

P179 Psychopathology and psychotherapies

INDICATORS OF PSYCHIATRIC DISTURBANCE - A SRI LANKAN STUDY

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Objectives: to identify simple criteria associating psychiatric disturbance in somatisers.

Method: Case control study nested within a cross-sectional survey of attenders. The index group consisted of 100 patients were included with 5 or more complaints and/or 6 or more visits over the previous 6 months. 100 were randomly selected from 5767 patients between the ages of 16 and 65 not fulfilling criteria for the index group.

Psychiatric disorder was assessed using the Sinhales version of the GHQ-30, cut off 6/7. Two groups were compared for probability of psychiatric disturbance, change in sleep pattern, appetite, presence of perceived health worries and feeling sick of life.

Results: 81% of the index group had psychiatric disturbance but only 34% in the controls. On direct questioning, 60-78% index patients had one of the features, 44-60% two, 38-42% three and 33% all four features. 26-36% of controls had one, 11-16% two, 6-10% three and 1% all four features. Less than 16% of index patients presented with any of these symptoms and 2% of controls. Presence of these features correlated with high GHQ scores. Patients with all four features had very high GHQ scores. Multiple complaints not in keeping with known organic illnesses and/or repeated consultations for such complaints should be assessed for the above four features which could be important indicators of underlying psychiatric disturbance warranting assessment.

P181 Psychopathology and psychotherapies

PARAPHILIAS AS A MODEL OF ADDICTIVE BEHAVIOUR

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Objective: to discover the mechanisms of addictive paraphilic behaviour given that the phenomenological description of addictive behaviour coincides with the clinical picture of paraphilias.

Method: Clinico-psychopathological examination of 200 persons with variants of paraphilia, the principal sign of which was the addictive fixation of an abnormal object and sexual drive activity. **Results:** Two phenomena were identified, (i) the perception of an object of paraphilic drive (depersonalification, symbolism, fetishism), (ii) paraphilic activity (processing, stereotyping), and (iii) subjective mutilations. These phenomena lead to the conclusion that paraphilic behaviour has a play-like aspect. The second phenomenon may refer paraphilia to the group of protopathic syndromes, (i) compulsiveness (autochthony of deviant experience acquiring character of non overcoming and dispossession by personality, (ii) emotional alteration (dependence behaviour of paraphilic activity on affective disorders), and (iii) aberrations of consciousness from affective narrowing to clouding.

Conclusions: Addictive paraphilia can be presented as mental self-regulation with actualization of earlier ontogenetic and phylogenetic mechanisms. Their examination as one variant of addiction is not only justified but allows the resolution of a number of diagnostic, expert and therapeutic problems.

P180 Psychopathology and psychotherapies

DESCRIPTIVE AND COMPARATIVE ANALYSIS OF DREAMS IN THE COURSE OF PSYCHOTHERAPY

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Descriptive and comparative analysis of dreams in the course of psychotherapy. Feasibility of a clinical methodology applied to psychopathology in cognitive science. The functions of the dream, relations with the core conflict, evolution. The targets are (i) implementation of a methodology which provides a better understanding of the cognitive mechanisms of dream activity; (ii) studying the hypothesis according to which the dream is a contribution to the person's integration with subjective symbolism.

Methodology: Several approaches were implemented and used from a body of nearly 300 dreams as follows: linguistic and symbolism, background, schematic, formalised, strategies and chaining of the dreamer's actions, comparative approach of single theme dreams (aggression), comparative approach of themes and key words over 4 years.

Results: The initial hypothesis is confirmed by (i) focussing in the dream on the most crucial issues of the dreamer; (ii) the use of memories to build up the memory as a metarepresentation on a symbolic experience level. In addition, cutting out scenes and the progress of actions emphasises typical scenarios and their evolution during the same dream; the sequence of dream scenes representing contradictory yearnings; content of the dream and linking memories are paradoxically more accessible at remote than near intervals; pluridirectional objectivity of the dream allows an estimation of the dreamer's changes.

P182 Psychopathology and psychotherapies

PSYCHOTHERAPEUTIC MEDICATION AND DYSTHYMIA

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Objective: to analyse whether ketamine can be used for dysthymic disorder based on the dissociative property of this substance and the dissociative state, a psychic state permitting change.

Method: The outpatient is about 40 years old and has a diagnosis of dysthymia disorder (DSM-IV). Various psychotherapies had already been tried, (psychoanalysis 7 years, bioenergy 5 years, and cognitive therapy 6 months) and he refused medication. After a medical examination, ten sessions with the use of ketamin took place. At each session, he receive an intramuscular injection of ketamine between 0,2 mg/kg to 0,4 mg/kg.

Results: We observed (i) application of emotions depending on the psychic state of the patient before the session; (ii) a transitory dissociative experience such as perceptual aberration. After each session, the patient felt better and experience an improvement in psychic state after a follow-up of 6 months.

Conclusion: It would be of interest to determine whether ketamine treatment is statistically significant in use with more patients presenting with dysthymic disorder