MORTALITY AMONG PSYCHIATRIC INPATIENTS SUFFERING FROM ORGANIC BRAIN SYNDROME OR MENTAL RETARDATION

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Several studies in many countries have demonstrated that hospitalized mentally ill people have a higher risk or mortality than the general population. The aim of the present study is to investigate the risk of mortality of patients suffering from organic brain syndrome or mental retardation in the Psychiatric Hospital of Attica (PHA), in Athens, during a three-year period (1984–1986). The PHA is the largest Psychiatric Hospital in Greece. The total number of occupied beds was 2039 and the mean number of hospitalized patients was 5527 per year. 815 deaths occurred in the PHA during the period 1984–86. Deaths were traced by a scrutiny of death certificates, medical records and hospital discharge records. The causes of death and the psychiatric diagnoses were listed according to the ninth revision of the International Classification of Diseases and Causes of Death. Standardized Mortality Ratios (SMR) representing the ratio of observed to expected mortality were calculated. The SMR gives the relative risk for the inpatients. The significance of any excess in observed over expected mortality was tested by x^2 analysis or by the Kolmogorov-Smirnov test. Since only excess was tested, one-tailed tests were used. The statistical analysis showed that patients suffering from organic brain syndrome ($p < 0.01$) or mental retardation ($p < 0.05$) died more often than the general population. As for the causes of death, inpatients suffering from organic brain syndrome more often died from cardiovascular ($p < 0.001$) or cerebrovascular ($p < 0.001$) diseases.

COGNITION OF OTHER PEOPLE'S PSYCHIC STATES

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Contemporary psychology and psychiatry in the face of narrowly conceived experience and accepted a priori and not clearly explained assumptions concerning the problem of objectivity and subjectivity and some methodological superstitions in natural history science have fallen into a crisis of their development and cannot explain many obvious facts known from daily practice.

The present study is a confrontation of opinions of two outstanding men from Krakow: Roman Ingarden, a philosopher and phenomenologist. Edmund Husler's pupil and Antoni Kepinski, a doctor of psychiatry, humanist and natural history scientist.

The confrontation resulted in stating a field of phenomena which appear in contacts between people and in presenting a method which allows to obtain cognitive results from the point of view of the truth.

It also resulted in pointing out that if science is conceived in a narrow way, based on mathematical–scientific model and becomes a criterion for scientific evaluation and science objectivity in general, then it is an apparent mistake of theoretical thinking, which is unfortunately made too often.

"INCESTUOUS FAMILY" — ADEQUACY OF MODEL FOR CLINICAL PRACTICE (CASE REPORT)

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Incest is well known phenomenon in time and space continuum. From Antic days incest is present as: accepted legal reality (marriages of Pharaohs in Egypt), myth (Oedipal myth), taboo, and again (or continually?) reality but illegal one, hidden in families (psychopathology as family secret). Interest for incest is rising phenomenon in our population, more in public (as a sensation) than in professionals. However, we can say that the last decade of this century is characterised with systematic work on this problem. This research is the product of today public receipt of existence and expansion of this phenomenon, its recognition, detecting, and developing protective (preventive and therapeutic) strategies. The crucial questions as Why? (family structure and family dynamic), Where? (family type, family characteristics), When? (the phase of family life cycles) Who? (individual psychopathology) found their answers through systematic researches, and that results in hypothesis such as systematic responsibility for incest, family isolation causes incest, family fear separation and loss, pathological fathers and inadequate mothers. This paper analyse (at deferent level and from the aspect of family systematic theory), 4 families with problem of incest.

CLINICAL PSYCHOPATHOLOGY IN A FUTURE PERSPECTIVE. A SYNTHETIC MODEL FOR ANALYSIS AND STUDY

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In some scientific environments it is considered that the main objective of clinical psychopathology is to describe the symptoms and syndromes (Scharfetter, Sims). Still, traditional views (Jaspers, Schneider, Janzarik) also include in this field "etiopathogenic" directions. This study wishes to gather the contributions of the last years in this field in a synthetic model. From an etiopathogenic perspective, we wish to suggest the distinction between: 1. Ground; 2. Increased vulnerability period; 3. Determinant factors, or onset factors; 4. Management factors. The interrelations between the below mention factors and theories are grouped in a synthetic model (in a matrix derived from the Sheet 2 of AMDP). These factors and theories are: a). Vulnerability/stress theory; b). Biography and life cycles (revealing the vulnerable and non-vulnerable periods related to age and endogenous bio-psychic rhythms) Life cycles are revealed not only in relation with age but also analytical differentiating between: the family cycle, professional-educational cycle, housing cycle, social cycle. c). Psycho-social influences which can play an active role in 1., 2., 3., or 4. These psycho-social influences can be differentiated in: psychotrauma; life changes implying readaptation; interpersonal stressors and exhausting psychic tasks; frustrations; failures; intrapsychic conflicts; life satisfactions, relaxation, leisure. d). Social support network and, generally, the social support. For long term cases can also be mentioned e). Compliance, treatment, patient's collaboration as cotherapist. All above mentioned factors correlate with genetic and inborne factors, and, on the other hand, with personality structure traits. Interrelations between all these aspects are indicated in the suggested matrix, from the perspective of future synthetic studies.

SUBJEKTIVITÄT; OBJEKTIVITÄT UND ETHISCHE APORIEN IN DER FORENSISCH-PSYCHIATRISCHEN PRAXIS

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In der Arbeit werden die fundamentalen ethischen Probleme herausgearbeitet, die sich aus der spezifischen Position der forensischen Psychiatrie, die im Spannungsfeld von Medizin und Gesellschaft steht, ergeben. Der forensische Psychiater ist sowohl an medizinisch-wiss enschaftlicke, aber auch an ärztlich-ethische Vorstellungen gebunden, zugleich jedoch einem rechtlich-normativen Regelwerk verpflichtet.

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Daraus resultieren bestimmte Dilemmata und Han dlungsaporien, die vom forensisch tätigen Psychiater als handelndem Subjekt gelöst werden müssen. Eine ethische Fundierung der Position des forensischen Psychiaters tut daher not. An einem historischen Beispiel aus der NS-Zeit wird die Bedeutung der weltanschlichen Einstellung für die Haltung zu forensisch-psychiatrischen Problemen herausgearbeitet. Die ethischen Probleme in der forensischen Psychiatrie lassen sich nicht stringent lösen. Aber eine Betrachtung — wie dargestellt — unter den Gesichtspunkten Subjektivität versus Objektivität trägt erheblich zur Trausparenz in verantwortlichen Entscheidungen bei.

DYSTHYMIC DISORDERS AND FRONTOTEMPORAL DEMENTIA

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Ten right handed patients (F/M = 9/1) became dysthymic in their fifties (m = 49.8 + 7.6 yr). All initially met the DSM III-R criteria for mood disorders. They were all treated with the standard drugs or ECT. Although initially responsive all the patients relapsed and their dysthymic disorders became less typical in presentation. At a mean age of 63.6 + 2.9 yrs a particular dementia of fronto temporal type became evident. Five new patients who had also received treatment for dysthymia were later added to the group. However the age of onset of their mood disorders and of the FTD were more variable.

In the group as a whole, the diagnosis of FTD relied on clinical and neuropsychological signs of frontal lobe dysfunction. The main symptoms were apathy and a lack of spontaneity as a result of which the patients were no longer able to live alone. Other symptoms were only observed in some cases: stereotyped behaviours, eating or drinking disorders, gait instability, extrapyramidal signs, etc.

On HMPAO-SPECT: all the patients had clear hypoperfusion of the frontal and temporal lobes, but only some of them showed a cortical atrophy on XCT.

None of the patients had a family history of dysthymia but 2 patients were siblings (i.e. brothers).

Although our patients probably don't form an aetiologically homogeneous group, they share common characteristics which are very similar to those which differentiates FTD from Alzheimer's Disease.

As all the patients first manifested dysthymia then FTD, we propose the existence of 2 mechanisms:

(1) some of these FTD appeared to be of the primary type which means that the pathological alterations involved the frontal cortex.

(2) in others the lesion of the fronto-temporal lobes may represent a dysfunctional (secondary) phenomenon due to a deafferentation (or diaschisis) mechanism originating from:

– a pathological lesion involving subcortical or basal areas.

– a "biochemical lesion", in dysthymia of the essential type.

Since a reversible frontal hypometabolism is found in essential dysthymia, we suggest that with time, and for as yet unknown reasons, the frontal hypoperfusion in our patients lost its reversibility and, as a result, a particular type of dementia became manifest. This diaschisis protractiva may lead in some cases to a disuse atrophy and the evolution of some dysthymic states towards dementia corresponding to the old concept of "démence vésanique".

PSYCHIATRIC MORBIDITY AND ITS RELATION TO LESION LOCATION FOLLOWING STROKE

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Introduction: Knowledge of discrete organic cerebral lesions resulting in clearly definable psychiatric disorders may provide an understanding of the underlying pathophysiological basis of these disorders. Both stroke and affective illnesses are common, but how often they co-exist remains unclear, with reported rates of depression following stroke ranging from 14–60%. Equally unclear is the relationship between lesion location and psychiatric illness following stroke, and recent studies have disputed earlier findings of an association between left anterior cerebral lesions and major depression.

Methods: Six months after their presentation to a city hospital with an acute stroke, 145 patients were assessed using a Standardised Semistructured Psychiatric Interview (SADS). Based on CT scan findings, the relationship between lesion location and psychiatric disorder was investigated in 55 of these patients (CT sample).

Results: 26% of all patients met DSM-IV criteria for an anxiety or depressive disorder. Depression was the most common diagnosis (20%). Pathological emotionalism was diagnosed in 18% of patients, particularly those who were depressed ($p < 0.0001$). Depression was also associated with a younger age group ($p = 0.03$) and greater physical disability ($p = 0.001$). In the CT sample, depression was significantly associated with larger lesions involving the right cerebral hemisphere ($p = 0.01$).

Conclusion: This finding supports seminal work by Lishman [1] and Flor-Henry [2] advocating an association between right hemispheric pathology and affective disorders. Factors which may complicate the assessment of depression in these patients and ICD-10 guidelines regarding right hemispheric organic affective disorder are discussed.

[1] Lishman, W. (1968) Brain damage in relation to psychiatric disability after head injury. Br. J. Psychiatry 114, 373–410.

[2] Flor-Henry, P. (1969) Psychosis and temporal lobe epilepsy: a controlled investigation. Epilepsia 10, 363–395.

EPIDEMIOLOGY OF MENTAL DISEASES AND THE PSYCHIATRIC REFORM IN GREECE: INDICATORS OF CHANGE

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A comparative analysis is made in order to outline the changes over the last thirteen years in the mental health care delivery system due to implementation of the Regulation (E.E.C.) 815/84 programme B initiated in 1984 and compare its organization patterns and characteristics between the years 1981/82, 1993 and 1995, focusing on basic elements of the transformation of the custodial towards community care.

Parallel to the changes in the mental health care delivery system, the patterns of discharge from mental hospitals are presented.

More specifically in this report the following are presented:

- the changes in public mental hospital beds and personnel.
- the changes in mental hospital utilization and patterns of discharge.
- the development of extramural community based psychiatric facilities.
- the changes in the available psychosocial rehabilitation places of any kind.

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