

Image of disease, are the sample of a paternalistic psychiatry and hinder to reach the real therapeutic alliance.

P03.447

SECONDARY BRAIN DAMAGE WITH HIV/AIDS

J. Potribná*, J. Kolčáková. *Psychiatric Department of University Hospital Ostrava, Department of Infectious Diseases and AIDS, University Hospital Ostrava, Czech Republic*

Background: The early diagnosis of the infection is a favourable factor from the point of view of further course of HIV/AIDS. Nevertheless, in some patients the diagnosis of AIDS is determined only on the base of clinical symptoms of secondary damage of brain.

Methods: The symptoms of secondary damage of brain and the occurrence of neurological and psychiatric symptoms of this damage were evaluated in retrospect in the documentation of all patients of the AIDS centre who had already died of the AIDS disease.

Results: Since 1990, 5 patients out of 31 cured patients died. Toxoplasmosis of brain as a complication of course of death was found out in four patients. Brain lymphoma was proved by the dissection of one patient. The AIDS diagnosis was determined on the base of clinical symptoms of toxoplasmosis of brain in two patients of the dead ones. Brain damage in individual cases was shown by organic psychosyndrome, a rapid progression of dementia, states of delirium and epilepsy.

Conclusions: The occurrence of serious secondary damage of brain has been delayed as a result of modern treatment of HIV/AIDS. Nevertheless extensive secondary damage of brain can be recorded as the first clinical symptoms of HIV/AIDS.

P03.448

NEURASTHENIA-CHRONIC FATIGUE SYNDROME. THE BASIS AND THE MEANING OF MEDICATION AND OTHER THERAPY

L. Janu, I. Prusa. *Clinic of Psychiatry University Hospital Plzen, Czech Republic*

The term chronic fatigue syndrome (=CFS) is used to describe a clinical entity characterized by severe chronic fatigue and generalized incapacitating of longer than 6 months. This is associated with multiple physical and neuropsychical symptoms. Neurasthenia (ICD 10) has nearly the same diagnostic criteria like CFS. A number of somatic and psychologic hypotheses has been proposed as possible explanations of the cause of neurasthenia-CFS.

We wanted to show the efficiency of "the newer antidepressants", such as SSRI-sertraline (f.o. Zoloft) 50 mg bid, hypericum extract Li 160 (f.o. Jarsin) 900 mg tid and RIMA- moclobemid (f.o. Aurorix) 300 mg bid.

60 patients with diagnosis CFS had been immunologic, internal and psychiatric examined at University Hospital Plzeň. 33 patients were included into the study. All patients have undergone an extensive physical and psychological examination (Cattell 16 PF). We found some typical psychological characteristics in this small subject.

We did not find any other serious abnormality in laboratory tests. Mg ery was low, but there was no statistically significant difference between the patients and controls - 1,600 versus 1,6475 ANOVA ($p < 0.344$).

We recorded improvement in all tests by the patients about 50% in scores of questionnaires. The most significant improvement was

recorded in myalgia (50%) by more than 76% of patients (-1.18 ± 0.73 , $p < 0.0001$ test).

Newer antidepressants (SSRI, herbal antidepressants and RIMA) should be effective in the treatment of CFS. The diagnosis and treatment of CFS should employ a multi-axial approach. The care centers of this patients should be necessary and especially beneficial.

P03.449

PROFILE OF THERAPEUTIC ACTION OF MEXIDOL IN PATIENTS WITH ORGANIC BRAIN INJURY

I.A. Davydova. *Institute of Pharmacology RAMS, Moscow, Russia*

The present study aimed to evaluate the clinical pharmacological actions and therapeutic efficacy of Mexidol, a novel agent among 3-oxypyridine derivatives, in patients with emotional lable and cognitive disorders induced by the organic brain injury (F 06.6 and F 06.7 according to ICD-10).

Mexidol at a dose of 500 mg was tested in 15 young patients and 16 elderly patients over 28 days. The average age made 37.34 ± 5.87 and 58.12 ± 3.45 years accordingly. The therapy begun following the 5-7 day placebo treatment. The psychometric scales were employed to assess the action of Mexidol.

Mexidol was found to combine in the spectrum of its action the anxiolytic, stimulating (vegetotonic) and nootropic effects. Applying the MMS scale variables it was shown that the nootropic action of the drug is firstly and mainly realized as normalization of attention focusing and counting performance and short term memory parameters. The reduction of disturbances in the long term memory, performance and self-service occurred by the end of therapy course. The age-related differences in Mexidol action were identified as more pronounced antiasthenic effect in young patients, whereas in elderly subjects the anxiolytic component was displayed more apparently. Mexidol prove more effective in the young patients. No obvious undesirable side effects were detected. Findings from this investigation form the reliable platform for a promising therapeutic potential of Mexidol as an agent for treating the organic CNS pathology and its application in gerontological practice.

P03.450

PHARMACHOTHERAPY AND PSYCHOTHERAPY OF DEPRESSIVE DISORDERS

G.S. Bannikov. *Moscow Institute of Psychiatry, Moscow, Russia*

Objective: Revealing a role of personality traits in choice of methods of treatments of depressive disorder.

Methods: Psychopathological, PDQ-IV, and SCL-90, component analysis.

Results: 150 depressive patients were examined (F 31, F 32, F 33, F 34.0, F 34.1, F 60). The component analysis has allowed allocating 2 groups. Patients with dependent and borderline traits of personality was characterized deeper sadness, motor retardation, asthenia, prevailing sympathicotonia (F 31 ($P < 0.005$), F 34.0 ($P < 0.001$)), and require active treatment tricycles antidepressant. Patients with schizoid, avoidant traits of personality was characterized deep-anxious, depersonalization symptoms persistent somatization, hypochondrial ideation's (F 33 ($P < 0.01$), F 34.1 ($P < 0.01$), F 60 ($P < 0.05$)) and require treatment of combination antidepressant (SSRIS) with cognitive therapy. Long-term psychotherapy and stabilising pharmacotherapy is most effective at borderline and narcissistic personality disorder.