

**FC21-2****SOMATIZATION VARIANTS IN DISORDERS OF DEPRESSIVE SPECTRUM**

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**Objective:** Comparison of variants of somatization (considered as vitalisation process) in different disorders of depressive spectrum.

**Subject of Study:** 3 groups of depressive patients. The groups differed as follows:

1. 90 patients with major depression admitted to psychiatric hospital;
2. 88 patients with chronic cardiac pain syndrome of organic (coronary artery disease) and functional nature, admitted into general hospital and met the criteria of depressive syndrome;
3. 64 patients with asthma and asthmoid bronchitis admitted into pulmonological department of general hospital and met the criteria of depressive syndrome.

**Instruments:** Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale and Original Psychopathological Assessment Scale for affective, somatoform and related disorders. Somatization process emerging as feelings of oppression, aches and other painful sensations in chest, palpitation, lack of breath, heaviness and/or emptiness in head, heavy arms, etc. has been registered in all the patients in these 3 groups without any significant differences in frequency of the most of the symptoms. However the diurnal variations of the symptoms pronouncement differed in the 3 groups, in particular they were the most pronounced in the morning in the 1st group, but they increased to the evening in the 2d and 3d groups. Painful sensations were relatively independent from environmental influences in the 1st group, in the opposite they showed some fluctuations depended on physical charges and emotional tension, situation factors in the second and the third groups. These differences should be considered in choice of psychopharmacotherapy because of different tolerance: more remarkable sensitivity to antidepressants therapeutic and side effects in the 2d and the 3d groups in comparison to the 1st one.

**FC21-3****VALIDITY OF DIFFERENT VERSIONS OF THE WHO-WELL-BEING SCALE FOR DETECTING PSYCHIATRIC DISORDERS IN THE ELDERLY POPULATION**

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The WHO Well-Being Scale is a self-rating scale which has been developed for the assessment of subjective quality of life in diabetes patients. The objective of this study has been to evaluate the validity of different versions of the scale, i.e. versions with different item numbers, in a sample from the elderly general population. - A sample of 254 elderly subjects completed the 22-item Well-Being Scale. The subjects were interviewed with the Composite International Diagnostic Interview for current and lifetime psychiatric disorders. - The internal validity or consistency of the self-rating scale showed that short versions of the scale with 10 or 5 items were as valid as the full 22-item scale. The external validity indicated that the subscales were as valid as the full scales as to predicting subjects with psychiatric disorders. - All scale versions seem to be adequate tools to identify subjects with low subjective well-being in the elderly general population. However, the variance in well-being explained by the presence of a psychiatric disorder is

limited in the general population in which only a small proportion is suffering from psychiatric disorders.

**FC21-4****LENGTH OF FIRST INPATIENT STAY IN PSYCHIATRIC HOSPITAL**

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Length of stay (LOS) of first inpatient episode was investigated in this study which is part of the Nordic Comparative Study on Sectorized Psychiatry. The questions addressed concern the variation in LOS between hospitals in different mental health sectors and associated factors.

**Methods:** 838 consecutive patients admitted during one year to seven psychiatric hospitals located in four Nordic countries were included. Only new patients (not in contact with the service for at least 18 months) were included. Survival methods were used for the analyses.

**Results:** We found considerable differences in LOS between the hospitals, which could only partly be explained by the factors analyzed in this study. Being female, not having children at home, psychosis, planned admission and outpatient contacts before and after inpatient stay, were all associated with increased LOS. The findings were to a great extent stable across gender and diagnostic group and across the hospitals.

**Conclusion:** In spite of differences in LOS between the hospitals, a general pattern of associations with LOS was found. The study extends previous work in using survival techniques and including several hospitals.

**FC21-5****VALIDATION OF DATA ON INVOLUNTARY ADMISSIONS TO MENTAL HOSPITALS**

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Registries are used in several countries for research, administration and planning. However, studies on validation of register-based data are scarce. The purpose of this study was to validate data on involuntary admissions from the Danish Psychiatric Case Register and police statistics, which both record these data in Denmark.

From 1 January 1996 to 31 December 1996, 25.8% (437 involuntary admissions) of all involuntary admissions in Denmark were investigated by comparing medical records to data in the Danish Psychiatric Case Register and police statistics. In 347 (79.4%) cases the involuntary admission was recorded as such both in the register and in police statistics. Thirty (6.9%) involuntary admissions could not be found in the register. Sixty (13.7%) admissions were recorded as involuntary by the police but as voluntary in the register. Medical records were available in 53 of these 60 cases and showed that in 46 cases the police record was correct, i.e. the