SES16.03
DEINSTITUTIONALIZATION IN GERMANY AND SWITZERLAND

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The central European countries Germany and Switzerland are confronted with a variety of individual problems concerning health care. After an analysis of problems which are shared by both countries, these individual aspects are analysed. In Germany there has been a rapid structural change of psychiatric care in the last 30 years. Although there was a broad movement to deinstitutionalize patients with chronic psychiatric disorders who need longterm care, there are still too many psychiatric beds in big psychiatric hospitals and still missing psychiatric departments in general hospitals in some areas. Due to historical reasons the mental health care system in Switzerland is not easily comparable with the one in Germany. Deinstitutionalization in Switzerland mainly means reduction of beds in the existing psychiatric hospitals rather than a structural change with a conversion to psychiatric departments in general hospitals. Thus, in both countries the process of deinstitutionalization has still not come to a satisfying level. This is not only due to the economically difficult situation in the recent time period. A change can only be expected when the opinions about modern principles of psychiatric care get more weight in the general society and their political representatives. This implicates the aspects of the relationship of psychiatry to other medical disciplines, the stigma of psychiatry and the diversity of successful psychiatric treatment- and care methods investigated in the last decade.

SES16.04
DEINSTITUTIONALISATION AND PSYCHIATRIC REFORM IN SPAIN

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The transformation of Psychiatric care produced in Spain since 1980s has produced as its most significant achievements: i) the development of a new organisational structure for mental health care; ii) the integration of mental care in the general health system; iii) the creation of a network of community mental health centres; iv) the adoption by the community of more positive attitudes towards mental illness and its treatments.

However, the application of the Spanish Psychiatric Reform has followed an uneven course, with marked differences between the different autonomous regions. The main deficiency has been in the development of intermediate community services and programmes. It is also possible to detect a strong tendency to maintain the old mental hospital for both short and long term mental health care. Finally, the analysis of the Spanish experience has revealed that: i) many of the criticisms usually made about the deinstitutionalization processes, are derived from its inadequate implementation; ii) it is wrong to simply equate deinstitutionalization with closure of psychiatric hospitals, without the awareness that it represents a far more complex process.

S39. Suicide Part III. Suicidal behavior: prophylactic treatment (Supported with unrestricted educational grant from Servier)

Chairs: Y. Lecrubier (F), J. Angst (CH)

S39.01
CAN BETTER RECOGNITION AND TREATMENT OF DEPRESSION REDUCE SUICIDE RATES?

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It has been repeatedly demosntrated that 60–65% of suicide victims had (mainly untreated) depression at the time of suicide. In spite of the fact that depression is highly treatable illness, the rate of appropriate drug treatment of depression in the population and among the suicide victims is extremely low. It is particularly disturbing, since almost 50% of depressed suicide victims contact the health care several weeks or months before their deaths. On the other hand, it is also well documented that adequate acute and long-term treatment of mood disorders reduces significatly the suicide mortality in this high-risk population. Given the aboves and that the incidence of depression is increasing, the frequently noted argument (ie. "increasing utilization of antidepressants did not reduce suicide rates") is counterproductive. Theorethically, if the rate of treated depressions in the population increases gradually, at a given point it will appear in the dcline of the suicide rate. However, since the effect of a given intervention largerly depends on the baseline situation (the effect is greater when the baseline sutuation is more pathological) the role of better recognition and treatment of depression in reducing suicide rates can be easier to demonstrate in the populations where the suicide rate is high and the rate of treated depression is low. In fact, recent studies from Hungary (where the suicide rate was the highest on the world till the mid 90s) suggest that more extensive treatment of depression can reduce suicide mortality at the level of the population.

S39.02
PREVENTION OF SUICIDE AND SUICIDE ATTEMPT BY ADEQUATE LITHIUM LONG-TERM TREATMENT

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Based on well documented serotonin-agonistic and antiaggressive effects of lithium, we hypothesized that a properly performed lithium long-term medication might have specific antisuicidal effects. Support for this assumption came from our findings that in a high risk group of the Berlin Lithium Clinic suicidal behaviour was significantly higher in patients having discontinued lithium than in those with regular uninterrupted medication. In the context of a large prospective multi-centre German study (MAP), in which patients were allocated at random to either lithium, carbamazepine or amitriptylin long-term treatment, it could be demonstrated that suicides and parasuicides occurred exclusively in the non-lithium groups. A reduction of suicidal behaviour should result into a lowering of the 2–3 fold increased mortality in affective disorders. Such an effect of lithium long-term treatment could be shown by various groups, e. g. Coppen in the U.K. and Nilsson in Sweden, but has been particularly demonstrated by the collaborative large study of IGSLI. It has been shown in a large international patient group

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equalling 5,600 patient years that the mortality during lithium long-term treatment is no more different from the normal population, and that it rises again when lithium is discontinued. Additional recent data from Italy, Switzerland and Sweden fully support these findings. Such an effect has not been demonstrated so far for any other alternative prophylactic treatment in affective disorders. It is estimated that in Germany, where only 0.06% of the population are receiving lithium, ca. 200 suicides/year are prevented equalling 3060 working years before the age of 65.

S39.03

CLOZAPINE AND SUICIDE PREVENTION IN SCHIZOPHRENIA

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Suicide is one of the most common cause of premature death among patients with schizophrenia and schizoaffective disorder. The suicide rate among schizophrenic patiens is reported to vary between 8 and 15 percent what is more than 20 times higher than in general population. About 40 percent of all schizophrenic patients will attempt suicide sometime in their lives. That is why the suicidal behaviour is one of the most serious issue in the long-term treatment of schizophrenia.

To investigate suicide risk reduction as a possible specific benefit of clozapine treatment, the International Clozaril/Leponex Suicide Prevention Trial (InterSept) is currently being conducted. This large, prospective naturalistic study will compare the rate of suicide attempts and deaths in schizophrenic patients at high risk of suicide randomly assigned to receive clozapine or olanzapine. As results should be available in 2001, in the lecture will be presented some Croatian observations and experiences with clozapine in suicide prevention in schizophrenic patients. The author has had almost twenty years clinical experience with clozapine in the schizophrenia treatment. It appears that risk factors which appear to be significant for suicidal behaviour in schizophrenia are very different: presence of specific schizophrenic productive symptoms (imperative hallucinations and suicidal delusions), traits like increased impulsivity, agressiveness and low frustration tolerance, experiencing chronic disabling disease and multiple relapses, awareness of mental deterioration, hopelessness and loss of faith in the treatment, akathisia and tardive dyskinesia, premature antipsychotic drug discontinuation and noncompliance, presence of different types of depression (a part of schizoaffective disorder, a post-psychotic depression, a consequence of neuroleptic treatment etc.), destructive family relationships, etc. On the other hand suicidal behavior may be related to dysfunctin of various neurotransmitter systems (e.g. postsynaptic 5-HT2 and 5-HT1A as well as alfa1 and alpha 2 noradrenergic receptors are increased). Clozapine multiple neurotransmitter modulation of serotonergic, noradrenergic, cholinergic and dopaminergic functions may be the biological basis of its significant antisuicide potential as well as of its beneficial therapeutic effects on majority of risk factors previously mentioned. In conclusion one can say that a significant progress was made by clozapine in improving efficacy of antipsychotic drug treatment of schizophrenia in general as well as in reducing suicidality of schizophrenic patients.

S39.04

PREVENTION OF SUICIDES BY LONG-TERM TREATMENT WITH ANTI-DEPRESSANTS?

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Methodological Considerations: Suicides are rare; study of the effects of treatment on suicide rates therefore requires either very large samples or observation over decades.

Study: In a follow-up study carried out on consecutive hospital admissions (1959–1963) comprising 220 bipolar and 186 depressive patients, mortality data were collected in 1991 and 1997. The long-term medication (more than six months) administered in the intervals between episodes was roughly classified as antidepressants, neuroleptics and lithium. Patients receiving such treatments were more seriously ill and suffered more residual interepisodic symptoms and impairment according to the Global Assessment Schedule. Nevertheless, the suicide rate among patients receiving long-term interval medication was significantly lower than that of the non-treated patients. Their SMR was about one-third that of the untreated sub-sample. A marked reduction in suicides was found among patients receiving antidepressants alone; the reduction was even greater when patients received antidepressants in combination with neuroleptics (mainly clozapine and thioridazine) or lithium. The assumed treatment effect was found in bipolar and unipolar depressed patients. Cardio-vascular deaths were fewer in the treated group than in the untreated one.

Conclusion: Low dose long-term medication with antidepressants and atypical neuroleptics seems to be highly prophylactic against suicidality.

S40. Consequences of extreme situations and disasters

Chair: V. Krasnov (RUS)

S40.01

PSYCHIATRY OF EXTREMAL SITUATION

V.N. Krasnov

No abstract was available at the time of printing.

S40.02

MENTAL DISORDERS IN REFUGEES

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After the USSR collapse about 9 millions of citizens were forced to change their place of residence due to ethnic conflicts. The study have shown that the refugees, who find themselves at the epicenter of ethnic conflicts, have gotten a short-term "pre-emigratory period" of time due to the urgent necessity to flight from the direct threat. After the departure from a conflict zone people manifested different behavioral deviations reflecting different depths of a mental disorder that could be from the psychological level to the psychopathological one, such as psychological shock, grief reactions; paranoid reactions; generalized anxiety disorders; anxiety-depressive disorders; anxiety-phobic disorders. Later on hypodynamic depression developed in some of the emigrants, and hysteria-depressive reactions prevailed in others. The largest group were

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