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THERAPEUTIC GROUP FOR ADULTS WITH MENTAL HANDICAP

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This population is often described in terms of "limitations" and "dependency" whether it concerns their limited intellectual potential, their reduced verbal expression or furthermore a weak control of their emotional life. This group deals with young adults of 18 to 30 years old with different diagnostics but all having development troubles and a profile of mildly mental retardation in common. The group is managed by a couple of therapists and is based on the psychodynamic approach. We learn on the theories of W. R. Bion, S. H. Foulkes and of D. Anzieu. Our aims for the group are a better socialisation, a consolidation of self and affirmation of self in a structured framework in which they express and share their feelings and their emotions. Two years later we see the particpants again to try to evaluate them through a "discussion guide". The follow-up shows an important emotional impact on the members and the recognition of the group as a human listening framework, giving them a sense to some of their personal problems and leading to life changes.

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PREVENTION AND EARLY INTERVENTION IN LIGHT OF A FOLLOW-UP STUDY

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The purpose of this follow-up study was to investigate if there is any connection between psychiatric disturbance at the ages of 8 and 12 years and difficulties in the growth and development during the first years of life. Children born in 1981 (N=1286) were studied twice, in autumn 1989 and in autumn 1993 using questionnaires for children, their parents and teachers. The data concerning developmental issues of the children was collected from the health records filled in by the health care nurses at child welfare clinics. The results showed that 269 (21.2%) children in study 1 had developmental problems during their first six years. Those children who scored high in study 1 (N=293) had significantly more (p=.00010) problems according to the health records. Those children who scored high (N=173) in both the study 1 and study 2 had significantly more problems (p=.00914) during their first six years. According to these results it is possible to give guidance and support to the families whose children have some kind of developmental deviance early in childhood and thus prevent longlasting mental problems. This topic will be more discussed in this paper.

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PATHOLOGICAL GAMBLING: AN IMPULSE-CONTROL DISORDER OR ADDICTION

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Although both main diagnostic and statistical classification systems. ICD-10 and DSM-IV, define pathological gambling as a disorder of impulse control, diagnostic criteria, characteristics of course and outcome and methods of treatment are more similar to psychoactive substance dependence. More authors write, word for word, about "gambling dependence" and suggest a biological and psychological relationship between pathological gambling and the classical addictive disorders. In the paper presented, author draws attention to the conspicuous similarity of formulations of diagnostic criteria for pathological gambling to diagnostic criteria for psychoactive substance dependencies according to DSM-IV. Almost all of diagnostic criteria for pathological gambling have their analogical criteria among the criteria for substance dependencies and vice versa. Authors find similarities in neurobehavioural basis of both diagnostic categories too. So in substance dependencies as in ethiology and course of pathological gambling, an important role is performed by norepinephrine and GABA/stress reduction, endorphines and enkephalines, reward sensation, dopamine, sensitization and perpetualization, and serotonine/craving, obsessional thinking and compulsive acting. Presented facts seem to be sufficient reason for certification of opinion that pathological gambling as a new and evolving diagnostic category requires further investigation and reconceptualization. Authors anticipate shifting of pathological gambling closer to the group of psychoactive substance dependencies.

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DIFFICULTIES IN ASSESSING AUTISTIC CHILDREN'S HANDICAPS

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This study aimed to evaluate the applicability of the Wood International Classification of the Handicaps (ICH) to a population of autistic children. The autistic sample consisted of 25 children selected according to ICD-10 items and Autism Diagnostic Interview (ADI) diagnostic criteria. The standard clinical assessment's procedure included a parental semi-directing interview, a video study of interactions between child and adult, psychometric and psychomotor examinations. The adaptative functioning was estimated with the Vineland Adaptative Behaviour Scale. Data were collected with a French adaptation to mental disorders in children and adolescents of the ICH. All the information necessary for the use of this ICH adaptation could be obtained although difficulties were encountered with regard to some of the information required. Rating of impairments, disabilities and social disadvantages required a good knowledge of standard child's development. The area of experience of disease, impairment, disability and social disadvantage were sometimes difficult to distinguish for pervasive developmental disorders. The French adaptation to mental disorders of the ICH should be reviewed for current clinical use. Through the examiniation of handicaps, the main objective is the evaluation of all the skills which can be used in child rehabilitation. Thus treatments of pervasive disorders' consequences could directly be improved by such approaches.