

Tues-P58**FAMILY DYSFUNCTION AND DEPRESSION AMONG ADOLESCENTS (CROSS-CULTURAL STUDY)**

L. Kim¹*, L. Ermolina¹. ¹*Moscow Research Institute of Psychiatry, Moscow, Russia*

Family emotional state and social functioning in relation to depression among Korean adolescents, living in different ethnocultural and socioeconomic conditions (Uzbekistan (CIS) and Republic of Korea) were assessed in this study. Adolescents (N = 1490, age 13–18 y.o.) were administered Family Adaptability and Cohesion Evaluation Scale (FACES-III) and Beck Depression Inventory (BDI).

Results demonstrates significant statistical differences on the family cohesion dimension between Non-depressive and Depressive adolescents in both countries. Depressive Korean adolescents (citizens of Uzbekistan or Republic of Korea), despite deep sub-cultural differences between two populations, especially in patterns of family functioning, have low level of cohesion in there families. FACES-III can be used as an additional diagnostic instrument while study adolescent's depression and indicate a trend in therapy with depressive adolescent family.

Tues-P59**FAMILIARER KONTEXT BEI DEPRESSION- UND ANGSTSTÖRUNGEN**

A. Kholmogorowa¹*, S. Wolikowa¹. ¹*Moskauer wissenschaftlicher Forschungsinstitut für Psychiatrie, Russia*

Das Ziel: Die Untersuchung der Eltern- Kinderbeziehungen bei Depression- und Angststörungen.

Die Hypothese: Die Stimulierung der negativen Emotionen durch Kritik, hohe Ansprüche, Gefährgefühle u.s.w. ist der wichtige Kommunikationmuster in der Eltern- Kinderkommunikation bei emotionalen Störungen.

Die Methoden: Es wurden 15 Eltern der Depression-Angstkranken mit folgenden Methoden untersucht:

1. originaler Fragebogen der emotionalen Kommunikation in der Familie;
2. der Aufsatz zum Thema "Mein Kind";
3. die Aufgaben: die Charakterzüge des Kindes nennen, das Kritik- und Lobniveau gegenüber dem Kranken einschätzen.

Die Experimentellen Daten: 1) 70% der Antworten im Fragebogen der emotionalen Kommunikation entsprachen dem Muster der Stimulierung der negativen Emotionen;

2) Im Aufsatz haben die Eltern in erster Linie eigene Gefühle oder formale Ereignisse aus dem Leben des Kranken beschrieben;

3) 70% von allen erwähnten Charakterzügen waren negativ, das Kritikniveau waren zweimal höher als Lobniveau, die Ansprüche waren wenig konkret und überwiegend mit den Leistungen verbunden.

Tues-P60**ELDERLY'S AGITATION AND AGGRESSIVENESS IN PRIMARY HEALTH CARE**

J.M. Léger¹*, D. Gérard². *The OCEAAN experts Group; ¹CH Esquirol, Limoges; ²Laboratoires Synthélabo, Meudon, France*

Aim: To describe in primary health care, symptomatology, comorbidity, and medical and social consequences of elderly's disruptive behaviours.

Method: A representative sample of 212 GP's of french GP's with preferential geriatric activity were asked to conduct a study by

including retrospectively two patients older than 65 with agitation and aggressiveness.

Results: A total of 410 outpatients (mean age: 81 years \pm 7.65/female: 61%, male: 39%) with inappropriate verbal activity (80%), and/or verbal aggressiveness (71%), and/or physical agitation (60%), and/or wandering (48%), and/or physical aggressiveness (31%) were included. In 81% of patients the symptoms appeared progressively, their mean duration was two years. It was the first episode in 40% of patients. Among factors which may explain disruptive behaviours organic illness (62% of case), dementia (54%), depression (34%), and anxiety disorder (31%) were observed. A triggered factor was identified in 57% of case (psychosocial stress: 39%). Somatic consequences of the symptoms were notified in 73% of patients. Limitation of daily activities (85%) and family life (97%) were also noticed. Acceptability of patient's symptoms by the family was good in 61% of cases. 320 patients (78%) received a treatment (mean duration: 111 days \pm 221.1). An hospitalisation (mean duration: 19 days \pm 22.3) was required for 95 patients (23%).

Conclusions: This study carried out in the primary care showed that elderly's disruptive behaviours cause severe medical consequences and familial and social distress.

Tues-P61**PREVALENCE AND COURSE OF PSYCHIATRIC DISORDERS AMONG NURSING HOME ADMISSIONS**

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

Objective: Some surveys in nursing homes suggest that psychiatric morbidity might decrease shortly after admission which contrasts the results from point-prevalence studies. Therefore, we performed an investigation on psychiatric prevalence in residents newly admitted to nursing homes.

Method: 262 nursing home residents in an urban and a rural region of Austria were interviewed using the Clinical Interview Schedule (Goldberg et al. 1970) and its case criteria within two weeks after admission and a second time after six months.

Results: Psychiatric prevalence was 76.3% at admission, and 69.9% six months later. In the intervening period, the percentage who died or were admitted to hospital was markedly higher among cases than among non-cases. During the six months, the incidence of new psychiatric cases (5.9%) was slightly lower than the rate of remission (8.6%). At both assessments, organic mental illness was the most frequent psychiatric disorder, followed by neurotic, adjustment, and psychosomatic disorders. Residents who developed psychiatric disorders during the intervening six months suffered predominantly from organic mental disorders, while the highest rate of remission was found among residents suffering from affective and neurotic disorders.

Conclusion: The survey shows that the slightly lower rate of psychiatric disorders six months after admission is due partly to remission from psychiatric illness and partly to attrition (death or hospital admission).