

features. PCR analyses of p53 mRNA and of iNOS mRNA were performed.

Results: In concentrations near the therapeutic range, i.e., when 10^5 cells were incubated with 1 mM lithium chloride, apoptosis occurred in 20–30% cells vs 10% in controls after 24 hs. The effect was neither associated with increased activity of p53 nor with induction of iNOS.

Conclusions: p53 mostly arrests a cell cycle at the G1 and G2 steps in response to many kinds of DNA damage by accumulation and following induction of genes (2). In the present experiment the unchanged baseline activity of p53 may be due to preneoplastic cell regulations rather than early conversion of the phosphoprotein. Induction of iNOS was discovered since this enzyme is capable to destroy nucleic acids by formation of supraphysiologic amounts of nitric oxide (3). Taken together, key mechanisms underlying the clastogenic and apoptotic activity of lithium cations in various immature respective preneoplastic human cells *in vitro* (4) and their medical importance remains to be established.

- (1) Fehsel K et al. (1991) *Am. J. Pathol.* 139, 251
- (2) El-Deiry WS et al. (1994) *Cancer Res.* 54, 1169–1174
- (3) Kröncke KD et al. (1997) *Nitric Oxide Chem. Biol.* 1, 107–120
- (4) Madihe AM et al. (1995) *Biochem. Biophys. Res. Comm.* 209, 768–774.

Wed-P112

CHRONIC DISEASE AND PATTERNS OF FAMILY BEHAVIOUR

Lj. Leposavić¹*, J. Barišić-Rojnić¹, G. Nikolić-Balkoski¹, S. Milovanović¹, Z. Barac². ¹*Institute of psychiatry, Belgrade;* ²*ZC Zemun, Yugoslavia*

Sickness of a member of family affects the psychosocial reactions of the family as a whole and a psychological functioning of each individual member. It is indisputable that the presence of a chronic illness in a family presents an emotional attack and stressful experience for all family members. Each family when one of its members suffers from a chronic disease reacts with fear accentuating its mutual depends while simultaneously increasing the anxiety because of separatistic tendencies among themselves. The appearance of the crisis, conditioned by somatic illness, requires the change in family structure relations. Therefore it is important that the family faces the needs of all family members, that is to adjust and reorganize its structure in accordance with the new situation. Otherwise, disfunction of the complete family system will appear. Our experience and also up to date evidences available show the certain somatic patient family model as a compound complex in the basis of which there is also, besides somatic illness, the interaction of family characteristics and individual psychological functioning. This behavioral-somatic-psychological approach emphasizes the certain family behavioral factors, that is manners mediating the psychological factors and somatic functioning. The observed adaptive and maladaptive patterns of adjustment and the possibilities of their influence to pathoplasticity of the very somatic illness are discussed in this study by the authors.

Wed-P113

THE 10 YEAR EXPERIENCE OF LIAISON PSYCHIATRIST IN THE GENERAL HOSPITAL RIGA

Mara Eglite. *7th clinical hospital Riga, Latvia*

The liaison psychiatrist has consulted 22991 patients in the 7th general hospital Riga during last 10 years' 1986–1996. The survey

included anxiety-related disorders, mood disturbances, psychotic disorders and cognitive impairment disturbances combined with general health problems. A count and structure of consulted and treated patients varied during different years. Fluctuation of 10% was not taken into consideration. The greatest count of consulted and treated patients was in 1996 (+22%) and in 1994 (+21%). The lowest count of consulted patients was in 1991. (–32%), in 1992 (–26%) and 1990 (–23%). A count of treated psychotic patients was not significantly different during 10 years. The percentage difference was found in groups of anxiety - related, mood and cognitive impairment disturbances. Decreasing of count of patients sparingly make anxiety - related disorders' patient, but increasing during last years contained mood and cognitive impairment disturbances.

Wed-P114

USE OF ANXIOLYTICS AND HYPNOTICS IN NON-PSYCHIATRIC HOSPITAL DEPARTMENTS

J. Wancata*, N. Benda, M. Hajji. *Dept. of Psychiatry, Univ. of Vienna, Austria*

While several surveys have shown that patients of non-psychiatric hospital departments frequently receive anxiolytics or hypnotics (AH) during hospitalization, and also get discharge prescriptions for these drugs, as yet none has investigated the start of intake of these drugs during hospitalization in conjunction with an assessment of all types of psychiatric disorders. Therefore, we studied 728 patients of medical, gynecological and surgical hospital departments of two non-university general hospitals in Austria for the prevalence of AH use before admission, during hospitalization and of AH discharge prescriptions. Psychiatric morbidity was assessed using the Clinical Interview Schedule. 50.4% of all admitted patients were treated with AH during hospital stay, and 42.8% of those who had not taken such drugs before admission. 26.1% of patients using AH during hospitalization received discharge prescriptions, too. During hospitalization, these rates were highest for patients suffering from dementia, and at discharge for those suffering from functional psychoses. The significant associations between psychiatric variables and both, drug use during hospitalization and prescriptions at discharge, suggest that AH are used aptly. But, considering that about half of the patients suffering from substance abuse disorders received discharge prescriptions, the risk of continued substance abuse must not be neglected. Overall, fewer patients got AH at discharge than had used them before admission. This could indicate that hospital staff attempts to minimize the use of AH in the community.

Wed-P115

NEW ASPECTS OF PATHOGENESIS AND THERAPY OF SOME URGENT STATES IN THE PSYCHIATRIC CLINIC

V. Bitensky. *State Medical University, Odessa, Ukraine*

The characteristics of the serotonin, dopamine and GABA-BD receptors of blood platelets were investigated in patients hospitalized to the inpatient department in acute psychotic states of different genesis: acute delirium; psychosis caused by alcohol and drug abuse; acute polymorphic psychotic disorders with or without the symptoms of schizophrenia; acute schizophrenia-like and delusional psychoses; schizo-affective psychotic states and affective disorders; and serious neurotic disorders, caused by stress. The results showed changes in the listed receptor ensembles, that to a great extent changed physico-chemical properties of blood platelet membranes, that promoted initiation of blood clotting processes.