

Two systematic samples were drawn out from the population of clients attending the Italian National Health Service's Drug Dependence Units on a multi-centre national basis. Only subjects aged 18–60 fulfilling DSM III-R criteria for drug dependence (not primarily alcoholic) were recruited for the investigation. A sample of 317 clients was clinically evaluated by psychiatrists for current DSM III-R mental disorders during the routine practice of intake (sample 'A'). A further sample of 99 clients was recruited, but only 65 of these completed the CIDI 1.1 (sections B-C-D-E-F-G-H-K-M); interviews were administered by trained staff and DSM III-R diagnoses worked out by computer program (sample 'B'). Samples were fairly similar in demographics, history of drug addiction, and prevalence of HIV infection.

Psychiatric diagnosis was undetermined in 40/317 (12.6%) clients of sample A and in 34/99 (34.3%) of sample B, whilst some current psychiatric morbidity was ascertained in 83/317 (26.2%) and 21/99 (21.2%) of cases respectively. The current principal diagnosis was, of 83 comorbid cases in the sample 'A': Mood 52 (0.63), Anxiety 16 (0.19), Psychotic 8 (0.10), Other miscellaneous 7 (0.08); and, of 21 comorbid cases in the sample 'B': Anxiety 9 (0.43), Mood 8 (0.38), Other miscellaneous 4 (0.19).

The employment of the CIDI resulted in a better detection of Anxiety and Other miscellaneous disorders, but unfortunately the rates of drop-out were very high. Overt psychotic clients did not undergo the interview. In conclusion, a careful clinical evaluation of psychiatric morbidity is necessary and may be integrated by structured interviews, particularly for the assessment of lifetime disorders.

NEUROPHYSIOLOGICAL AND CLINICAL PARAMETERS IN DIFFERENTIATING FHP FROM FHN ALCOHOLICS

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Introduction: Several studies have shown that there might be a subgroup of alcoholics in which genetic factors play an important pathogenetic role.

Methods: We want to present preliminary data of clinical and neurophysiological items differentiating family history highly positive (FHP) from family history negative (FHN) alcoholics. Patients were included into the FHP group, when at least one first degree relative and one other relative met the criteria of alcoholism according to DSM III-R criteria.

Clinical data were obtained by a German version of the COGA (collaborative study of genetics of alcoholism) protocol. N1/P2 and P300 evoked potentials were recorded using an auditory oddball paradigm.

Hypothesis: We investigated 30 family history highly positive alcoholics and 30 family history negative alcoholics in order to test the following hypothesis:

1. In FHP patients, a more pronounced intensity dependence of the auditory evoked potentials (N1/P2) as compared to FHN can be observed. A pronounced intensity dependence is related to a low central serotonergic function, which is discussed as a genetically determined vulnerability factor for alcoholism.
2. FHP patients have a lower P300 amplitude compared to FHN alcoholics. This parameter has been shown to characterize sons of alcohol dependent fathers.
3. FHP patients have a higher incidence of antisocial personality disorders (DSM III R-personality disorder classification).

CANNABIS ET PSYCHOPATHOLOGIE PARMIS LES JEUNES HOMMES TYPES DES TROUBLES MENTAUX AVEC LA CANNABIS POSITIVE DANS L'URINE

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Introduction: La CANNABIS, en dehors de l'alcool, est la drogue la plus étendue entre les jeunes. L'apparente douceur de ses effets et l'absence d'une dépendance physique immédiate l'ont donnée la considération d'un psychotrope de bas ou nul risque. Mais soit par l'existence de facteurs biochimiques cérébraux soit a une singulière prédisposition psychologique, il semble que plus d'une fois la Cannabis a joué un grand rôle dans le déclenchement des troubles psychopathologiques aigus.

Materiel et Méthode: Le Service de Psychiatrie de l'Hôpital Militar "Pagés", depuis le janvier 1.992 jusqu'au Septembre 1.995, s'est occupé de 1.391 consultations (jeunes hommes, age 19.3 ans; sigma 1.55; Erreur standard 0.07). On recherche la présence de drogues dans l'urine pourvu que l'anamnèse montre une conduite d'addiction et chaque fois que nous sommes face à un trouble psychopathologique aigu. Avec ces deux critères nous avons tiré un total de 276 cas. Ces derniers sont étudiés moyennant l'hypothèse nulle ou le Chi carré, les associations dont la Cannabis présente avec la psychopathologie (critères ICD-10), la nécessité d'une hospitalisation et la consommation d'autres drogues.

Résultats: Des 276 déterminations réalisées, le 25.7% (± 2.63) ont donné NEGATIF; dans le 34.4% (± 2.86) la seule drogue trouvée a été la CANNABIS; dans le 21.7% (± 2.48) la Cannabis s'associait à l'HEROÏNE et dans le 1.8% (± 0.80) aussi à la COCAÏNE; comme uniques substances apparurent l'HEROÏNE dans les 13.8% (± 2.07) et la COCAÏNE dans les 0.4% (± 0.36) des cas. Toutes deux se sont trouvées dans le 2.2% (± 0.88). Dans les 48 cas (17.4%; ± 2.28) l'hospitalisation a été nécessaire. De ceux-ci, 22 cas (45.83%; 31.37–60.83) ont la CANNABIS POSITIVE dans l'urine, présentant par ordre de fréquence un trouble PSYCHOTIQUE (F12.5) en 17 cas (35.42%; 22.16–50.54), de la SCHIZOPHRÉNIE (F20) en 4 cas (8.33%; 2.32–19.98) et de l'ANXIÉTÉ (F41) dans 1 cas (2.08; 0.05–11.07).

Conclusions: Il est possible d'affirmer que parmi les jeunes hommes consommateurs de drogues, la CANNABIS seule ou associée est la plus fréquemment consommée (57.9%). Dans presque la moitié des cas on l'associe à d'états psychopathologiques aigus (45.83%) qui nécessitent une hospitalisation du sujet. Et, dans un peu plus d'un tiers (35.42%), elle est la responsable immédiate du trouble.

Les chiffres italiens représentent l'erreur standard du pourcentage, avec $p < 0.05$ quand elles apparaissent précédées du signe \pm ; dans les autres cas ils représentent le limite de confiance en toute sûreté de 95% selon les Tables Scientifiques (Ed. Ciba-Geigy, 1.975).

SCHIZOAFFECTIVE DISORDERS WITH AND WITHOUT ONSET POSTPARTUM

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Aim of the study was to investigate the similarities and differences of schizoaffective psychoses with and without onset postpartum, with special reference to the question of nosological classification.

Methods: 30 female schizoaffective patients with onset of their illness postpartum and 60 female schizoaffective patients with onset at other times were compared regarding premorbid and sociodemographic features, long-term course and long-term outcome (on average 23.8 resp. 26.8 years after onset of illness).

Results: The majority of premorbid and sociodemographic variables as well as course parameters were similar in the two groups. Most of the few differences (in age at first manifestation, marital state at onset, presence of stable heterosexual relationship before onset, acuteness of onset, presence of life events) are closely connected with the inclusion and exclusion criteria applied for the puerperal disorders (exclusion of patients with pre-existing illness or psychiatric symptoms during pregnancy, inclusion only if onset was within 6 weeks of parturition). The puerperal schizoaffective disorders began more frequently with a schizomanic episode and less frequently with a schizodepressive episode than did the non-puerperal schizoaffective disorders, a finding maybe reflecting the "pathoplastic" role of the puerperium on psychotic disorders. Several significant differences were found regarding the long-term outcome (frequency of persisting alterations, level of global functioning and disability, non-achievement of the expected social development, loss of autarky), confirming earlier findings that puerperal disorders have in general a better outcome than other psychotic disorders.

Conclusions: The comparison of long-term course and outcome of schizoaffective female patients with and without onset after childbirth showed that there are some differences, resulting from the characteristics of both groups, but there are no findings which justify to separate post partum disorders in a nosological sense.

REDUCED BLUE CONE ELECTRORETINOGRAM IN COCAINE WITHDRAWN PATIENT

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Background The main reinforcing effect of cocaine is altering dopaminergic neurotransmission in the brain systems. Since dopamine is found in high concentrations in the retina, we investigated whether cocaine dependence may be associated with abnormalities of the electroretinogram (ERG). **Methods** We compared recently withdrawn cocaine dependent patients (N = 20) with age, sex and racially matched normal controls (N = 20) for responses of cone photo-receptors to light flashes on full field ERG. **Results** Cocaine dependent patients had significantly reduced blue cone ERG responses compared with matched controls. **Conclusion** This result suggests that in cocaine dependent patients there is dysregulation of blue cone function. The ERG may be useful in future studies of cocaine dependent patients.

USE OF PHARMACOTHERAPY IN CHILD AND ADOLESCENT PSYCHIATRY

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Childhood and adolescence mental disorders are frequent, and often precursors of adult life dysfunctions. The successful treatment of them represents a major public health concern. Drug treatment is far from being the only therapeutic approach nowadays, but does undeniably have a place which should be clearly defined. In children, the use of psychopharmacotherapy has often been a matter of controversy, and has been little studied. Despite of a growing interest and knowledge in the drug treatment of children mental disorders, much remains to be learned. **Objectives:** The purpose of this study is to evaluate the use of psychopharmacologic treatments among children and adolescents, attending an out-patient clinic of child and adolescence psychiatry, in order to know its pattern of use, doses, and side effects. **Methods:** A prospective study about the use of psychotropic drug treatment is carried out in our unit in Madrid. The examined sample consists of 500 children and adolescents who are treated

in our out-patient clinic. The doses and prescriptions of drugs is evaluated in relation with age, sex, and clinical diagnoses (DSM-IV and/or CIE-10). **Results and conclusions:** The main outcome results will be discussed.

CLINICAL AND PSYCHOMETRICAL CORRELATES OF ALCOHOL CRAVING IN ALCOHOL DEPENDENT MALE INPATIENTS

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A sample of 276 male alcohol dependent inpatients admitted to Addiction Treatment Unit was divided in two groups: (1) 72 subjects with longer alcohol abstinence (over one month) on the admission and (2) 204 persons with short alcohol abstinence (less than one month). In all patients, extensive clinical assessment was carried out. Psychometric evaluation included: Alcohol Dependence Scale (ADS), Inventory of Drinking Situations (IDS), Beck Depression Inventory (BDI) and MMPI test. Also, all investigated persons filled a questionnaire concerning alcohol craving in last 14 days before the admission.

Results. In persons with longer abstinence, 52% of subjects reported alcohol craving in 14 days before assessment compared with 85% of subjects with short alcohol abstinence ($p < 0.00001$). Persons with longer alcohol abstinence and alcohol craving compared with persons with short alcohol abstinence and alcohol craving had lower number of alcohol craving days (3 vs 7 days). In subjects with longer abstinence, these which reported alcohol craving compared with persons which did not ($p < ..$) report the craving, had significantly more relatives with alcohol dependence (59 vs 34%). In group of patients with shorter alcohol abstinence, significantly positive correlations were obtained between number of alcohol craving days and the magnitude of scoring on ADS, BDI, all problem index categories of IDS, and on following scales of MMPI test — hypochondriasis, depression, hysteria, psychopathic deviate, paranoia, psychasthenia, schizophrenia, hypomania, social introversion. Also in group of subjects with shorter alcohol abstinence, significantly positive correlations were obtained between the intensity of alcohol craving and the scoring on ADS, BDI and problem drinking categories of IDS such as unpleasant emotions physical discomfort, pleasant emotions, testing personal control, urges to drink, conflict with others, and on following scales of MMPI test — hypochondriasis, psychopathic deviate, depression, hysteria, psychasthenia, schizophrenia, hypomania, social introversion.

Conclusions. Alcohol craving is a heterogeneous dimension, with interplay of various clinical and psychological factors.

SELF-ESTEEM IN ADOLESCENTS WITH CONDUCT PROBLEMS AND DEPRESSION

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Studies investigating self-esteem and its relation with behavioural problems in adolescents report contradictory and inconsistency results. The contradictory results have been discussed by Kaplan (1975, 1978, 1991, 1992); he found that continuous engagement in deviant behaviour may enhance the self-esteem level, and therefore, low self-esteem may not associated with deviant behaviour for these group of children. Moreover, mixed problems of behaviour and emotion are more strongly associated with low self-esteem than behavioural problems on their own. In contrast, depression has been shown to be consistently associated with low self-esteem.

In order to have a better understanding of adolescents self-esteem