P50.14

Time perspective in suicide attempters

B. Ripke*. *Dresden University of Technology, Department of Psychiatry & Psychotherapy, Germany*

Time experience is related to mental health as well as to personality traits like impulsivity.

The aim of this study was to investigate whether suicide attempters show a time perspective which is different from healthy volunteers.

53 suicide attempters and 51 healthy volunteers filled in the Zimbardo Time Perspective Inventory. Suicide attempters were divided into a high and a low impulsive subgroup by using the planning item and the previous considerations item of the Suicide Intent Scale by Beck.

Suicide attempters scored higher in the Past Negative and the Present Fatalistic and lower in the Past Positive subscale than healthy controls. Subjects with high impulsive suicide attempts attained higher scores in the Present Hedonistic subscale ($p < .05$).

Suicide attempters suffer from more traumatic or frustrating and less incourageing experiences and from present feelings of helplessness and external control. Subjects with high impulsive suicide attempts tend to act on a spur of a moment and to respond to immediate stimuli rather than to consider future possibilities.

These findings give some orientation related to approaches of psychotherapy of suicide attempters.

P50.15

Self-aggression of soldiers and possibilities of psychoprophylaxis

A. Florkowski*, W. Gruszczynski. *Department of Psychiatry, Military Medical University in Lodz, Poland*

Incidence of self-aggression in soldiers is one more important aspects of psychoprophylaxis in the conditions of military environment. Suicidal attempts with fatal effect or just attempts always disturb the course of military service and cause disorganisation. Moreover, they create tendencies to recurrency of this type of behavior, are serious danger for other soldiers and lead to inappropriate opinion and groundless attacks against the army. In this situation, understanding and identification of the causes and conditioning and proper assessment of the risk of suicide and adequate to situation management of the soldiers showing self-aggression, is of great importance. Analyzing causes of suicides of soldiers, frequent coexistence of their basic factors should be emphasized: specific mental state (depression, personality disorders, dependence), negative effect of psychosocial factors not necessarily connected with military service and unnoticing by others the appearing suicidal risk, particularly the symptoms of presuicidal syndrome. However, it should be remembered, that conducting even broad psychoprophylactic activity, applying the most professional methods will not bring about any measurable effect if it is not supported with the understanding of another man being in psychologically difficult situation.

P50.16

Suicide in mental health service users diagnosed with schizophrenia

I. Hunt*, J. Meehan, J. Robinson, J. Shaw, L. Appleby. *National Confidential Inquiry into Suicide & Homicide by People with Mental Illness, University of Manchester, UK*

Objectives: To describe clinical characteristics of people diagnosed with schizophrenia who have committed suicide and have been in recent contact with mental health services.

Methods: A national clinical survey based on a 4-year sample of suicides in England and Wales. Data was collected on those in contact with mental health services in the year before death.

Results: 960 (20%) of the sample had a diagnosis of schizophrenia. A quarter of these were in-patients at the time of death and a further 20% died within 3 months of discharge from in-patient care. Whilst the majority had a follow-up appointment arranged following discharge, 101 (17%) people had committed suicide before this took place. 24% were not under the Care Programme Approach at the enhanced level and of these, half had a history of deliberate self-harm. 27% were out of contact with services when the suicide occurred. There were high rates (30%) of reported non-compliance with medication.

Conclusions: Mental health services must ensure all patients with schizophrenia receive the most intensive level of care with particular emphasis on closer supervision, improving compliance and early follow-up after discharge from in-patient care.

P51. Somatoform disorders

P51.01

Conversion disorders and the subtypes

H. Guz*, Z. Doganay, A. Ozkan, E. Colak, A. Tomac, G. Sarýsoy. *Ondokuzmayis University Faculty of Medicine, Samsun, Turkey*

Objectives: The concepts of conversion disorder was historically defined in late 19th century but the subtypes of this disorder was defined for the first time in the DSM-IV. The publications which investigated the subtypes of conversion are very rare in medical literature. Recent studies investigated pseudoseizures and aimed to distinguish the conversion disorder from the other diseases especially from the neurologic diseases. In this study we aimed to investigate the differences between the subtypes of conversion disorders.

Methods: With this aim 95 patients who were seen by two researchers and diagnosed as conversion disorders were included in this study and their subtypes were determined according to criteria DSM-IV. All the participants gave informed consent and completed the following questionnaires; The Form of Socio-Demographic features which was improved by the researchers, the Symptom Check List (SCL-90-R), Dissosiative Experience Scale, Social Adaptation Scale and Suicide Ideation Scale.

Results: Of the 95 patients with conversion disorders presented 23(24.2%) motor symptoms or deficits (Type 1), 5(5.2%) sensory symptoms or deficits (Type 2), 24(25.2%) seizures or convulsions (Type 3), 43 (47.3%) mixed presentations (Type 4). The socio-demographic variables such as; the educational level, occupation, place of settlement, family history of psychiatric disorder were statistically different among the groups ($p<0.05$). Clinical variables such as; Dissosiative Experience Scale, Suicide Ideation Scale, subgroups of the SCL-90 were obsessive–compulsive, interpersonal sensitivity, anxiety, anger-hostility, fobic anxiety, paranoid ideation, psychoticism and general symptoms index points, and social adap-

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tation Scale points were statistically different among the groups ($p<0.05$).

Conclusions: These results confirmed that to determine the subtypes of conversion disease may be important as much as to make the diagnosis.

P51.02

Conversion and somatization disorders: the dissociative symptoms and other characteristics

H. Guz*, Z. Doganay, A. Ozkan, E. Colak, A. Tomac, G. Sarýsoy. *Ondokuzmayis University Faculty of Medicine, Samsun, Turkey*

Objectives: There is a difference in classification of conversion and somatization disorders in ICD-10 and DSM-IV.Conversion Disorders are included in Dissociative Disorders in ICD-10. In view of these we aimed to clarify this discrepancy in these diagnosis.

Methods: We assessed 87 patients with conversion disorders and 71 patients with somatization disorders for socio-demographic charecteristics, suicide ideation, social adaptation, psychiatric symptoms and dissociative symptoms using Patient Knowledge Form, the Dissosciative Experience Scale (DES), the Symptom Check List (SCL-90-R), Social Adaptation Scale, Suicide Ideation Scale.

Results: The number of the high school graduate, single and who are students patients with conversion disorders was higher than the number of patients with the same charecteristics who have somatization disorders. In conversion disorders the SCL-90-R anxiety, anger-hostility, paranoid ideation, psychoticism subgroups item and total score were higher than the score in somatization disorders. There were no statistical differences in suicide ideation and social adaptation scale scores between the two disorders. There were no statistical difference between the two disorders total score of dissosiative symptoms (in DES), but the number of patients whose total DES score of 20 and above was higher in conversion disorders.

Conclusions: As a result of this present study we concluded that to enlighten the concepts of conversion, somatization and dissociation further studies are necessary.

P51.03

Somatoform disorders and depression in pregnant women with preterm labor

E. Lasy, E. Lasaja*. *Medical Academy for Postgraduate Education, Minsk, Belarus*

A significant reduction of birthrate from 17,1/1000 in 1986 to 8,8/1000 in 1997 was estimate in Belarus. 17% of all pregnant women experienced preterm labor. Mental disorders are known as the important risk factors of a preterm labor.

Objective: Assessment of the depression level in pregnant women with preterm labor who had a numerous somatic symptoms without physical basis. All of them met the criteria of somatoform disorders (F-45 ICD-10).

Methods: Hamilton depression rating scale (HDRS) and Zung self-rating depression scale (ZSRDS) were applied.

Results: All of the examined women (53) have had the moderate depression level according to ZSRDS. 47 women (88,6%) have had mild depression level and 6 women (11,4%) have had moderate depression level according to HDRS. Middle rates of ZSRDS were 10,5. Middle rates of HDRS were 27,8. Data analyses revealed statistically significant ($p<0,05$) predominance of level in ZSRDS over HDRS.

Conclusion: Pregnant women with symptoms of preterm labor accompanying somatoform disorders suffer from depression rather frequently. Applying only HDRS may result in underestimation of depression in pregnant women increasing the possibility of preterm labor.

P51.04

Somatoform disorder or affective disorder? Questions about a correct diagnosis

C. Pruneri*, S. Damiano, M. Gatti, E. Pellegrini, F. Furlani. *Division for Study of Psychosomatic Diseases and Management of Stress, Monza, Italy*

Aim of the present study is helping to a timely differential diagnosis between affective and somatoform disorders, a complex of somatizations being very common in affective disorders, thus inducing a misled or equivocal diagnosis. This may especially happen in general practitioner's office, where a somatoform symptom is much more likely to come across rather than a mood deflection does. During the last five years the Division for Study of Psychosomatic Diseases and Management of Stress used the SDS interview (Somatoform Disorder Schedule by G.Tacchini & J.Sironi, version 2.0) to systematically diagnose somatoform disorders; the interview includes a section aimed to assess Neurasthenia, a positivity in which may lead to a Somatoform Dirsorder Diagnosis, but could suggest as well that an affective disorder is being misunderstood. Such a diagnostic doubt was enhanced by a positive correlation between Neurasthenia and caseness in Depression cluster referring to the SCL90R questionnaire (Symptom Checklist 90 Revised by Derogatis). Conclusions will follow and will be discussed.

P51.05

Place and characteristics of somatoform disorders in the continuum of affective somatization

V. Solozhenkin*, A. Kim. *Kyrgyz State Medical Academy, Bishek, Kyrgyz Republic*

Objective: To study the main psychopathological and psychological characteristics of somatoform disorders as an element of affective disorders continuum.

Hypothesis and results: Anxiety, anxiety-depressive and somatoform disorders are examined as unified continuum in which psychopathological phenomenon change each other in series – anxiety, anxiety depression, depression and anxiety, depression and aggression during somatoform disorders. The chain creates due to intrapsychic mechanisms in which the mechanisms of psychological protection with gradual forming of disorder's positive meaning, which reaches the maximum during somatoform disorders, are increased.

172 patients with generalized anxiety disorder, depressive episode, anxiety-depressive and somatoform disorders were examined by clinical and clinico-quantitative methods. It shows that depression and anxiety are reduced during somatoform disorders. Using of psychological protection, aggression demonstration, including of common dissociative disorders into clinical finding and functioning of positive meaning of disease as a dominating way of frustrated situations' solving, decrease the level of depression and anxiety during somatoform disorders, but intensify filling of guilt. Intensification of this component in combination with aggression led to increasing of forms of behavior, which are directed to search of somatic matrix of disorder, intensification of denial syndrome of psychological mechanism of disorders.

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