

Posters, Tuesday, 31 October 2000

P03.366

PREDICTORS OF GOOD PROGNOSIS IN PATIENTS WITH SCHIZOPHRENIFORM DISORDERS

I. Iancu*, E. Lepkifker, P.N. Dannon. *Psychiatry Ward B., Sheba Medical Center, Tel Hashomer, Israel*

Background: Schizophreniform Psychosis (SFP) has an unclear diagnostic and prognostic status within the schizophrenic spectrum. Whereas some researchers suggest an association with the affective disorders, others maintain that SFP lies between the schizophrenias and the affective disorders, as regards prognosis.

Methods: 36 inpatients who were admitted to our psychiatry ward between 1983 and 1993 were included in this study. After a mean duration of 12 years, the patients were contacted and the illness course was examined, as well as present diagnosis.

Results: 84% had additional episodes during the follow-up, mostly psychotic episodes in the schizophrenic spectrum. A survival analysis revealed that confusion and the presence of at least two good prognostic factors at index hospitalization were predictive of better outcome.

Conclusions: The study results are in accordance with the proposed DSM-IV criteria and the literature. However, only a minority of the sample did not experience additional relapses, an unfavorable pessimistic finding at 12-year follow-up.

P03.367

VIOLENCE IN PSYCHIATRY. A STUDY ON AN ACCREDITATION PROGRAM

J.G. Rohmer*, B. Kastler. *Department of Psychiatrie, Strasbourg, France*

Since 1995 our psychiatry department works on quality assessment trying to determinate risk factors of acting out and compiles data aimed at preventing such behaviors. Our results show an increasing of acting out for patients with multiple drug and alcohol abuse. The main factors involved are:

- gaps between medical and social care links (Emergency unit - Psychiatry unit - Police services - Psychiatry unit).
- errances in medical care pathways causing delays...
- the lack of psychiatric nurses at the emergency unit during peak hours (late afternoons and early evenings).

This work contributed to control the deleterious effects of these factors and allowed to establish more efficient patient and staff management care.

P03.368

MENTAL HEALTH OF STUDENTS. FOUR YEARS OF FUNCTIONNING OF SPECIALIZED INSTITUTION IN STRASBOURG

M. Patris*, B. Piret. *Department of Psychiatry, Strasbourg; 5 rue Grandidier, Strasbourg, France*

Students represent a specific over exposed population to psychological difficulties and psychiatric disorders because of their age, living conditions and the present evolution of society.

The authors analysed these differents data based on an experience of four years at the C.A.M.U.S. (University Medical Student Referral Center of Strasbourg).

Covering a population of 55.000 students the C.A.M.U.S. answers to a demand of advice, help care in often individual situations complex.

By which symptoms do the student patients express their distress?

Can we respond to their needs?

How should we conceive a program aimed at prevention (suicide in particular) in order to break their social and emotional isolation. What plans can we imagine for the future?

P03.369

GENERALIZED ANXIETY DISORDER IN DYSFUNCTIONAL FAMILIES

L. Ben-Noun. *Department of Family Medicine, Ben-Gurion University of the Negev, Israel*

The purpose of this study was to test the validity of the relationship between Generalized Anxiety Disorder (GAD) and severe family dysfunction, to investigate whether or not intercouple dysfunction generates GAD. **Initially**, 940 adult subjects from a general practice were studied. Thirty-two parents aged 24 to 61 yr. diagnosed with GAD served as the experimental group, while 117 healthy normal parents aged 24–66 yr, made up the control group. Prevalence of dysfunctional families was evaluated in GAD and control groups.

Sociodemographic characteristics were compared in GAD and control group families. The rate of dysfunctional families with parents diagnosed with GAD was significantly higher than in families with parents not diagnosed with GAD (44% vs. 7%, $p < 0.001$). Family dysfunction was associated with parents' age both in men ($p < 0.01$) and in women ($p < 0.001$). GAD was not connected with parents' age, education, employment, country of origin or number of children in the family. There was no significant difference between men and women in onset and duration of GAD. **In conclusion**, there is relation between family dysfunction and the development of GAD in parents. By diagnosing families with a severe prolonged crisis, patients suffering from GAD might be pinpointed and appropriate treatment should be instituted.