The application of the new computerized system allows to quantify and to verify the quality of work and its style.

The elaboration of the bias has permitted to establish concrete plans and to exploit all the resources at our disposal.

The daily research of the sense and the meaning of the day to day activities brings to a continue evolution of the informatic system that interacts with the reality.

P02.328
THE BIG FIVE INVENTORY: THE FRENCH VERSION

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The Big Five Inventory (BFI) was designed by O. John and his Berkeley colleagues to address these three concerns. The BFI is a brief measure that has 44 short and easily understood items; participants can complete self-reports on the BFI in 5 to 15 minutes, and the instrument can also be completed by others (e.g., family member, observer, interviewer). The original English BFI, as well as the German and Spanish adaptations, have excellent psychometric characteristics, including reliability, stability over time, and convergent and discriminant validity (e.g., against independent reports by a well-acquainted informant or a spouse). This poster introduces the new French BFI, developed via the backtranslation method and refined in several studies. Psychometric data from the other language versions are compared to new data from the French version, using two samples of self-reports: students and hospital staff. The reliability of the preliminary French BFI version is very encouraging. Coefficient alpha reliability reflects how internally consistent the items on a questionnaire scale are. Values of .70 and above indicate good reliability for short research scales (John & Benet-Martinez, 2000). Table X reports the alpha coefficients for the French scales for two French samples: 200 hospital employees and 161 medical students. For four of the French Big Five scales, the alphas were well above .70. The only exception was Agreeableness, with an alpha of .68 in the hospital employees and .59 in the medical students. Note, however, that Agreeableness had the lowest alphas in other countries as well. Table XX compares the coefficient alpha reliabilities of the French scales with findings from the USA and Spain. The French Agreeableness scale is currently being revised to increase its reliability to the same standard as in Spain and the USA. The reliability analyses show that the new French BFI offers short, efficient, and reliable scales to measure the Big Five dimensions in French-speaking populations. We found as much personality variability in the French samples as in the USA and Spain samples. There were possible indications of some cultural differences, primarily in the comparison of French and Spanish students which now need to be examined more systematically – data from French students outside medicine are needed for comparison.

P02.329
ATYPICAL VERSUS CONVENTIONAL ANTIPSYCHOTIC MEDICATION: IMPACT ON SUBJECTIVE QUALITY OF LIFE OF PATIENTS WITH SCHIZOPHRENIA OR RELATED DISORDERS

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Purpose: We studied retrospectively the impact of atypical antipsychotic medications on subjective quality of life.

Method: Patients were randomly chosen. They were interviewed in 1997/98. Subjective quality of life was measured by the Satisfaction with Life Domains Scale[1]. Patients were divided into three groups, taking either conventional (46%), novel (29%), or mixed (both conventional and novel) (25%) antipsychotics.

Results: Subjects were 110 outpatients, 54% men, 43 years old on average, 66% with schizophrenia, 21% with schizoaffective disorders. Mean GAF score was 48.

The use of different antipsychotics did not influence satisfaction with life, as only items dealing with social and family relationships were scored lower by those on novel antipsychotics. Patients on lower doses of medication were more satisfied with the clothes they wear and the food they eat.

Patients taking novel antipsychotics may expect more from life relationships in particular, explaining their lower quality of life scores.

P02.330
COST OF A MANIC EPISODE IN BIPOLAR DISORDER: A FRENCH STUDY

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Background: Bipolar disorder would appear to present a marked impact in economic terms, but today few data allow an estimation of its true burden on the health care system. The objective of this study was to evaluate resources used by patients with bipolar disorder who had had to be hospitalised for a manic episode.

Design: Multi-centre pragmatic retrospective study over a 3-month period approximately 1 month. Data were collected from 137 personal patients' files of patients hospitalised between January 1, 1998, and June 30, 1999. Direct costs were those resources used during the manic episode (hospitalisations, rehabilitation, visits, medication, laboratory tests), and assessed through a mean observed hospitalisation cost and public prices (1999).

Results: During the study period 185 hospitalisations were noted. 72% of patients were hospitalised once only. The average length of stay was 36 days per hospitalisation. Follow up was as follows: 95% of outpatients followed up by a psychiatrist, 7% a general practitioner, 9% a psychologist, 11% a nurse, 2% a social assistant. The mean cost of a manic episode amounts to FF 129 500 (USD 18 500). The breakdown of the cost per patient for the 3-month data period is as follows: hospitalisation 98.2%, rehabilitation 0.8% (9 patients out of 137), visits 0.5%, medication 0.3%, laboratory tests < 0.01%.

Conclusion: Considering the high recurrence rate and the high hospitalisation cost of bipolar disorder, improving outpatients follow-up of medication might reduce the cost of this severe mood disorder.

P02.331
MEDICATION MANAGEMENT OF A MANIC EPISODE IN BIPOLAR DISORDER: A FRENCH STUDY

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Background: In France few data are available concerning treatments of bipolar disorder. The objective of this study was to evaluate the therapeutic strategies of patients with bipolar disorder who had had to be hospitalised for a manic episode.

Design: Multicentre pragmatic retrospective study over a 3-month period approximately 1 month. Data were collected from 137 personal patients' files of patients hospitalised between January 1, 1998, and June 30, 1999.