

Conclusions: First-episode psychosis African-Caribbean patients show less neurological abnormalities than White British patients. This might indicate different risk factors for developing psychosis in the two groups.

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THE INFLUENCE OF FAMILIAL LOADING ON THE COURSE OF SCHIZOPHRENIC SYMPTOMS AND THE SUCCESS OF PSYCHOEDUCATIONAL THERAPY

R. Feldmann¹*, W.P. Hornung², G. Buchkremer³, V. Arolt⁴.
¹Department of Pediatrics, University of Muenster; ²Rheinische Kliniken Bonn; ³Department of General Psychiatry; ⁴Department of Psychiatry, University of Tuebingen; ⁴Department of Psychiatry, University of Muenster, Germany

Psychoeducational and cognitive-behavioral interventions for schizophrenic outpatients and their key persons have had impressive long-term effects on the course of schizophrenic illness in terms of a markedly reduced rehospitalization rate. However, they appear to have no overall impact on psychopathological symptoms. This prospective study examines the influence of familial loading on the course of schizophrenic illness and the extent to which this is modifiable by psychoeducational training as a form of psychotherapy.

191 schizophrenic patients enrolled in the study were allocated by random into four different treatment groups and one control group. 40% of the patients had mentally ill relatives, 20% with some form of schizophrenia. Patients attending the training and those in the control group were examined before and immediately after psychoeducational training and at 2-year and 5-year follow-ups.

Control-group patients with mentally ill relatives displayed a significant increase in psychopathological symptoms and rehospitalization rate than those without. The psychoeducational training arrested or even improved the increase in psychopathological symptoms in patients with mentally ill relatives.

Familial loading contributes substantially to a high rehospitalization rate and a poor outcome of schizophrenic patients. Psychoeducational interventions are an appropriate means of arresting this unfavorable development.

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TREATMENT OF SICK DOCTORS. THE EXPERIENCE OF A SPECIALIZED UNIT

A. Gual. *Unitat d'Alcoholologia de la Generalitat de Catalunya, Hospital Clinic, Spain*

Sick doctors are a relevant problem for the Health System. The College of Physicians of Barcelona created in 1998 a specialized treatment program with inpatient and outpatient facilities, were 106 doctors have been treated during 1998 and 1999.

Mean age of sick doctors was 46.7 years. 79% of the sample were men, mainly living in Barcelona (80%). Main diagnosis at entry was alcoholism in 32% of cases, other addictions in 21%, and mental diseases in 47% doctors. 12% of sick doctors approached the program under the pressure of Medical Institutions, while 24% approached it through the suggestions of colleagues. The remaining 64% came either on a voluntary basis or pressed by their relatives. 25% of the cases have undergone inpatient treatment with a mean length of stay of 30 days.

The main features of the Program as well as clinical results will be discussed.

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COMPARISON OF DEPRESSIVE DISORDERS IN YEARS 1990 AND 1999

E. Panagoulas*, K. Dailianis, P. Papadopoulos, G. Tychoopoulos. *Peristeri Mental Health Center, 19 Ploutonos & Hephæstou, GR 12135 Perister, Athens, Greece*

Peristeri Mental Health Center was established at 1990 in a western suburb of Athens. It's a community oriented organization with a middle class population in its catchment area.

The aim of this report was to find out the possible differences among two groups of clients with depressive disorders, who came to the Center, the first group during 1990 and the second group during 1999, as new cases.

We examined the medical records of adult clients with diagnosis Major Depression and Dysthymia and analyzed the following parameters: sex, age, education level, profession, marital status, referral source, psychiatric treatment in the past, hospitalizations, psychotherapy, drug therapy and outcome.

From our findings we can mention: a) 50% of the clients of the year 1999 were less than 40 years old, in opposite to the year 1990 where the same ages were only 25%, b) the education level was significantly higher for the year 1999, c) about the referral source, we underline the finding that the clients referred by other clients were doubled and those referred by themselves were tripled, from 1990 to 1999, d) we have a remarkable increase (1999) in using SSRIs and SNRIs instead of TCAs (1990) and e) we have better outcome the 1999 than 1990, e.g. Great improvement: 23.3% vs. 17.7% and Moderate Improvement: 35.0% vs. 22.3%.

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ADHERENCE TO ANTIRETROVIRAL THERAPY AMONG PATIENTS IN A METHADONE MAINTENANCE PROGRAM

G. Perez*, M. Torrens, R. Martin-Santos, C. Castillo, J. Sangorrin, M. Cabre. *Unitat de Recerca en Psiquiatria, IMIM - Hospital del Mar, 25-29 Pg. Maritim, 08003 Barcelona, Spain*

Introduction: The widely used Highly Active Antiretroviral Therapies (HAART) for patients affected by HIV-1 infection, has renewed the interest in factors related to adherence, due to the increasing evidence about the development of viral resistant strains and their transmission (Friedman and Williams, 1999; Markowitz et al., 2000). This issue is most important in subgroups of Intravenous Drug Users (IDU) (Sherer, 1998). We present here a study of adherence and related factors in former IDUs, now following a methadone maintenance program.

Material and Methods: 53 patients (68% men; 32% women) on HIV antiretroviral therapy were assessed through a semistructured interview on their adherence patterns to that medication, and present attitudes and psychosocial factors related.

Results: Most patients (66%) informed of a correct adherence (>95%) but still there's an important subgroup with insufficient adherence (14%) and another which abandoned treatment at all (20%). Most subjects didn't know anything about resistance associated with imperfect adherence (60%). There was no relationship to depression as measured by BDI, to number of pills or medications, or to percentage of recent positive controls on cocaine. Nevertheless knowledge of resistance issues and a proper social support to follow the regime showed a very strong discriminative bias in favor of very adherent subjects.

Conclusions: There's a strong need to develop new strategies to improve adherence in these patients, though they show an overall good disposition to achieve it. Mainly, clinicians should address educational issues on resistance, proper scheduling of medications,