

ogy, in particular psychological distress profile, in a sample of sterile women undergoing an assisted reproduction program. 2. Assessing affective distress in such patients. *Method:* The sample ( $N = 35$ ) is constituted by sterile women undergoing clinical assessment and treatment in a university hospital human reproduction unit (mean age =  $30.52 \pm 3.90$ , range: 23–40 y.o. patients). The Spanish Version of Derogatis' SCL-90-R Self-report Questionnaire and of Zung's S.D.S. depression scale was applied to the subjects. *Results:* 1. Psychopathology distress profile according to SCL-90-R scores is characterized by a main elevation of the symptomatic area of Depression ( $1.31 \pm 0.78$ ), followed by the dimensions of Interpersonal Sensitivity ( $1.12 \pm 0.64$ ), Obsession-Compulsion ( $1.06 \pm 0.49$ ) and Anxiety ( $0.99 \pm 0.61$ ). The capital contribution to the features of the symptomatic distress profile rests mainly on these areas.

2. Zung's S.D.S. mean score reaches a subdepressive figure ( $40.46 \pm 9.88$ ). The fact that over 20% of the patients record a clearly depressive level (values  $> 48$ ) is noteworthy. A high positive correlation between Zung's S.D.S. and SCL-90-R Depression Scale scores ( $r = 0.908$ ) was observed.

*Conclusions:* 1. Important depressive symptomatology is observed in our sterility sample. 2. Relevant complaints concerning interpersonal interaction are present too, as well as selfreported obsessiveness and anxiety. 3. The stressful condition of sterility itself and the very implications of undergoing a fertilization programme may account for these predominant psychopathology complaints. 4. Sterility deserves psychopathology assessment in order to provide an adequate support, if needed, and in order to facilitate undergoing treatment in human reproduction units.

#### QUALITY OF LIFE IN BREAST CANCER PATIENTS — A COMPARISON OF TWO QUESTIONNAIRES

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*Background:* The term "quality of life" has only been used as a relevant parameter in medical research since the mid-seventies. It has become more and more evident that not only a mere prolongation, but also the quality of life is an important factor in the treatment of oncological patients.

A big problem in quality of life measurement is the lack of interregionally accepted well validated questionnaires. The European Organisation for Research and Treatment of Cancer (EORTC) developed an international instrument for measurement of quality of life (EORTC QLQ-C33) in oncological patients, which has been psychometrically tested. Another similar questionnaire is the Functional Assessment of Cancer Therapy (FACT)-Scale, which was worked out and validated in the United States of America. These scales have also been used in our study.

*Results:* The present survey includes 99 breast cancer patients with an average age of  $53.4 \pm 8.3$  years. All patients received individual cancer therapy (mastectomy or breast conservation with or without chemotherapy, radiotherapy or hormonal therapy) — the average period since the beginning of the treatment was  $5.3 \pm 4.9$  years. Quality of life was evaluated with the above-mentioned questionnaires (EORTC QLQ-C33 Br23, FACT-B). The sample was split into 4 groups. The first 3 groups were divided due to their duration since diagnosis (0–2 years, 2–5 years, more than 5 years) and consisted only of curatively treated patients. A fourth group was represented by patients with palliative treatment. The EORTC-functioning subscales showed significant lower scores in almost every dimension (physical, social, role, emotional, cognitive) for the palliatively treated group in comparison to the 3 other groups. Significant differences were also found in the symptom subscales pain,

dyspnea and financial impact. The FACT-scores showed somewhat different results in this assessment. Most differences between the fourth group and the 3 others did not reach statistical significance. The comparison between the two questionnaires and an interpretation of the life quality scores will be presented.

#### DETERMINANTS OF TEMPERAMENT AND PSYCHOPATHOLOGY FROM INFANCY TO PRESCHOOL AGE

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In an ongoing prospective longitudinal study on the development of children born at biological and psychosocial risk 362 first born children and their families were investigated. Adverse temperamental characteristics and psychopathological symptoms were determined at the ages of 3 months, 24 months and 54 months. Temperamental characteristics and symptoms were measured with the help of behavioural observations in standardized situations and in a highly structured parent interview. Developmental outcome was also assessed by measures of motor and cognitive functioning.

Results from the first three waves of this study show low persistence and stability for adverse temperamental characteristics and for early disturbances from 3 months to 24 months with an increase in stability from 24 months to 54 months. Pre- and perinatal complications as well as psychosocial risks were associated with difficult temperament at the age of three months. Principal components analyses of adverse temperamental characteristics revealed similar three factor structures for all age groups. Hyperkinetic and conduct problems could not be predicted by adverse temperamental characteristics at 3 months. At 24 months there was a clear correlation between the factors "difficult temperament", "hyperkinetic behavior" and expansive symptoms. Emotional symptoms with 54 months showed relations to the factor "inhibition" with 3 months and 24 months. Whereas the relevance of infant problems for later disturbances is low, there is a remarkable continuity between adverse temperamental characteristics and behavioural disturbances from toddlerhood to preschool age.

#### GEPTRAL IN THE TREATMENT OF ALCOHOL DEPENDENCE SYNDROME

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Geptral is a new therapeutical medication of an anti-depressive and hepatotropic action. The importance of using this kind of medicine in treating alcoholic patients is obvious. The purpose of the study has been to see the efficiency of geptral in fixing depressive disorders and pathologic craving for alcohol, as well as the hepatotropic action of the medication. The drug was administered to 30 alcoholic patients over a 4 weeks period (850 mg parenterally for the first two weeks and 1600 mg for the following two weeks, every 24 hours). Conducted were chatecholamine and bio-chemical studies (ALT, ACE, timol and sulema samples); the data attained enable to arrive at the conclusion that geptral is a sufficiently effective medication to treat depressive condition in patients with withdrawal syndrome and with liver failures. Registered has been a mild therapeutical impact geptral causes to pathologic craving for alcohol. Geptral can be recommended for combined treatment of alcoholic patients. Geptral is expedient to be resorted to under acute alcohol withdrawal syndrome.