Conclusion: The choice of methods of psychopharmacotherapy and psychotherapy in the greater degree was determined by premordid traits of personality.

P03.451
ANTIDEPRESSANTS FROM DIFFERENT CHEMICAL GROUPS IN TREATMENT OF MODERATE AND SEVERE DEPRESSION: CLINICAL AND NEUROPHYSIOLOGICAL ACTIONS

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107 patients, aged 20–42, with depressive episode (38.3%), recurrent (53.3%) and bipolar (8.4%) depressive disorders, were treated with amitriptyline (n = 25), tyanepine (n = 28), fluoxetine (n = 32) and moclobemide (n = 22). Depression severity was assessed by clinical examination as well as by the HAM-D Rating Scale', CGI Scale' and Scale' of Adverse Effects screening, collected on the 10^{th}, 20^{th} and 40^{th} days of the treatment. Computer brain-wave mapping was recorded before the therapy and on its 20–21st days. Control group consisted of 25 healthy people. The results of the trial showed tyanepine, fluoxetine and moclobemide to be as effective as the standard reference antidepressant-amitriptyline, although each of above-mentioned drugs had its own advantages and shortcoming.

Brain-wave mapping of depressed patients showed the zones of "increased" activity in the right temporal fields and those of "decreased" activity in the left temporal fields. All used antidepressants produced both-similar (core pattern) and different effects on the brain electric impulses at the same time. All used agents caused the elimination of delta-rhythm' interhemispheric asymmetry, beta-index reduction in the right temporal zones and bilateral decrease of alpha-index in occipital zones. Differences in the drugs neurophysiological action reflected their specificity. Establishing clinical-neurophysiological correlations enables researchers to reveal some principles of depression pathogenetic mechanism as well as studied antidepressants effects on the depressive illness.

P03.452
NEW APPROACH TOWARDS A CLASSIFICATION OF ORGANIC BRAIN DISORDERS ACCORDING ICD-10

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Background: We propose a suggestion for an alternative classification of organic mental disorders due to our meaning the present approach to the group of these disorders is to some extent influenced by what may be called reductionistic approach considering etiology and pathogenesis.

We suppose that nosological diagnosis is fully reasonable in this group of disorders due to the fact that brain disturbance is basic and primary reason. Syndromological diagnosis however justifiable and sufficient does not fully represent this clinical entity and therefore it is not equal with psychiatric clinical diseased reality.

Therefore we offer following subdivision of this group of disorders: F00. NOS disorders, F01. Mental disorders due to brain disturbances, F02. Mental disorders due to brain trauma, F03. Somatogenic disorders due to... (indicate the general medical condition), F04. Intixocation disorders (including industrial intoxication), F05. Mental disturbances due to external/environmental conditions, F06. Behavioral disturbances due to disturbances of physiological functions and somatic factors, F07. Gender-related mental disturbances in women, F08. Psychosomatic disorders.

Conclusion: The aim of our approach is to stimulate the discussion about current classification systems and to make an attemp to support the effort to create more precise diagnostic system that will better correspond with the current level of knowledge.

P03.453
FEATURES OF CLINICAL PATTERNS OF SUICIDAL BEHAVIOUR IN MENTAL ILL PATIENTS WITH POST-TRAUMATIC BRAIN LESIONS

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Abstract: Subjects of the study were patients aged 30–70 y.o. with posttraumatic brain lesions which attempted suicide from October, 1998 through October, 1999. The length of follow-up did not exceed three years. The prevailing synromes in suicides studies were distributed as follows:
1. neurosis-like syndrome – 38 cases
2. verbal hallucinosis – 21 cases
3. psychopathic-like syndrome – 8 cases
4. paranoid syndrome – 3 cases.

Based on the life and disease history, mental status, analyses of suisadal behaviou, examination of suicide messages, post-suicide follow-up we identifiedthree different clinical types of suicidal behaviour in patients with post-traumatic brain lesions:
1. infantile-primitive – 33 cases
2. affective – 19 cases
3. psychological – 18 cases

In conclusion, examining relationships between suicidal behaviour and a set of intrisic and extrinsic factors offers an opportunity to forecast suicides. The risk of completed suicide depends on the combinations of clinical, social, psychological, environmental and individual factors. Criteria for suicide risk should be rested on the concepts which ave cause-effect rlationships with the phenomenon studied. The individual "markers" of suicide risk are "loceted" in personal motivation sphere.

P03.454
DEPRESSION REDUCES THE HEALTH-RELATED QUALITY OF LIFE

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Objective: To determine if there are differences in the health-related quality of life of major depression outpatients and comparably in normal population sample.

Method: 165 outpatients with major depression and 165 age- and gender-matched controls from a normal population sample were compared assessing their quality of life by the RAND-36, a self-report instrument.

Results: Statistically significant reductions in RAND-36 scores of major depressive patients were seen in both genders in all of the eight domains of the RAND-36 compared with matched controls.

Conclusions: Because health-related quality of life is markedly reduced in major depressive outpatients, these aspects have to be addressed in the treatment of depression.

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