groups - neurosis, organic psychiatric and schizophrenia - displayed trustworthy (disperse analysis, single-factor ANOVA) inter-group difference. Those ill with schizophrenia showed the highest indices of deficinary and/or destructive components of aggression, anxiety, I-delimitation; these indices were authentically higher then those of patients with organic psychiatry declinations; and blocs of anxiety and I-delimitations were higher than those of patients ill with neurosis. Simultaneously they had the lowest indices of constructive scales of aggression and sexuality; authentically lower indices than those having organic declinations.

Thus, ISTA test allows to range the studied clinical groups according to the degree of marking of deficinary destructive and, simultaneously, of constructive components of the most ISTA indices in the following sequence: those ill with schizophrenia, neurosis and patients with organic declinations.

P03.418
SOMATIC AND NEUROLOGICAL COMPLICATIONS IN DRUG ADDICTS

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Drug addictions cause heavy somatic and neurological complications up to the lethal outcome.

Out of 688 drug addicts treated at the in-patient clinic of the Research Institute of Addictions in 1999: 84% were dependent on heroin, and 16% - on other drugs (pervitin, ephedron, cocaine and polydrug).

The severity of opium withdrawal syndrome correlated with the presence of neurological microsymtoms. However, we observed a number of neurological symptoms just after an acute withdrawal period is over. It points to the presence of steady neurological changes within chronic drug abuse. Most frequently such microsymtoms took place in neurological status of patients with prolonged drug use and high dosages of drugs; and also in those who was marked with alcohol abuse in the past. They include an asymmetry of pupils (5%), inertness of pupil photo reactions (30%), horizontal and vertical nystagmus (15%), weakness of eye convergence (20%), proboscis reflex (5%), asymmetry of achill tendon reflexes (10%), light intentional tremor, more often asymmetrical (20%). Numerous drug injections into feet veins often correlated with lowering of achill tendon reflexes and hypesthesia in "sock" form which indicates at polyneuropathic changes.

Somatic disorders took an important place in patients' status (97% of cases in opium and polydrug groups). Limp skin was seen in 44% of cases. Almost all opium addicts (94.2%) had dental caries and paradantosis. In half of cases the thinness of muscles (45.7%), bronchitis (60%), disorders of heart rhythm (59%) were noticed. Hepatites A, B, C and hepatocholycystites took a considerable place in somatic pathology - 92% and 77.1% respectively). Venereal diseases were very often diagnosed in our patients (68.5% in opium and 65% in polydrug group), which is the evidence of promisquity among drug addicts. 14.3% HIV infected persons among the examined patients were revealed. 47% of addicts in the past suffered dangerous drug poisoning which was caused by drug overdosage. It was found out that 25% in-patients being treated in 1999 died from different causes (including drug overdosage).

P03.419
SYMBIOSIS OF PSYCHIATRY AND NEUROCOMPUTING. RESULTS, PROBLEMS, PERSPECTIVES

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Some possibilities of the using of neurocomputing methodology for a solving of actual problems of a psychiatry, a classification of psychical disorders and formalizing of diagnostics procedures are discussed. The main goals of a neurocomputing and psychiatry rapprochement, a possible problems and perspectives are defined. Some concrete practical results of neurocomputer utilization for a modeling of separate psychical disorders, reproduction of neurophysiological conformity to natural laws, psychological and psychical phenomena are presented. A likeness in neurocomputers and human brain activities is conditioned by their internal structural-functional similarity. As examples some concrete structures in human brain are brought. The problems of definition of "mediator topography" of central nervous system, brain and spinal cord for purpose of clinical and theoretical psychiatry are discussed. The problems of psychiatric diagnosis formalization and necessity of metrology as methodological stage in psychiatry are discussed. It is possible that a neurocomputing methodology will allow formalizing a procedure of psychiatric diagnosis and treatment. A neurocomputing methodology allows to formulate a necessary conditions for diagnostic and therapeutic neurocomputers also. From neurocomputing point of view a possible interpretation of such psychical disorders as illusions, hallucinations, delirium, anxiety, annoying states and etc. was given. The most difficult for formalization procedures categories of psychic activity (emotions, will, attention, motivation, drive, wishes, etc.) are discussed. A version of psychiatric disorders classification based on character of violation of neuronal net function is presented.

P03.420
VIDEOCOURSES ON PSYCHIATRY

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Videocourses on psychiatry for students and doctors who study psychiatry are presented. 1) The first course is on general psychopathology, basic symptoms and syndromes, specific psychopathology (12 hours). A classification is given according ICD-10. 2) The second course is 50 histories of diseases, where a analysis of some interesting and difficult cases are presented (30 hours). Videocourses are made on videotapes and partly on CD in Russian and very useful for unification of mental disorders diagnostics.

P03.421
ANTIDEPRESSANTS IN HEROINE ADDICTION TREATMENT

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The subject of the study were 126 drug addicts. In the most of them (92.8 per cent of cases) affective disorders were revealed which grew up along with the supression of withdrawal symptoms. In 68.8 per cent of cases they were presented with agitated depressions. Subdepressive states with dysphoric and panic disorders of different severity were prevalent. Affective disorders often entered the structure of craving for drug being its clinical reflection. The comparative analysis of the effectiveness of different groups of antidepressants in heroine addiction treatment on different stages of

the disease was carried out and the recommendations for their use were worked out depending on the presence of psychopathologic disorders.

Taking into account this structure of depressive disorders, antidepressants predominately with sedative or balanced activity were used for their suppression. In the cases of dysphoric depression the use of tricyclic antidepressants (amitriptyline) is mostly expedient. The most preferable on the stage of postwithdrawal disorders with profound and moderate depressions are fourcyclic antidepressants (lerivon). On the stage of forming the remission the use of Coaxil was highly effective in moderate and light degree depressive disorders of heroine addicts. Paxil did not have broad use in the treatment of this form of drug addiction.

P03.422
COMPUTERIZED ASSESSMENT OF DEPRESSIVE DISORDERS SEVERITY

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Computerization of the clinical psychiatry modifies the style of clinical observations expressing as well as the content of conventional conceptions. The objective of this research was developing criteria of depression depth (severity) by means of separate computed subsyndromes (clusters) and computed syndromes. Methods of mathematical analysis were employed in the research work. Totally, 125 patients, aged 19–40, (20 male and 105 female) have been studied, including those with depressive episode (n = 74), recurrent (n = 43) and bipolar (n = 8) depressive disorders. Depending on the level of severity, all depressive disorders have been divided into three groups: mild depression (n = 32), moderate depression with somatic disbalance (n = 40) and severe depression without psychotic symptoms (n = 53). Results of the study have shown the diagnostic value of separate symptoms to be insufficient, because a few symptoms can specify only one level of depression severity (in 20.1% of pair comparisons). When recognizing depression severity by means of computed subsyndromes, the following was obtained: typical cases of mild, moderate and severe depressions (each kind was specified by 10–14 subsyndromes); less typical cases (each - specified by 3–4 subsyndromes); and observations, taking intermediate position between mild and moderate, moderate and severe depression levels (subsyndromes migrations were seen among depression severity levels). Including intermediate cases, obtained recognition percentage was the following: 96.6% for mild, 92.5% for moderate and 98.1% for severe levels of depression. Computed syndromes were more intricate systems of symptoms organization. The first six of them - the most informative were analyzed.. There were no same syndromes, equally presented on the several different levels of depression severity. First computed syndromes described 65.6–90.6% of patients, and sixth - 38.4–53.7% of patients on the each depression severity level. So that, developed computed subsyndromes and syndromes can be used in computer diagnosing of depression severity.

P03.423
RISK FACTOR FOR PSYCOPATHOLOGY DURING RESIDENCY (POSTGRADUATE MEDICAL TRAINING)

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Background: To evaluate the prevalence of psychic disorders during the residence and their risk factors (individuals and dues to work stress).

Method: Transversal study in 145 residents, of all the specialities and years of formation. We evaluate sociodemographic datas, stress experiencies (of labour and life events), psycopathology (GHQ Goldberg), personality (16PF-A Cattell), and coping behaviour (Lazarus and Folman). We made descriptive and multivariate analysis.

Result: We found 49% of probable psychiatric cases (GHQ > 10), with not very severe disorders, and prevalence of irritability, insomnia, personal abandonment and apathy. In discriminant analysis the following factors were associated to psycopathology: High level of work stress, of life events, and less for the relationship with the patient. Desires to leave the profession, toxic abuse, and lacking time for sociofamiliär relationship. More psychic personal antecedents, last months of residence, and lived alone. Personality: More Floating Anxiety (Q4), Neuroticism (QI), Conservatism (Q1-), Conformity to the group (G), and Minor controlled Socialización (QIII-). In coping behaviour: More Distancing and Selfblame.

Conclusion: The prevalence of psychic disorders during the residence is high, although not very severe. The most influential factors were individuals (features of neuroticism and coping of Selfblame and Distancing), as well as the work stress derived of the own formation and not related to the patient care. It is important

P03.424
THE MOST COMMON PSYCHOPATHOLOGICAL ENTITIES AT REFUGEES

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The research has been acomplished in FRY, on the sample of refugees from former republics, as well as refugees from Kosovo. All refugees have in their experience a range of stressfull, catastrophic life events. Many of them still suffer different chronic psychosocial stressors.

In the research the following instruments has been used: sociodemographical questionaire, questionaire on exile, Enviroment Assesment Scale, Social Relations Inventory, Scale of Agression, Scale of Depression Beck, Social Support Inventory and Brief Psychiatric Rating Scale.

The refugees live in exile 5–9 years. The are recognizable on social isolation, poor social activities and intern contacts. The have strong mistrust to the environment they live, rejection of possibilities that are offered to them and pessimistic attitude for the future. Maladaptive bihaviour patterns are often at refugees, especially those in collective centres, caracterized with increased consumation of cigaretes, alcohol and sedatives. Not rarely they tend to somatizations. Increased agressiveness is presented by verbal hostility in interpersonal relations. First psychoses are rare and the psychopathology can be included into diagnostig frame of neurotic and somatoform disorders. However, significant percent of them manifest a clinical picture of chronic PTSD marked with psychomotor retardation, low reactibility, emotional numbness and decreased affective resonance. Depression is moderate, close to model "learned helplessness".

P03.425
EMERGENCY PSYCHIATRY AT DEPARTMENT FOR CHILDREN AND ADOLESCENT PSYCHIATRY – TWO YEARS FOLLOW UP

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Objective: The initial clinical interview is the basic step of the successful management of a psychiatric emergency. By observing