

psychological trauma or only physical aggression) and cognitive and psycho-affective variables.

Otherwise, we found a statistical difference on immediate memory as far as the delay of examination was concerned.

Furthermore, most of the cognitive dysfunctions were correlated with the severity of anxiety and depression. PTSD seemed also perturbing work capacity. The details of these data will be demonstrated.

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OBSERVATION OF AN "EMBARASSING" EFFECT DURING THE INITIAL PHASE OF TREATMENT WITH OLANZAPINE ON THE SUBJECTIVE EXPERIENCE IN THREE LONGSTAY SCHIZOPHRENIC PATIENTS WITH PROMINENT NEGATIVE SYMPTOMS

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In three schizophrenic patients in a closed ward (>10 yrs. by law) with prominent negative symptoms, olanzapine was added to the conventional depot medication. In patient A (f, 30 yrs, 105 kg, desorganized type) olanzapine 10 mg/day was added to flupenthixol dec. 80 mg/wk. After a marked improvement in daily activities, dosage was increased to 20 mg/day. She then started to complain about "all kinds of impressions, she couldn't handle" and asked for dose reduction. In patient B (f, 54 yrs, 58 kg, desorganized type) olanzapine 10 mg/day was added to flupenthixol dec. 120 mg/2 wks. While she hardly could concentrate on a talk of 5 minutes, before, she now could have a talk for half an hour, including affective contact. She started complaining then of feeling "strange in her head and hair" with a sad and desperate facial expression. She refused the olanzapine, but accepted it again a few weeks later, in a dose of 5 mg/day. Patient C (m, 37 yrs, 60 kg, paranoid type) got 5 mg/day in addition to haloperidol dec. 150 mg/3 wks and perazin 600 mg/day. After a marked improvement in selfcare and alleviation of positive symptoms as well the patient himself asked for dose increase. After some weeks with 10 mg olanzapine/day he started to express feelings of sexual attraction towards a female nurse, putting forward also his problem in making contact with women. One day he refused the olanzapine definitely.

Conclusion: It seems feasible to start with a rather low dose of olanzapine in chronic patients in order to give them time for adaptation to, for them, uncommon experiences during symptom improvement. Otherwise a possible promising treatment would end prematurely in rejection of the medication by the patient out of sheer "embarrassment".

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SILDENAFIL CITRATE (VIAGRA) TREATMENT OF SEXUAL DYSFUNCTION IN SCHIZOPHRENIC PATIENT

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The sexual functioning of patients suffering from mental disorders has been largely overlooked. A high frequency of sexual problems was reported by treated as well as untreated schizophrenics. Lack of or minimal sexual activity has been reported in the premorbid lifestyle of patients with schizophrenia, due, in part, to a low degree of social competence, lack of experience with sexual relations and a high rate of celibacy. Negative symptoms like anhedonia and lack of interest and initiation may contribute to the reduced sexual desire and performance reported, even by untreated chronic

schizophrenic patients. Since in majority of cases underlying causes of sexual dysfunction are multifactorial, the treatment is quite disappointed. Recently introduced, Viagra (sildenafil citrate), is the first oral agent indicated for the treatment of impotence and in double-blind randomized controlled trial oral was found safe and effective treatment for men with erectile dysfunction of organic, psychogenic, and mixed causes. However, the place of sildenafil for treating sexual dysfunction in male schizophrenic patients has remained to be determined. We present a case of 26 years old man suffering from schizophrenia and having significant libidinal, erectile and orgasmic dysfunctions, who was successfully treated with Viagra for 0.5 year. To our best knowledge this is the first report of such beneficial use of Viagra in a clinical psychiatric practice. This case represents the complex character of sexual dysfunction in male schizophrenic patients.

(1) Aizenberg D, Zemishlany Z, Dorfman-Etrog P, Weizman A. Sexual dysfunction in male schizophrenic patients. *J Clin Psychiatry* 1995; 56: 137-141.

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SWITCHING FROM CONVENTIONAL TO NEW ATYPICAL ANTIPSYCHOTICS IN SCHIZOPHRENIC PATIENTS: A STUDY ON PATIENT'S SATISFACTION

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The purpose of the study was to assess subjective, self-experienced and self-reported changes in schizophrenic patients after switching from conventional to new atypical antipsychotics, as well as to explore the relationship between satisfaction with treatment and clinical improvement. 74 chronic schizophrenic (DSM-IV) have been switched to risperidone, olanzapine or quetiapine after having responded to conventional antipsychotics with unsatisfactory clinical improvement or intolerance of side effects. After third month of the new pharmacotherapy the patient's satisfaction questionnaire was filled out, and the global clinical improvement was estimated by the treating doctor.

More than half of the patients was fully or very satisfied with the new medication and 45 (60%) evaluated it as much better than former therapy. 35 patients experienced no side effects in the last month of the treatment, and 62 (83%) said they wished to continue the therapy. Taking the new atypical antipsychotics, patients experienced most favourable changes in the area of the quality of life. There was no strong relationship between satisfaction with treatment and clinical improvement, which supports the proposed conceptual model for patient's satisfaction, that satisfaction is influenced by several other factors as well. Our results, similarly to data from other authors, indicate that administration of new atypical antipsychotics in schizophrenia results in greater subjective satisfaction than with conventional drugs. This has a favourable effect on compliance, which might indirectly lead to avoidance of complication and thus to a decrease in costs of treatment.

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EARLY ONSET OF SCHIZOPHRENIA AND EFFICACY OF RISPERIDONE

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When compared with studies in adults, the number of studies that have been performed in young patients with schizophrenia is

miniscule. From these studies, it appears that typical antipsychotics are effective in youngsters with psychotic illness. However, the incidence of certain side effects, particularly EPS, is found to be higher in young patients compared with adults. PET receptor studies have demonstrated that incidence of EPS is related to dose-dependent D2 receptor occupancy, and there is a significant relationship between the number of these receptors and age. Children appear to be more susceptible to side effect (EPS), and because of its prospective longer use, it places them at a high risk of tardive dyskinesia. The atypical antipsychotic risperidone appears to represent a better alternative than conventional neuroleptics, with a lower risk of extrapyramidal side effects.

Methods: In open-label study the 14 subjects (8 boys and 6 girls) aged from 7 to 17 years (mean age 14.6 years), with schizophrenic disorders received risperidone. The duration of treatment varied from 5 up to 8 weeks, with mean duration being 6.7 weeks. These assessment criteria were used: Positive and Negative Subscales of the PANSS and Clinical Global Impressions (CGI). Parameters were analysed using t-test.

Results: Positive and negative symptoms improved during the course of trial, mean PANSS total score improved significantly on week 3. The safety profile of risperidone in children was similar to that in adult patients and none of adverse events were considered serious.

Conclusions: In subjects with early onset of schizophrenia, risperidone has demonstrated safe and effectiveness against both negative and positive symptoms according to PANSS, with improvement in CGI.

P02.300

GENDER DIFFERENCES IN PSYCHIATRIC ADMISSIONS: THE INFLUENCE OF CULTURE AND SOCIAL PSYCHIATRY
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Retrospective analysis of all psychiatric admissions in Al-Ain District over 5 years (n = 2745) showed a consistent excess of male over female inpatients by a ratio of 1.49: 1. To explore this phenomenon, all admissions during a period of three months were retrospectively assessed using a modified form of the Bethlem Royal and Maudsley Hospital Observation Sheet. In addition to socio-demographic characteristics, personal history, medical and psychiatric history, symptom profile and investigations, the assessment also covered treatment outcome as assessed by the Clinical Global Impression Scale. A number of gender differences emerged. Past psychiatric history revealed that male patients had more often sought contact with psychiatric services and had more frequent previous admissions when compared to their female counterparts. Apart from birth order, no differences were found in the circumstances of upbringing, or that of development. Male patients with a psychotic disorder more often exhibited delusions of persecution, and received a diagnosis of schizophrenia. Patients admitted for alcohol and drug problems were exclusively males. On the other hand, increasing number of female patients presented with affective and conversion disorder. Female patients were more often considered more to be markedly improved on discharge than their male counterparts, perhaps due to the different diagnostic profile. One way of explaining these findings would be to regard this as resulting from the influence of gender characteristics in the manifestation of psychopathology but the authors feel that this could more readily be explained by the idiosyncratic social fabric of the United Arab Emirates.

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LIFE QUALITY IN A GROUP OF ELDERLY PEOPLE WHO ARE NON SELF-SUFFICIENT, AND NON INSTITUTIONALIZED

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Objectives: To describe the health and life conditions of a group of elderly people who are not self-sufficient and live at home, and not in nursing institutions.

Design: Population based, cross-sectional health survey.

Participants: 167 persons (60 males and 107 females), interviewed from January to 30 July 1996.

Inclusion criteria: Minimum age of 65; non-self-sufficiency; living in urban areas of Turin, but not in institutions.

Measurements: It has been administered an obliged-choice questionnaire about life and health conditions, ADL index for disability level and the Hospital Anxiety and Depression Scale.

Results: By observing elderly patients, it has been found that the quality of life of the non-self sufficient is negatively influenced above all by the degree of disability and depression, and apparently is less influenced by the degree of anxiety. The non-self-sufficiency condition does not always correspond to physical disability. Depression in non-self-sufficient, non-institutionalised elderly people, seems to worsen attitudes towards life more than what physical disability does.

Conclusion: Some types of non-self-sufficiency seem to be caused by cultural prejudice. Some elderly are actually less seriously disabled, from a medical point of view, than they, their family and the privileged sources of information think. Psychopathological factors family dynamics probably worsen the non-self-sufficient condition of a person. Therefore, the therapeutic strategy, also from the point of view of Quality of Life, should consider more articulate geriatric and psychosocial interventions.

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BULIMIC FAMILY DYNAMICS: TEMPERAMENT AND CHARACTER DYNAMICS

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Objective: Modern psychobiological research conceptualizes personality as a complex adaptive system involving a bi-directional interaction between heritable neurobiological dispositions (temperament) and social learning (character). In this study, we evaluate temperament and character traits of parents with bulimia nervosa, their mothers and fathers, and we analyze correlations of temperament and character traits among family members in bulimic families. Finally, we test the ability of the TCI to discriminate between normal controls and bulimic subjects, their parents and their family.

Subjects: Temperament and Character features of 65 bulimic patients and their parents (24 mothers and 19 fathers) were analyzed and then compared with a control group of 60 women and their 20 fathers and 20 mothers using the TCI.

Results: This study demonstrates that both temperament and character factor are involved in Bulimia Nervosa (BN). Consistent with earlier results bulimic individuals were high in Harm Avoidance and Novelty Seeking. As a novel finding, their character was