Background: There has been reported a higher prevalence of psychiatric disorders in mentally retarded patients. There are few studies looking at psychiatric disorders in mentally retarded adolescents. Moreover, the adolescent turmoil is a confounding factor in order to assess psychopathology. Inespecific or premorbid symptoms make some illnesses to be misdiagnosed.

Epidemiological studies have found difficult to assess psychiatric disorders in mentally retarded.

Design: Admissions were reviewed in an Adolescent Unit during 1999, looking to mental retardation on discharge as an inclusion criteria, and comorbid psychiatric diagnosis. The likelihood of being admitted in adolescent with mental retardation vs patients without mental retardation. A statistical analysis was performed with a SPSS package.

Diagnosis of mental illness was DSM-IV criteria and for mental retardation was assessed by WISC or WAIS.

Results: 19% had mental retardation (65% mild retardation, 25% moderate retardation and 10% severe retardation). The most frequent comorbid diagnosis were conduct disorder (45%), not mental illness (but behavioral symptoms) (27%) and psychotic disorders (16%). Mental retardation increased the likelihood of being admitted in a psychiatric unit.

Conclusions: We have to highlight the difficulties of assessing mental illness in mental retardation. Study limitations were: 1) Hospital sample, 2) No screening for mental retardation for all admissions and 3) Patients were clinically assessed.

P03.457 ARTISTIC PRODUCTION OF A GROUP SCHIZOPHRENIC PATIENTS

M. Krsmanović*, Č.D. Miljević. *Clinical Center of Serbia, Institute of Psychiatry, Pasterova 2, Belgrade; Institute of Psychiatry, "Laza K Lazarević", Belgrade, Serbia-Yugoslavia*

The author presents the artistic productions of a group of schizophrenic patients treated in the clinical procedure.

They present her experiences and observations after art therapy sessions with schizophrenic patients. Everything depends upon the development of the disease and so does also the effect of the artistic expression. In a series of motives of the given of free choice, schizophrenic patients explore by this medium, their unconscious contents. Thus drawing has, in our clinical procedure, great therapeutic value. For the purposes of this paper we primarily observed the importance and the meaning of art therapy in schizophrenics while its diagnostic value has not been directly considered although it was parallelly followed up.

P03.458 BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA

K. Sołtys*, L. Bidzan. *Second Psychiatry Dep., Medical University, Gdańsk, Poland*

In dementia syndromes, apart from the disturbances of cognitive functions, other psychopathological symptoms appear relatively often which may cause a significant deterioration of the state of the

diseased. More than once people suffering from dementia process become unable to exist on their own, not due to basic illness but because of the presence of anxiety, aggressive behaviour, psychotic symptoms and lowering of mood. Describing the kind, intensification and frequency of the occurrence of psychopathological symptoms appearing during the course of dementia processes.

81 persons have been qualified to the examinations at whom dementia of Alzheimer type has been recognised - 44 persons, vasogenic dementia - 25 persons. 12 people have been qualified as different types of dementia. Statistic analysis showed that between etiologically different forms of dementia there are significant differences in frequency and intensification of appearing of many psychopathological symptoms. In dementia of Alzheimer type we observed much higher level of psychotic disturbances in comparison with the rest of the analysed groups of the diseased. Whereas the characteristic feature of other forms of dementia (especially of alcoholic and post-traumatic etiology) was greater intensification of drive disturbances than among patients with vasogenic dementia. The comparison of the examined with a view to the intensification of dementia process points at the intensification of the disturbances of drive as the illness progresses with more seldom presence of psychotic symptoms and the symptoms from "depressive area". There exist statistically significant differences between etiologically different forms of dementia in the frequency of appearing and the intensification of particular psychopathological symptoms. Differentiation of psychopathological symptoms is also connected with the progression of dementia syndromes.

P03.459 PSYCHOTHERAPEUTIC MODELS OF ANXIETY, DEPRESSIVE SOMATIZATION DISORDERS

V. Solozhenkin*, A. Kim. *Kyrgyz State Medical Academy, Bishkek, Kyrgyzstan*

Hypothesis: Somatoform disorders are the form of adaptation to prolonged frustration, forming intrapsychic a conflict. In the basis intrapsychic of a conflict, underlie conscious need of disposal from illness and under - or unconscious need its preservation (conditional desires), and feeling of guilt as version of reactive formation. Versions of realization intrapsychic of a conflict are the bodily sensations (F-45.0) and cognitive disorders (F-45.2). The evaluation affective of disorders provides dichotomizing of affect, where on one-pole anxiety disorders (F-45.2), and on the other pole depressive disorders (F-45.0).

For research hypothesis we made clinical investigation 126 patients in the age 18-50 with somatoform disorders. Patients with somatization disorders F-45.0 - 67 persons, hypochondriasis F-45.2 - 59 persons. This investigation made by clinical interview, clinical inspection, and standard clinical-quantitative methods.

For somatization more typical following: depression: Hamilton 31.9 ± 0.85 ($P = 99\%$), Zung 75.3 ± 0.77 ($P = 99\%$), high level of alexithymia 77.4 ± 0.67 ($P = 99\%$), low social status, low level education, ethnical features. **For hypochondriasis:** anxiety: Hamilton 39.1 ± 0.72 ($P = 99\%$), Spilberger-Hanin 52.3 ± 0.98 ($P = 99\%$), smaller level of alexithymia 69.5 ± 0.98 ($P = 99\%$), more high social status.

Conclusion: The detection prerequisites promoting to division of somatoform disorders on somatization and hypochondriasis testifies to differentiation psychotherapeutic of interference. For somatization disorder the psychodynamics' approaches, hypochondriasis - cognitive-behavioral technologies, everything oriented on the resolved intrapsychic of a conflict. The assessment of the affect is factor-differentiated psychopharmacology of interference.