

Results: A total of 2583 patients (mean age: 41.05 ± 14.27 years), male: 57.2%) were recruited essentially from Psychiatric hospitals (48.6%), General hospitals (23.6%), and University hospitals (9%). Half of them were outpatients (45.8%), 41.5% inpatients, 8.1% in day hospitalization, 2.6% in emergency departments and 1.8% leaving the hospital. It was the first consultation in psychiatry for only 6% of the patients. The mean duration of the psychiatric follow up was 9.9 ± 9.53 years. At the time of the consultation, 45.4% of the patients were stabilized and 17.7% of them were relapsing.

According to DSM-IV, antipsychotic drugs were prescribed in 49.4% of the cases to patients with schizophrenia (paranoid: 27.8%; disorganized: 8.5%; residual: 6.8%; undifferentiated: 5.3%; catatonic: 1%), schizoaffective disorder (8.1%), schizophreniform disorder (4%), other psychotic disorder (11.3%), bipolar disorder (7.8%), depression (4.6%), and neurosis (4.3%). The prominent symptoms associated with the prescription of antipsychotic were delusion (30%), disorganization (10.8%), agitation (10.8%), negative symptoms (10.2%) and hallucinations (8.3%).

Co-prescription rate of psychotropic drugs were high: anxiolytics (52.1%), hypnotics (47.1%), anticholinergics (37.4%), antidepressants (36.5%), and mood stabilizers (23.8%)

Conclusion: These data underline that psychosis and mood disorders are the main illnesses associated with the prescription of antipsychotic drugs.

P02.336

ASSESSING THE IMPACT OF DELIVERING INFORMATION TO SCHIZOPHRENIC PATIENTS: THE SOLEDUC PROGRAM
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Background: Delivering information to schizophrenic patients is supposed to improve compliance with antipsychotic drugs but this hypothesis is only supported by little and controversial data with short term follow up.

Method: (i) From a survey conducted in French psychiatric hospital, schizophrenic patients' level of information on their disease and needs for further information were identified. (ii) Based on the results of the survey 7 modules were built explaining what is the disease, the way of taking care, the interest of the antipsychotic treatment, the potential adverse events, the evolution of the disease, the modality of follow up and the rehabilitation. (iii) A clinical trial assessing the impact of delivering information to schizophrenic patients has been setting up. Patients with paranoid schizophrenia (DSM-IV) were included in a multi-centric, randomized open study comparing a group of patients with a specific information to a control group. Patients will be assessed at D0, M3, M6, M12, M18 and M24, with the rate of hospitalization at 2 years as the main judgement criteria. The clinical evolution (Positive And Negative Symptoms Scale), the compliance (Rating Of Medication Influence), the quality of life (SF-36) and the patients' aptitude to rehabilitation (Social adjustment scale and Psychosocial Aptitude Rating Scale) will be also assessed.

Results: The content of the modules and the characteristics of the included population will be presented.

Conclusion: The results of this study which is part of a French educational program called Soleduc will authorize to determine a clear cut of recommendation for informing schizophrenic patients.

P02.337

USE OF ATYPICAL ANTIPSYCHOTICS IN THE EMERGENCY DEPARTMENT OF PSYCHIATRY

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Current guidelines strongly suggest the use of atypical antipsychotics for the treatment of acute schizophrenia, but their use is greatly limited by the higher costs of these drugs compared to typical neuroleptics. To investigate the costs of atypical in the treatment of acute schizophrenia, we compared the activity in an emergency department both with and without the use of atypicals.

Methods: Compared have been two years: 1998 and 1999, being 1999 the period in which atypical have been used as first line therapy. The following have been analyzed: hospitalization length, turn-over index, drug utilization, drug dosage, drug cost. Data have been compared by t-student test, at a significance level of 0.05.

Results: The hospitalization length per patient, the total hospitalization period and the occupation index reduced in 1999 compared to 1998 (27.9 vs 17.6 days; 1231 vs 826 days, 112% vs 75%). Mean daily dose of risperidone and haloperidol were 7.3 (3.0 SD) and 4.8 (2.0 SD) mg. The mean hospitalization length was significantly shorter with risperidone than with haloperidol: 19.2 (9.8 SD) vs 32.2 (20.8 SD), $p = .005$. The total use of drug per patient was lower with risperidone: 107.74 mg vs 128.5 mg. The use of anticholinergic drugs was significantly lower in risperidone group compared to haloperidol group: 46.8% vs 0% ($p = .001$) The total amount of drug used was higher with haloperidol (4241 mg vs 2801 mg/6 months). The reduction of the hospitalization, of the drug utilization and of the total amount of drug used resulted in a benefit rate of 1.7 per day in favour of risperidone.

P02.338

EXPERIENCES WITH THE OPEN-DOOR-SYSTEM IN A ADULT INPATIENT PSYCHIATRIC UNIT IN A GERMAN GENERAL HOSPITAL

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a. Open doors are an essential factor for acceptance of acute psychiatric supply. Therefore we studied different items according to close doors in a psychiatric unit in order to improve the conditions for open-door-policy. The psychiatric unit at the Klinikum Stadt Hanau serves a population of approximately 220000 people. 100 patients are treated in four acute psychiatric wards, occupation of each ward is similar in age, sex and diagnosis. Closing the door is optional, a ward doctor respectively a senior physician decides in cooperation with the staff, whether the door is open or not. b. In a period of 6.5 month we reported daily on each ward the following subjects: duration of closing, reasons for closing the door, patients who are involved in closing, number and duration of restraints, number of unvoluntarily admissions, aggressive assaults, suicide attempts, absences, c. Within 203 days, the maximum closing time would have been 2639 hours, that would be 13 hours a day in the time 8 am-9 pm. Ward A was closed 61.5%, ward B 48.9%, ward C 58.6% and ward D 21.5%. Main reasons for closing the door are evading treatment and risk of suicide. Further reasons are not patient related, e.g. situation of the ward or the staff. Patients causing closing the door suffered mostly from schizophrenia, comparing to normal distribution of diagnosis, that was to be expected. But we found an over-representation of dementia and oligophrenia. There is no relation between closing time and number of unvoluntarily admissions, ward A had 26.1%, ward B 23.0%, ward C 22.3%

and ward D 28.4% of unvoluntarily admissions, d. No differences between the number of unvoluntarily admissions, the reasons for closing or the diagnosis, connected with closed doors, occurred. But the duration of closing time was definitely shorter on ward D. We think that milieu factors are responsible for this difference. The next part of our running study will be the questionnaire ward atmosphere scale to differentiate this suggestions and to look if the closing time on the other wards changes by using ideas like a door-keeper or one-to-one continuous observation.

P02.339

RELIABILITY AND VALIDITY OF THE PSYCHOSOCIAL APTITUDE AND EFFICACY RATING SCALES (PARS) IN A SCHIZOPHRENIC PATIENT SAMPLE

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Background: This study was conducted to validate the Psychological Aptitude Rating Scale (PARS), French rating scale for measuring the subject's aptitude to communicate.

Method: Psychometric properties of the PARS were assessed in open six months follow up study. Patients: 445 (mean age: 32 sd 8 years -, male: 66%) with schizophrenia paranoid subtype or schizophrenic disorder (DSM-IV), treated with amisulpride.

Sociodemographic characteristics, clinical profile (BPRS, PANSS), social functioning using the original 10 items unique component (PARS) and treatments, were collected during a medical visit.

Results: PARS: According to Kaiser's criteria and screen test issues of an exploration factor analyses, a one factor solution was retained with eigenvalue higher than 1.

Factor 1: approximately 94% of the common variance in the data set. The internal consistency measured by the Cronbach's coefficient alpha: high reliability (0.91).

Pearson's coefficient determinating inter-item correlation: range from 0.31 to 0.67 ($p = 0.0001$).

Test-retest: significant reliability (day 0 to day 90 and D 0 to D180: $r = 0.59$ and $r = 0.54$ respectively, $p = 0.0001$).

A significant sensibility to changes was observed.

Significant correlation between total score PARS: -and PANSS negative cluster ($r = 0.46$), positive cluster ($r = 0.28$); $p < 0.001$; respectively; - and total BPRs score, schizophrenia BPRS subscores ($r = 0.32$; $p < 0.001$, respectively) without depression BPRS subscores.

Conclusion: PARS is a reliable and valid measure for the assessment of adaptative functioning, particularly psychosocial aptitude in schizophrenic patients.

P02.340

PREDICTIVE FACTORS FOR MENTAL HEALTH IN PATIENTS ADMITTED FOR ISCHAEMIC CARDIOPATHY IN A UNIVERSITY HOSPITAL IN THE SOUTH OF SPAIN

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Objective: To determine the factors predicting the mental health state (MHS) of patients with suspected Ischaemic Cardiopathy (IC) in a University Hospital.

Methodology: Patients admitted in the Cardiology Service for acute thoracic pain with suspected IC were studied. According to

clinical data, ECG and biochemical analysis, the patients were divided into 4 diagnostic groups: acute myocardial infarction, unstable angina, non-ischaemic cardiopathy and non-cardiopathy. The socio-demographic and clinical variables were obtained from a questionnaire and the clinical records. To determine MHS, GHQ-28 was used (cut-off point ≥ 6). To study the variables associated with MHS, the raw Odds Ratios (OR \pm 95% CI) and fitted according to a logistic model were calculated. The data were tabulated and analyzed using the SPSS v.8.

Results: 185 patients were included in the study (mean age 60.2 years; SD = 10.4; 72% males). The mean score on the GHQ-28 was 6.3 (SD = 5.3) and 49.2% presented scores ≥ 6 . The raw OR of "probable psychiatric case" was higher for women (OR = 2.8, 95% CI: 1.4-5.5), housewives (OR = 4.1, 95% CI: 1.1-15.1), and for patients under treatment for arterial hypertension (OR = 2.4, 95% CI: 1.3-4.3). The adjusted OR showed that the female (OR = 2.5, 95% CI: 1.2-5.0), the personal history of IC (OR = 2.3, 95% CI: 1.1-4.4), and receiving treatment for hypertension (OR = 2.04, 95% CI: 1.1-3.9) were predictive variables for a worse MHS.

Conclusion: The percentage of subjects with probable psychiatric pathology was high. Early diagnosis and psychiatric treatment together with monitoring of the risk factors of the ischaemic cardiopathy, could contribute to improving the overall clinical evolution of the patients.

P02.341

DEPRESSIVE SYNDROME IN SCHIZOPHRENIA - A PSYCHOSOCIAL ASPECT

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Psychosocial factors, though unclearly defined as etiological factors of depressive syndrome in schizophrenia, are much clearly defined as pathoplastic factors, primarily due to research which referential framework is based on family systems theory and contemporary studies of cognitive processes in social context. Today it is generally accepted that depression in schizophrenia doesn't have only one etiologic factor: it may be an integral part of schizophrenia itself, psychological consequence of illness or adverse effect of antipsychotics on clinical expression in schizophrenia, in the focus of attention are social skills training, cognitive-behavior therapy and family therapy. Socioterapy methods are mainly based on the concept of community based rehabilitation, recently being promoted by the World Health Organisation

P02.342

SIX-MONTH OUTCOME OF ELECTROCONVULSIVE THERAPY AND REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT IN SEVERELY DEPRESSED PATIENTS

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Objective: Repetitive transcranial magnetic stimulation (rTMS), a new method for the stimulation of central nervous system and appears to be effective treatment for Major Depression. The longitudinal outcome of rTMS has not been described. The aim of the study is to report six-month outcome of MDD patients treated with either ECT or rTMS.

Method: Patients diagnosed with MDD referred for ECT was randomly assigned to receive either ECT or rTMS. 24 patients responded to either treatment constitute the sample. Patients received antidepressant drug treatment and followed on monthly