Background: This study was conducted to validate the Psychosocial Aptitude Rating Scale (PARS), French rating scale for in open six months follow up study. Patients: 445 (mean age: 32 ± 8 years, male: 66%) with schizophrenia paranoid subtype or schizophrenic disorder (DSM-IV), treated with amisulpride.

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: approximatively 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; social functioning using the original IO items unique component (PARS) and treatments, were collected during a medical visit.

Conclusion: PARS is a reliable and valid measure for the assessment of adaptative functioning, particularly psychosocial aptitude in schizophrenic patients.
ELECTROCONVULSIVE THERAPY IS EFFECTIVE IN THE TREATMENT OF PATIENTS WHO FAILED TO RESPOND TO ELECTROCONVULSIVE THERAPY IS EFFECTIVE IN THE TREATMENT OF PATIENTS WHO FAILED TO RESPOND TO ELECTROCONVULSIVE THERAPY IS EFFECTIVE IN THE TREATMENT OF PATIENTS WHO FAILED TO RESPOND TO ELECTROCONVULSIVE THERAPY IS EFFECTIVE IN THE TREATMENT OF PATIENTS WHO FAILED TO RESPOND TO ELECTROCONVULSIVE THERAPY IS EFFECTIVE IN THE TREATMENT OF PATIENTS WHO FAILED TO RESPOND TO ELECTROCONVULSIVE THERAPY IS EFFECTIVE IN THE TREATMENT OF PATIENTS WHO FAILED TO RESPOND TO

Background: Transcranial Magnetic Stimulation (TMS) has been proposed as a potential substitute of Electroconvulsive therapy (ECT) in severely depressed individuals. In this naturalistic study we report on the outcome of TMS resistant patients who were subsequently treated with ECT.

Methods: Fifteen rTMS non-responders patients were treated with ECT. Eleven of them suffered from MDD with psychotic features and four of them suffered from non-psychotic MDD. All the patients were assessed with the Hamilton Rating Scale for Depression (HRSD), the Brief Psychiatric Rating Scale (BPRS), the Global Assessment of Function Scale (GAS) and the Pittsburgh Sleep Quality Index (PSQI). Response to treatment was defined as at least a 50% decrease in the final HDRS score and a final GAS higher than 60.

Results: Six out of eleven psychotic patients and two out of four nonpsychotic patients responded to ECT: HRSD (p < 0.04, t: -3.1), GAS (p < 0.08, t: 2.4) and PSQI (p < 0.06, t: -2.9) scores changed significantly with ECT.

Conclusions: In this group of resistant patients ECT improved an important proportion of them. Although we did not have a comparison group of patients treated initially with rTMS, it appears that the response rate to ECT of this sample was lower than that reported in other studies of ECT in depression and the Global Assessment of Functioning scales at baseline, at week two, and at the end of the treatment.

Results: No significant differences found between the rating scales at the end of the treatment courses. There were no side effects due to rTMS treatment.

Conclusions: The second rTMS course was effective and safe as the first course.


(2) Grunhaus L, Dannon PN et al (in press) rTMS effective as ECT in the treatment of non-delusional MDD, Biological Psychiatry.

LITERACY RATE, GROSS DOMESTIC PRODUCT AND SUICIDE RATE IN 33 EUROPEAN COUNTRIES

A. Marušić*, M. Khan, A. Farmer. Institute of Psychiatry, London, UK

We present a study of the associations between suicide and literacy rates for both male and female populations in 33 European countries where data for both rates are available. For both sexes, high literacy rates significantly predict high suicide rates even when controlling for gross domestic product – purchasing power parity (GDP) and age distribution. It is suggested that literacy rates may represent an important ecological risk factor for completed suicides. Two potential mechanisms for negative impact of high literacy rates can be made; the first is that high literacy leads to a better understanding of impoverished social circumstances. Indeed, when the GDP per capita is added to the linear regression model, the latter improves considerably. The second potential mechanism is that more literate individuals move more rapidly from simple pessimistic views towards hopelessness and suicidal ideation. On the other hand, it is also possible that literacy is just a confounding variable. For example, suicide statistics might be more reliable in countries with higher levels of literacy. Nevertheless, the striking finding that literacy and suicide rates are associated is worthy of further investigation.

CORRELATION BETWEEN SUICIDE RISK, TIME SPENT IN PRISON AND VULNERABILITY PROFILE OF PEOPLE IN CONFINEMENT

P. Frottier1*, K. Ritter1, S. Frühwald1, F. König1, P. Bauer2.
1Clinical Department of Social Psychiatry, Vienna University Medical School, Währinger Gürtel 18-20; 2Department of Medical Statistics, University of Vienna, Schwarzenbergstraße 5, A-1090 Vienna, Austria

Previous studies have identified correlations between suicide and time spent in prison. The results however were contradictory. It was criticised that naive statistical approaches do not adequately account for the vulnerability profile of prisoners. To evaluate the suicide risk in prison a study was conducted using the case notes of all suicides (n = 247) having occurred in Austrian prisons between 1975 and 1999. The suicide risk factors associated with different circumstances (sentenced prisoners, prisoners on remand, length of custody, length of fine) were studied.

Method: The hazard was calculated, which reflects the suicide risk for the individual within a defined period of custody, using the Nelson-Aalen-estimator.