

P01.53
PSYCHOTHERAPY IN THE CORRECTION OF SEXUAL DISHARMONY

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As the result of the study of disorders of sexual health in 82 married couples with Hypertensive Encephalopathy I–II degree in women with the aid of systemic approach of sexual health, three variants of sexual disharmony were distinguished: somatogenic (46 ± 5% married couples) – the cause of sexual dysfunction is as a result of the neurotic-like disorders and the cerebrovascular insufficiency of female patients as a result of HE, and two disadaptive variants – sexual-erotic disadaptation owing to misinformation of the spouses in the area of sex (19 ± 4% married couples) and communicative form of sexual disadaptation as an outcome of an interpersonal conflict of the spouses (18 ± 4% married couples).

Psychotherapeutic correction systems of sexual disharmony were worked out differentially for each of the above-mentioned variants.

Thus, at the end of treatment complete recovery of sexual harmony or its significant improvement was reached obtained for 68 married couples (83%). This shows that the systems offered for correction have a high therapeutic effect.

P01.54
POSTTRAUMATIC STRESS DISORDERS (PTSD) IN UKRAINE

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The last decade of millenium in Ukraine is characterized by severe influence of various psychogenic factors – natural, tecnologic and social catastrophes causing to manifestation neurotic disorders, with clinic identify of posttraumatic stress disorders (PTSD).

We conducted comparative study 480 patients with PTSD in various regions of Ukraine. Three model regions were selected:

Donetsk area – as region with most often and massive tecnologic catastrophes.

The Kharkov area – largest scientific and technical centre of Ukraine with significant migration of the population.

The Poltava area – mainly agricultural area of central Ukraine, without tecnologic catastrophes.

64.0% all inspected PTSD patients have anamnestic different tecnologic catastrophes. 27.0% of PTSD patients were participants of battle operations. 9.0% have undergone to an operation other stress factors.

We developed a supportive psychotherapy complex with pathogenic individual rational and directive group psychtherapy, symptomatic suggestive and training psychtherapy with nondirective psychotherapy performing at final supporting stage.

P01.55
AGRESSION AND STRATEGIC PROBLEMS OF PSYCHIATRY IN UKRAINE

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Present-day situation of society evolution in Ukraine is characterised by extremely high level of psychoemotional tension of the population. It caused essential worsening of psychic health condition among Ukrainian people. Under conditions of social, political, economic and ideologic destabilisation of the society loosing former moral ethic guiding lines and not acquiring new

ones the population is disappointed in science-oriented system of notions and prefers religious, mystical, occult and pse-udoscience systems.

Urgent measures concerning reforming system of socially oriented psychiatry, psychotherapy and medical psychology must be as follows: opening of psychosomatic units with capacity within general somatic network for treatment of borderli-ne states and psychosomatic diseases on the level of regional and city multifunctional hospitals; refaning territorial principle of patients hospitalization, at the cost of certain cutting down the beds number to create specialized units within the structure of psychiatric hospitals, first of all, rehabilitation units; to create a circle of medical psychologists for carrying out psychocorrective and partly psychotherapeutic work in addition to psychodiagnosics.

P01.56
GAMMA-HYDROXY-BUTHYRIC ACID (ALCOVER) IN THE TREATMENT OF ALCOHOL WITHDRAWAL SYNDROME

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The pharmacological agents give one way of suppression of alcohol intake, withdrawal syndrome, craving etc. The aim of our study was to evaluate the effects of gamma-hydroxybutyric acid (GHB) in the treatment of alcohol withdrawal syndrome. Alcover, the only GHB product available in Hungary was registered in 1999.

Method: After an index time 30 inpatients (with alcohol dependence, BNO-10) were included. All patients showed the symptoms of withdrawal measured by Gross Delirium Scale (GDS) on every day of the 8 day treatment period. Patients were treated with Alcover 50 mg/kg/day (devided into three daily doses). All included patients were given infusion with ions. They were not allowed to take any kind of psychotropic drugs.

Results: 28 of the patients survived the study. The reasons of the dropout of the first patient were dyspepsia, nousea, dizziness and withdrawal seizure at the other. Two other patients reported side effects (diarrhea, butterfly) after the first administration but symptoms disappeared spontaneously next day. The withdrawal symptoms showed reduction from second day and on the 8th day total remission was registered. The change in GDS was significant even on the second day.

Conclusion: Our open-label study suggests that the GHB is an effective, safe and fast drug in the treatment of alcohol withdrawal syndrome. There should be further double-blind studies to confirm our results.

P01.57
THE CULTURAL CONTEXT OF PSYCHOSTIMULANT USE

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The decreasing use of opiates and the simultaneous growth of psychostimulant use is a world wide trend since the end of the 80s. The author examines this trend-change in drug consumption in its cultural context. In the analysis the author puts emphasis on the examination of current advertisement style and forms of mass media messages (commercial radios, giant advertisement posters, etc.). The author underlines that the cultural features which can be discerned in the 'end of the millennia media' (e.g. acceleration of time, the faith in achieving pleasure on a fast and comfortable way, the atmosphere of 'end of the world', etc.) are strikingly analogous with the narrower cultural context in which psychostimulant use appears and gains actuality and identity. The author emphasizes

that psychostimulant use can be understood as the representation of and identification with the cultural messages and models (e.g. quality of life, consumption patterns, etc.) on microcultural and individual level.

P01.58

LACK OF EFFECT OF VITAMIN B₆ ON PSYCHOTIC SYMPTOMS IN CHRONIC SCHIZOPHRENIC AND SCHIZOAFFECTIVE PATIENTS: A DOUBLE-BLIND PLACEBO-CONTROLLED STUDY

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Deficiency of certain vitamins, and especially from the 'B' complex, can produce symptoms of psychiatric disorder. Vitamin B₆, or pyridoxine plays an intrinsic role in the synthesis of certain neurotransmitters which take part in development of psychotic states. There are a number reports that vitamin B₆ may be a factor in a number of psychiatric disorders, such as autism, Alzheimer's disease, hyperactivity, learning disability, anxiety disorder and depression. Moreover, there are anecdotal reports of a reduction in psychotic symptoms after vitamin B₆ supplementation of psychopharmacologic treatment of patients suffering from schizophrenia or organic mental disorder. The aim of this study was to systematically examine whether vitamin B₆ therapy influences psychotic symptoms in patients suffering from schizophrenia and schizoaffective disorder. The effect of the supplementation of vitamin B₆ to antipsychotic treatment on the positive and negative symptoms in 15 schizophrenic and schizoaffective patients were examined in a double-blind, placebo controlled, crossover study spanning 9 weeks. All patients had stable psychopathology for at least a month before entry into the study and were maintained on their pre-study psychoactive and antiparkinsonian medications throughout the study. All patients were assessed by Positive and Negative Syndrome Scale for Schizophrenia (PANSS) on weekly base. The patients randomly received increasing doses of vitamin B₆ or placebo at 100 mg/day for the first week, 200 mg/day for the second week, 300 mg/day for the third week and 400 mg/day for the fourth week. PANSS scores revealed no differences between vitamin B₆ and placebo-treated patients in amelioration of their mental state.

P01.59

IS PRESCRIPTION OF CYAMEMAZINE USEFUL TO FAVOR WITHDRAWAL OF BENZODIAZEPINES AFTER LONG TERM TREATMENT?

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Long term prescription of anxiolytic benzodiazepines (BZD) is frequently associated with dependence. The objective of our study was to evaluate the efficacy and tolerance of an anxiolytic neuroleptic: cyamemazine used at low doses to avoid anxiety rebound, withdrawal signs, reintroduction of BZD when a long term anxiolytic benzodiazepines prescription had to be stopped.

Method: A multicentric, double blind, randomised study was conducted in 168 patients taking BZD (5 to 20 mg equivalent diazepam) for anxiety since more than 3 months. The study compared two groups of treatment, one with a substitution from BZD initial to bromazepam during 14 days then prescription of half the dose of bromazepam during 14 days then prescription of placebo for 14 days, and the other group with a substitution from

BZD initial to cyamemazine during 14 days then half the dose of cyamemazine during 14 days then placebo for 14 days. The doses of cyamemazine used were 12.5 mg to 50 mg and for bromazepam 1.5 mg to 6 mg. Six month-follow-up was carried out to collect data after a withdrawal period of 6 weeks.

Results: There was no significant difference between the two groups neither on maximal amplitude of anxiety rebound on HARS between DO and D42 (main criteria), nor on percentage of anxiety rebound on HARS or Zung anxiety scale, nor on number of new or worsened symptoms on Rickels withdrawal scale. After 6 months, the physician estimated that the rate of success was better in the cyamemazine group than in the bromazepam group ($p = 0.03$). Cyamemazine was well tolerated without extrapyramidal symptoms. Cyamemazine could be useful to favor long term maintenance of BZD withdrawal among patients supposed to be subject to relapse and reintroduce BZD.

P01.60

WHAT'S BENEATH THE SKIN?

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The relationship between the skin and the psychic system has been well-known for a long time.

The skin is a surface for the projection of physical processes and changes-the explanation of the psychosomatic dermatological symptoms are based on the dysfunction of the emotional and autonomic nervous system. Behind the non-improving, itching and scratched ekzema we sometimes find either Ekbohm-syndrome/ often diagnosed AS gerontological delusions of parasitosis,/ or therapy-resistant allergy/which conceals depression.

The authors present condensed case-stories about delusions of parasitosis and allergic syndromes-proving the excellent results achieved using risperidone-therapy and citalopram.

P01.61

STUDY OF CONVERSION FACTOR BETWEEN ZUCLOPENTHIXOL (ZCP) ACETATE AND ZCP DECANOATE IN PATIENTS RECEIVING HIGH DOSES OF ZCP ACETATE

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More and more consideration has been given to the high doses often used in the treatment of the schizophrenic patients presenting acute psychotic symptomatology. Zuclopenthixol has been found to be efficacious in the treatment of schizophrenia either with its depot (decanoate:AP) an semi prolonged (acetate:ASP) formulations. Recommendations for the transfer from ASP to AP treatment are used on the estimated daily dose of ASP. The objective of this multicentric study is to determine a conversion factor (CF) between ASP an AP in psychotic patients receiving high doses of ASP (mean dose ≥ 150 mg/day). The CF is bound to establish the minimal antipsychotic efficacy dose of AP. The determination of CF is based on both clinical (CGI, item 2) and pharmacokinetic (serum dosage of zuclopenthixol) assessment, the AP dosage used is then linked to the ASP posology. 48 patients were included in this open-label pilot study that comprises. 2 periods: I (acute treatment): ASP treatment until stabilisation/improvement assessed on the CGI item 2; II (maintenance treatment): switch to AP/14 days. Duration of period I must not be less than 4 days and total duration of period II is 80 days. Blood samples will be taken 7 days after each AP injection. The first AP/14 days dose was 3 fold the mean value of the last two ASP injections (dose A). The next AP doses (dose A \times 2 or 3 or 4) were decided upon the results of the clinical response