

**P02.260****DELIVERING AID TO THE VICTIMS OF MAN-CAUSED DISASTERS AND ACTS OF TERRORISM**

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As result of three man-caused disasters (257 perished and 74 injured people) and one act of terrorism explosion equal to 1500 kg of trotyl, which killed 19 and seriously injured 121 people), 2,394 people including 403 children asked for psychological and psychiatric aid (PPA) and received it. The PPA delivered to the victims of such emergencies (E) complied with the following principles: efficiency; individual character, i.e. its conditionality with a concrete E; scientific validity; differentiality; anonymity; mediatedness at the initial stages due to psychiatry stigmatization; aid step-like organization and delivery; collaboration of all local forces administered by different authorities, their maximum use; reasonable co-operation of the local psychiatric service with the Center; close collaboration between the psychiatric service and the administration of the subject of the Russian Federation (the Region). The following forces were involved in the PPA organization and delivery: operational psychological and psychiatric reaction group of the Governor of the Region, psychologists of both the psychiatric service and the secondary school system, outpatient psychiatric therapists, day-time and inpatient psychiatric facilities. The mental disorders were diagnosed within the framework of non-psychotic psychogenic.

**P02.261****LONG-TERM TRENDS OF SYMPTOMS AND OF DISABILITY IN SCHIZOPHRENIA AND RELATED DISORDERS**

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Few studies describe the long-term course of schizophrenia in well-defined cohorts of patients with recent illness onset. This paper presents the overall trend of schizophrenia in a 16-year follow-up study of patients and explores the predictive value of several variables measured at the time of inclusion in the study. The sample of 60 patients with a recent onset of a non-affective psychosis was first assessed in 1978–1980. Data from the last follow-up are used to rate the overall trend of (i) psychotic symptoms and of (ii) social disability. The associations of these trends with several predictor variables (age at onset, gender, marital status, education level, family history for mental illness, type of illness onset, personality assets) are explored by cross-tabulation (with calculation of the relative risk) and by a logistic regression model. The predominant pattern for psychotic symptoms is improvement (55% of the subjects), while the predominant pattern for social disability is deterioration (45% of the subjects). However, a significant proportion of patients who showed a trend of symptom improvement still exhibited severe symptoms at the last follow-up. A trend of improvement of psychotic symptoms was correlated significantly with a negative family history for severe psychiatric disorder and with an acute type of illness onset. A trend of improvement of social disability was correlated significantly with gender, marital status, presence of personality assets, and type of illness onset. Psychotic symptoms and social disability are relatively autonomous descriptors of the course of schizophrenia. A speculative hypothesis is that symptom course is more closely related to innate factors, while social disability is contingent upon the acquired level of personal and social competence at the time of illness onset.

**P02.262****PREVALENCE OF PERSONALITY DISORDERS AMONG ALCOHOLIC PATIENTS**

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**Background:** Personality disorders (PD's) have always been an important factor in our understanding of addiction. Many empirical studies were performed on the prevalence of personality disorders in alcoholics (Naeau L. et al., 1999; van den Brink W., 1995) and it was assumed that inpatients have a higher prevalence of PD's than outpatients (Verheul R. et al., 1995).

**Methods:** 34 randomly assigned inpatients who met diagnostic criteria for alcohol addiction according ICD - 10 (F.10.2) were evaluated for the Axis II comorbidity at our Dept. of Psychiatry during the years 1993–1999. In 29 out of 34 patients PD's were diagnosed using SIDP - R (the Structured Interview for Personality Disorders - Revised). All the female patients (100%) and 76% of male patients met diagnostic criteria for at least one PD. The most frequent were cluster "B" PD's (55%), cluster "C" PD's were less frequent (34%) and cluster "A" PD's were diagnosed in 11% of patients. The mean number of hospitalization in our group of patients with PD's was 4.1, the highest rate was found in alcoholics with histrionic PD (9 hospitalizations) and patients with passive-aggressive and borderline PD's were treated 4 times as inpatients during 1993–1999.

**Conclusions:** PD's were commonly diagnosed in our sample of alcoholics (F 10.2). PD's were more frequent among women (100% treatment-seeking female patients). A limitation of this study is that it was done on inpatients sample therefore these results may not be generalizable to non-treatment seeking alcoholics.

**P02.263****DO AMITRIPTYLINE AND CITALOPRAM DIFFER IN THE EFFECT ON MEMBRANE CHARACTERISTICS OF RAT CARDIOMYOCYTES IN CULTURE?**

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The most serious side effect of tricyclic antidepressants (TCA) is their potential cardiotoxicity. In contrast to TCA, selective serotonine reuptake inhibitors (SSRI) are believed to be less dangerous in the treatment of depressive disorder for their relative lack of effect on cardiovascular function. Thus, we investigated the effect of amitriptyline (TCA) and citalopram (SSRI) on membrane electrophysiology in rat cardiomyocytes in tissue culture. The whole-cell configuration patch clamp technique was used. Both amitriptyline and citalopram exhibited the concentration-dependent prolongation of action potential duration (APD), the inhibition of action potential amplitude (APA), the decrease in action potential upstroke velocity ( $V_{max}$ ). Amitriptyline and citalopram caused the concentration-dependent inhibition of the fast inward sodium current ( $I_{Na}$ ). Amitriptyline seems to be more effective in inhibition of  $I_{Na}$  in comparison to citalopram. Both drugs exhibited the concentration-dependent inhibition of the L-type calcium current ( $I_{Ca}$ ). Citalopram is comparable to amitriptyline in the effect on  $I_{Ca}$ . These observations led us to conclude that amitriptyline and citalopram are potent drugs to cause the concentration-dependent prolongation of APD and the concentration-dependent inhibition of  $I_{Na}$  and  $I_{Ca}$ . Due to this, we suggest that both drugs might exhibit the characteristics of I and IV type antiarrhythmics. Furthermore,