

## Meeting

*Abstracts of some of the papers given at the Annual Meeting of the Royal College of Psychiatrists in London on 4-6 July 1978.*

**Shortening in-patient treatment—Clinical Results of a Controlled Trial.** ANGELA KNIGHTS, S. R. HIRSCH and STEVEN PLATT, Charing Cross Hospital, London W6 8RF.

All patients admitted to a district general hospital over one year were randomly allocated to either Brief Care (one week in hospital) or Standard Care (length of admission at clinician's discretion). The MRC Present State Examination (P.S.E.) was given to each patient 5-7 days after admission and three months later. The treatment groups were similar with regard to social and clinical factors. Seventy-eight patients were followed up, 44 receiving Brief Care, 34 Standard Care. Two-thirds of these patients were diagnosed as psychotic. Diagnostic distribution within the Groups was similar. Twenty-two patients, i.e. 50 per cent in the Brief Care group, left hospital in 7-10 days. Items of the P.S.E. and ratings were added to make psychotic and neurotic subscores analysed in terms of the change over three months in individual patients, change in subscores for the treatment groups, and change in syndrome profiles.

Eighty per cent of the patients in both treatment groups showed improvement. Separate consideration of neurotic and psychotic scores showed no difference between groups, and there were no differences in the proportion of patients showing improvement in diagnostic subgroups.

**Bereavement and sudden unexpected death in infancy (Sudden Infant Death Syndrome).** KERRY BLUGLASS, Queen Elizabeth Hospital, Birmingham.

Bereavement of parents through sudden infant death has received little study. The loss of a child was accepted more philosophically in earlier times. Sudden Infant Death Syndrome (SIDS) ('cot-death'), may have especially serious consequences for the family. The DHSS Multi-Centre Study is collecting data in 12 centres on the aetiology of SIDS, but until recently there has been no systematic study of the bereavement reactions in the parents. A pilot study of such a group of bereaved parents is in progress in

Birmingham and a national survey of the support and counselling available for them made.

Health visitors are providing much support, which has implications for their training.

**Psychotherapy of the dying patient.** AVERIL STEDEFORD, Warneford Hospital and Sir Michael Sobell House, Oxford.

A psychiatrist working in a terminal care unit received 49 referrals over two years, 14 per cent of new admissions. The main problems encountered were in communication and relationships, but also severe depression and anxiety, psychotic states, and physical symptoms which did not respond to treatment and in which a psychological cause or component was suspected. Patients with organic brain disease or toxic confusional states suffered especially from fear of impending insanity, and were treated in a way that fostered a detached attitude on their part and minimized their distress.

**Befriending in widowhood—an evaluation of efficacy.** T. LESLIE DUNN, GLORIA OVERTON, LESLEY RILEY and RACHEL SHEARD, Central Hospital, Warwick.

The efficacy of a widows' befriending service using as volunteers widows who had adjusted to bereavement was evaluated. The objectives were the possible prevention of psychiatric disorder, helping in the management of those already ill, and providing for ordinary human needs. A retrospective evaluation was carried out by means of follow-up interview and postal questionnaire conducted by a trainee social worker not previously involved in the service. Seventy-three out of 89 widows were contacted.

It was found, at a statistically significant level, that non-acceptors of the scheme were more likely to be emotionally distressed at follow-up interview than acceptors and that non-acceptors were more likely to have been referred from medical sources. Non-acceptors were also more likely to have supportive relatives than acceptors. Volunteers tended to be self-selecting but saw a need for some professional involvement.

**Accidents—cause and effect.** A. C. WHITE, Midland Nerve Hospital, Birmingham.

278 adult accident victims comprising 142 consecutive in-patients with burn injuries and 136 in-patients matched for age and sex suffering from injuries other than burns, were interviewed.

The victims had a high incidence of physical and mental illness by comparison with a normal population.

A cohort of victims (88 per cent follow-up rate) selected only by geographical area was interviewed one year after discharge. Nearly 60 per cent had psychological sequelae varying in intensity from mild (25 per cent) to severe (5 per cent). Using information obtained from the initial interview, it was shown that age (35–45), living alone, having large families, birth outside England, Scotland and Wales, low social class, severe reactive depression, anxiety state or personality disorder diagnosed at the initial interview, and severity of injury were all related to poor psychological outcome. Furthermore, compensation was *not* found to be an important factor in the aetiology of these cases of post-traumatic neurosis.

**Cushing's syndrome: a psychiatric study of 29 patients with observations on the aetiology of the depressive symptoms.** SAMUEL I. COHEN, The London Hospital, London E1 1BB.

In a psychiatric study of a consecutive unselected series of 29 patients with Cushing's syndrome 21 had bilateral adrenal hyperplasia and 8 had tumours. Depression of a significant degree occurred in 86 per cent. There was a family history of depression or suicide or a history of early bereavement or significant separation in 44 per cent. In six of the hyperplasia patients a major emotional disturbance had preceded the onset, and in five of these the disturbance was a loss. These facts suggest that a vulnerability to depressive illness might be linked to a vulnerability to Cushing's syndrome. The severity of the depression was not related to the level of circulating cortisol. Three of the eight tumour patients but only one of the 21 hyperplasia patients were completely free of psychiatric disorder and this difference is statistically significant. The depression was relieved when the tumour or hyperplastic glands were removed. It is suggested that the depression in Cushing's syndrome might result from a substance other than cortisol produced by the adrenal under excessive pituitary and/or hypothalamic stimulation and that this substance may play a part in the aetiology of depressive illness in general.

**Mental symptoms and body weight changes after childbirth.** GEORGE S. STEIN, Maudsley Hospital, London SE5.

Forty patients from a post-natal ward were weighed each morning for the first seven days after delivery. They also completed a self-rating scale for 13 symptoms which included depression, weeping, anxiety, irritability and headache, as well as ankle swelling. The results showed that crying was most frequent on days 1 to 4 post-partum, while depression and headaches showed a peak incidence around days 4 and 5. Depressive mood swings occurred more often in those with a previous history of neurotic depressive episodes, and headaches occurred almost exclusively in those with a previous personal or family history of migraine. Ankle swelling occurred transiently around the fourth day and its appearance was associated with the onset of weight loss and crying. Body weight rose for the first 3–4 days and was then rapidly lost, the gains being caused by sodium retention followed by a large urinary sodium loss. The main finding of the study was an association between the day of onset of the weight loss, and the day when the mood changes were most severe, indicating that the two processes were linked.

**Maintenance Therapy in Out-patient Schizophrenics: a report of a double-blind trial comparison of fluphenazine decanoate and flupenthixol decanoate.** S. R. HIRSCH, ANGELA KNIGHTS, M. S. OKASHA, MOHAMMED ALI SALIH, Charing Cross Hospital, London W6 8RF.

Fifty-seven patients with a diagnosis of schizophrenia, established using P.S.E. criteria, were started on either fluphenazine or flupenthixol injections in a double-blind trial immediately prior to discharge into the community. The patients were followed up for six months as out-patients and rated for psychotic symptoms, affective changes and appearance of extra-pyramidal side-effects.

During the six-month follow up 30 per cent dropped out of treatment, 7 per cent relapsed and 53 per cent experienced depressive symptoms during the trial. Twenty-seven per cent of the depressed patients were prescribed antidepressant medication by the clinicians, but there was a tendency for depressive symptoms to improve regardless of antidepressant treatment. Eighty-nine per cent of patients were found to have extra-pyramidal side effects at some time during the trial and received anti-parkinsonian medication. Neither clinical data nor research instruments discriminated between the two drugs, at the 95 per cent confidence level.