

and ward D 28.4% of unvoluntarily admissions, d. No differences between the number of unvoluntarily admissions, the reasons for closing or the diagnosis, connected with closed doors, occurred. But the duration of closing time was definitely shorter on ward D. We think that milieu factors are responsible for this difference. The next part of our running study will be the questionnaire ward atmosphere scale to differentiate this suggestions and to look if the closing time on the other wards changes by using ideas like a door-keeper or one-to-one continuous observation.

P02.339

RELIABILITY AND VALIDITY OF THE PSYCHOSOCIAL APTITUDE AND EFFICACY RATING SCALES (PARS) IN A SCHIZOPHRENIC PATIENT SAMPLE

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Background: This study was conducted to validate the Psychological Aptitude Rating Scale (PARS), French rating scale for measuring the subject's aptitude to communicate.

Method: Psychometric properties of the PARS were assessed in open six months follow up study. Patients: 445 (mean age: 32 sd 8 years -, male: 66%) with schizophrenia paranoid subtype or schizophrenic disorder (DSM-IV), treated with amisulpride.

Sociodemographic characteristics, clinical profile (BPRS, PANSS), social functioning using the original 10 items unique component (PARS) and treatments, were collected during a medical visit.

Results: PARS: According to Kaiser's criteria and screen test issues of an exploration factor analyses, a one factor solution was retained with eigenvalue higher than 1.

Factor 1: approximately 94% of the common variance in the data set. The internal consistency measured by the Cronbach's coefficient alpha: high reliability (0.91).

Pearson's coefficient determining inter-item correlation: range from 0.31 to 0.67 ($p = 0.0001$).

Test-retest: significant reliability (day 0 to day 90 and D 0 to D180: $r = 0.59$ and $r = 0.54$ respectively, $p = 0.0001$).

A significant sensibility to changes was observed.

Significant correlation between total score PARS: -and PANSS negative cluster ($r = 0.46$), positive cluster ($r = 0.28$); $p < 0.001$; respectively; - and total BPRs score, schizophrenia BPRS subscores ($r = 0.32$; $p < 0.001$, respectively) without depression BPRS subscores.

Conclusion: PARS is a reliable and valid measure for the assessment of adaptative functioning, particularly psychosocial aptitude in schizophrenic patients.

P02.340

PREDICTIVE FACTORS FOR MENTAL HEALTH IN PATIENTS ADMITTED FOR ISCHAEMIC CARDIOPATHY IN A UNIVERSITY HOSPITAL IN THE SOUTH OF SPAIN

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Objective: To determine the factors predicting the mental health state (MHS) of patients with suspected Ischaemic Cardiopathy (IC) in a University Hospital.

Methodology: Patients admitted in the Cardiology Service for acute thoracic pain with suspected IC were studied. According to

clinical data, ECG and biochemical analysis, the patients were divided into 4 diagnostic groups: acute myocardial infarction, unstable angina, non-ischaemic cardiology and non-cardiology. The socio-demographic and clinical variables were obtained from a questionnaire and the clinical records. To determine MHS, GHQ-28 was used (cut-off point ≥ 6). To study the variables associated with MHS, the raw Odds Ratios (OR \pm 95% CI) and fitted according to a logistic model were calculated. The data were tabulated and analyzed using the SPSS v.8.

Results: 185 patients were included in the study (mean age 60.2 years; SD = 10.4; 72% males). The mean score on the GHQ-28 was 6.3 (SD = 5.3) and 49.2% presented scores ≥ 6 . The raw OR of "probable psychiatric case" was higher for women (OR = 2.8, 95% CI: 1.4-5.5), housewives (OR = 4.1, 95% CI: 1.1-15.1), and for patients under treatment for arterial hypertension (OR = 2.4, 95% CI: 1.3-4.3). The adjusted OR showed that the female (OR = 2.5, 95% CI: 1.2-5.0), the personal history of IC (OR = 2.3, 95% CI: 1.1-4.4), and receiving treatment for hypertension (OR = 2.04, 95% CI: 1.1-3.9) were predictive variables for a worse MHS.

Conclusion: The percentage of subjects with probable psychiatric pathology was high. Early diagnosis and psychiatric treatment together with monitoring of the risk factors of the ischaemic cardiopathy, could contribute to improving the overall clinical evolution of the patients.

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DEPRESSIVE SYNDROME IN SCHIZOPHRENIA - A PSYCHOSOCIAL ASPECT

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Psychosocial factors, though unclearly defined as etiological factors of depressive syndrome in schizophrenia, are much clearly defined as pathoplastic factors, primarily due to research which referential framework is based on family systems theory and contemporary studies of cognitive processes in social context. Today it is generally accepted that depression in schizophrenia doesn't have only one etiologic factor: it may be an integral part of schizophrenia itself, psychological consequence of illness or adverse effect of antipsychotics on clinical expression in schizophrenia, in the focus of attention are social skills training, cognitive-behavior therapy and family therapy. Socioterapy methods are mainly based on the concept of community based rehabilitation, recently being promoted by the World Health Organisation

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SIX-MONTH OUTCOME OF ELECTROCONVULSIVE THERAPY AND REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT IN SEVERELY DEPRESSED PATIENTS

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Objective: Repetitive transcranial magnetic stimulation (rTMS), a new method for the stimulation of central nervous system and appears to be effective treatment for Major Depression. The longitudinal outcome of rTMS has not been described. The aim of the study is to report six-month outcome of MDD patients treated with either ECT or rTMS.

Method: Patients diagnosed with MDD referred for ECT was randomly assigned to receive either ECT or rTMS. 24 patients responded to either treatment constitute the sample. Patients received antidepressant drug treatment and followed on monthly