244 patients from the war-affected areas of the Republic of Croatia. The subjects were exposed to war stress during the second half of 1991 and the first half of 1992. All subjects have been sent as PTSD and the final diagnoses were established according to DSM-IV-criteria and using the structured clinical interview for the evaluation of PTSD. We have examined a total of 244 refugees, 18 (7.40%) females and 226 (92.6%) males. All subjects were between 20–60 yrs of age. Most subjects belonged to the younger age groups 20–40 yrs of age. PTSD alone was diagnosed in 123 (51%), PTSD and alcoholism in 14 (5.70%), PTSD and alcohol abuse in 10 (4.10%), alcoholism alone in 59 (23.70%), alcohol abuse alone in 14 (5.70%), combined addiction to alcohol and anxiolytics in 2 (0.80%), exhaustion of the adaptive capabilities in 10 (5.10%) and the chronic psychoorganic syndrome in 2 (0.80%) of subjects.

COMPARATIVE ROC-ANALYSIS OF THE SIDAM, THE MMSE AND THE ADAS

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Differentiation of dementia and depression in clinical routine requires standardized instruments with high sensitivity and specifity that can be applied in an reasonable amount of time. Short assessment scales might have a lower diagnostic accuracy, whereas more comprehensive instruments might have higher sensitivity and specifity, but are more time consuming.

The aim of the present study was to compare the diagnostic accuracy of instruments with different length by ROC-analysis.

The Mini Mental State Examination (MMSE, Folstein et al. 1975) is a short scale that can be completed in a few minutes. The Structured Interview for the diagnosis of dementia of the Alzheimer type, Multi-infarct dementia and dementias of other etiology according to ICD-10 and DSM-III-R (SIDAM, Zaudig et al. 1990) can be applied in about 25 minutes, while the Alzheimer's disease assessment scale (ADAS, Rosen et al. 1984) needs more that an hour. These scales were administered to 144 inpatients of a university psychiatric clinic (71 with dementia of the Alzheimer type, 73 with major depression). Diagnostic accuracy of the scores, i.e. sensitivity and specifity over the whole range of possible cutoff-points, was measured by the area under the ROC-curve.

Although the MMSE is much shorter, diagnostic accuracy of the SIDAM and the MMSE were equivalent. Both tests performed better than the ADAS in differentiating dementia from depression. Further analysis of the SIDAM revealed, that the SIDAM sum score, covering a whole range of cognitive tasks, better distinguished depression from dementia than any subscore of a single cognitive area, like memory or orientation.

Further assessment should examine, whether comprehensive instruments are preferable to short scales in the staging of dementia.

HOW DOES A TEACHING PROGRAMME ALTER GENERAL PRACTITIONERS VIEWS AND KNOWLEDGE ABOUT DEPRESSION IN THE ELDERLY

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General Practitioners have a central role to play in the management of depression in their older patients. However studies suggest that they tend to underdiagnose and undermanage depression in this age group. Continuing Medical Education is an important part of helping GPs keep up to date and improving their practice. This study evaluated the effect of a short postgraduate training course on the management of depression in the elderly. GPs from two catchment areas attended the courses and their views and knowledge about depression in the elderly were evaluated one month before and six weeks after the course. Following the course there were significant improvements in the GPs' knowledge about antidepressant and psychological treatments. This study highlights some of the problems of "evidence based teaching" but also suggests that old age psychiatrists have an important role to play in the education of their GP colleagues.

THE APPLICATION OF THE EXISTING ETIOPATHOLOGICAL CONCEPTS ON AN OCD CASE

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The integral etiological OCD concept, about which Freud was informing, includes ethological factors, and the of constitutional predisposition, the interaction of instincts with early life experiences (traumas, fantasies late specific defences and object relations), environmental triggers. Neurochemical and neuroanatomical researches, as well as detailed questioning of the family of this patient have given a current contribution to this concept.

This model is illustrated on the patient of the OCD chronical course (the ritual of washing), whose therapy is on. Diagnostics is established with a psychiatric and psychological examination, by the use of the YBOCS and MOCI, as well as neurophysiological research.

It is concluded that, although the psychodynamic model is the most acceptable explanation of the phenomena of this disorder, the response to the cognitive-behavioral therapy and pharmacotherapy is in favour with the neurobiological model.

CLINICAL DIAGNOSIS AND STANDARDIZED EVALUATION OF BORDERLINE PERSONALITY WITH ICD 10: A COMPARATIVE STUDY

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A sample of 69 patients considered by French clinicians as suffering from a borderline personality disorder was evaluated with ICD 10, using the International Personality Disorder Examination.

First, global descriptive analysis elicited the main socio-demographic and clinical characteristics of the sample.

After diagnostic evaluation, the standardized diagnosis matched with the clinical one, for one patient out of two ($n1 = 34$).

The results of the evaluation of the 34 patients diagnosed as borderline both by clinicians and ICD 10 were compared to those of the rest of the sample ($n2 = 35$).

The setting up of dimensional mean profils with IPDE enabled to describe some significant differences between the two sub-groups, especially in terms of height of profils and Borderline personality co-diagnoses. In particular, dimensional scores of Dependent, Histrionic, Dyssocial and Impulsive personality disorder co-diagnoses seem to be significantly different between the two sub-groups.

ATTEMPTED SUICIDE IN CHINESE ELDERLY

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Little known about suicide or attempted suicide in Chinese elderly. Fifty-five patients aged 65 and over referred to the Psychiatric Unit of Prince of Wales Hospital for attempted suicide between July 1990 and December 1992 were studied. The author reviewed the information in the datasheet and the case notes of the study subjects and recorded the demographic data, the psychiatric diagnoses, the past psychiatric and medical history and the details of the suicidal attempt. The rate

of referrals for the elderly attempted suicide was 9.4% of the total referrals for attempted suicide for all ages. Drug overdose accounted for only 27.3% of cases whereas self-injury accounted for 72.7%. The most frequent way of self-injury was by swallowing corrosive or detergent (25.5%) followed by jumping from height (12.7%), cut wrist (9.1%), hanging (7.3%) and drowning (5.5%). Nearly half (49.1%) of the patients suffered from a mood disorder (27.3% major depression, 20% adjustment disorder with depressed mood and 1.8% dysthymia). Four patients had delusional disorder and 1 schizophrenia. Only 2 had dementia. However, 36.4% had no psychiatric illness. None of the group had an Axis II diagnosis. In our group of patients, the number of cases only dropped drastically after 85, suggesting that the risk of attempted suicide remains high after 75 in our local elderly.

Our study shows that attempted suicide in the elderly is a major health problem in Hong Kong and our findings will be further discussed in the light of differences with western studies.

QUALITY OF LIFE IN PATIENTS WITH EATING DISORDERS

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In a catamnestic study we assessed the eating behaviour, the quality of life, and changes in life style in female patients with eating disorders, discharged from our psychosomatic unit later than 1991 but at least six months ago. Patients meeting criteria for DSM-III-R anorexia nervosa or bulimia nervosa were sent a questionnaire including demographic questions and a modified version of the Lancashire Quality of Life Profile (Oliver et al., 1991) covering eating behaviour, family situation, partnership, sexuality, friendship, leisure, housing situation, work or education, financial situation, health, self-esteem. Results showed that the majority of patients reported improved eating behaviour. More than 50% reported positive changes in 'family situation', 'job or education', 'housing situation', and 'leisure time activities' compared with the time before their admission in our unit. 'Work and education' were the variables with the highest satisfaction score, social domains like family and friendship scored considerably lower. Our study suggests, that positive changes in occupation and family life favourably affect both general life satisfaction and eating behaviour.

RELATIONS BETWEEN EVENT-RELATED POTENTIALS AND SELF-REPORTING SCALES IN PANIC DISORDER

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A former study in 15 patients suffering from panic disorder had shown panic patients to have enhanced perceptual performance and increased late positive event-related potentials for body-related words, compared to neutral and pain-related words. Stimuli had been tachistoscopically presented [1]. The results of this study supported cognitive models of panic disorder suggesting panic attacks to result from catastrophic misinterpretation of bodily symptoms.

Now a number of self-reporting scales (BAI, BDI, BSQ, ACQ, STAI X1 and X2, CCL, SCL-90-R) were compared to event-related potentials in the same 15 panic patients. Interestingly a significant correlation was found between the score of the Body Sensation Questionnaire (BSQ) and the positive slow wave potentials at 700–800 ms after presentation of body-related words ($r = 0.54$; $p = 0.04$). This finding is a further hint at the importance of body-related stimuli in information processing in panic disorder. In general there where no or only weak correlations between scores and subscores of self-reporting scales and event-related potentials.

[1] Pauli P, Dengler W, Wiedemann G et al.: Behavioral and Neurophysiological Evidence for Altered Processing of Anxiety-Related Words in Panic Disorder (submitted).

NEVROSE TRAUMATIQUE ET "LIEN SOCIAL"

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Dans la névrose traumatique la mort devient le centre de la vie psychique du sujet; elle est là, logée en lui, totalement insolite, depuis le jour d'une rencontre fortuite où il s'est laissé surprendre et absorbé par elle. Présence tout-à-fait réelle, insistante et répétitive d'une mort figurée dans les reviviscences et cauchemars traumatiques, mais présence impensable car dépourvue de support aussi bien dans l'inconscient que dans le discours.

La mort dont il est question ici déroge à l'histoire du sujet autant qu'à l'ordre social; de son absence de représentation dépend toute forme de vie, individuelle et collective. C'est pourquoi la rencontre traumatique peut provoquer une rupture catastrophique du lien où s'inscrit le sujet dans l'ordre individuel, familial et social (celui des groupements sociaux — organisations et institutions — émanation de la civilisation).

Deux observations cliniques concernant des patients atteints de névrose traumatique se proposent d'illustrer la nature des enjeux psychologiques dés lors que la mort intervient dans le rapport que le sujet entretient avec les groupements sociaux; elles permettent également d'avancer l'hypothèse d'une relation d'exclusion mutuelle entre le maintien du lien dans l'ordre social et la présence d'images traumatiques. D'où la nécessité, dans la prise en charge de ces "patients traumatisés", d'une écoute et d'un travail de liaison relatifs à la dimension sociale et institutionnelle du sujet.

DIAGNOSIS AND TREATMENT OF DEPRESSION IN THE ELDERLY PHYSICALLY ILL

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A screening scale for identification of depression in the acutely ill geriatric medical patient (ELDRS) was developed. During validation studies prevalence of depression was found to be approximately 30%, and response to treatment in an open trial of fluoxetine was good. It was therefore felt appropriate to carry out a single centre double blind placebo controlled trial of fluoxetine treatment in the acutely ill elderly depressed patient. Admissions to the geriatric medical wards were screened with ELDRS. Those reaching cut-off on the screening scale were interviewed more fully using the GMS/AGECAT diagnostic system; case level of depression was the entry criteria. 84 patients were recruited to the study, 62 reached three weeks and entered the efficacy analysis, 42 completed the eight week trial period. Presence of physical illness, often severe and/or multiple, did not reduce the effectiveness of the medication which was well tolerated overall. Physical status was rated using Burvill's method, with serious illness defined as cardiac or respiratory disease rated moderate or severe, or known neoplasm, on entry to the trial. Although the fluoxetine group had a recovery rate increased above that of the placebo group by a factor of 1.8, numbers were not sufficient to reach significance. Those patients with serious physical illness who completed 5 or more weeks ($n = 37$) showed a significant improvement in mood with active treatment ($p <$

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