Mon-P106
HETEROGENEITY OF THE "POSSESSION STATES": A CASE STUDY FROM PEMBA

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This paper presents six cases with possession symptoms from Pemba, one of the Zanzibari islands, where in a blend between Muslim religion and acient Swahili cults the beliefs in possession by spirits are so powerful that the island was considered to be the centre of spiritual life and witchcraft for East Africa. The clinical observation of the cases reveals that the so-called "possession states" are heterogeneous; they belong to different conditions, including nonpsychotic anxiety states. The symptom context in which possession beliefs appear and the accompanying features like severity of distress and change of behaviour are more discriminative for the diagnosis than the beliefs themselves. The distinction between form and content of a symptom is crucial for the clinical analysis. There is no evidence that the so-called "possession states" represent separate clinical entity as some authors suggest. What is usually referred to as culture-specific is commonly an explanatory scheme for the incomprehensibility of the symtoms with their attribution to invading forces due to renouncement of psychological responsibility.

Mon-P107
TWO DIAGNOSTIC APPROACHES TO THE EXTRASENSORY HEALERS' MENTAL STATUS

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Sociocultural alterations in Ukraine (as in another cultures) demand the changing of previous diagnostic approaches in psychiatry. The aim of this study was to estimate the status of 100 extrasensory healers on DSM-III-R in the context of contemporary sociocultural situation. None of the respondents had never had a necessity to visit the psychiatrist in their lifetime, but all of them had the perceptional and/or thinking phenomenon, which had to be qualified as mental disorders 5–10 years ago. The methods of interview and structural psychopathological analysis were used. The diagnostic were based on two diagnostic approaches. In the framework of the first approach the perceptional phenomenon were estimated as hallucinations, and mystical thinking as delusional ideas. In this approach the status of 75 respondents fit the criteria of mental disorders on DSM-III-R (44 - schizophrenia, 17 - personality disorders, 14 - organic mental disorders). The second diagnostic approach was based on the concept, that extrasensory healers' thinking is being formed under the pressure of collective notions and is the variant of norm in the present social situation that is characterised by the high interest to religion, mystic and occultism; perceptional phenomena were estimated as suggestive ones in the predominant ideas (parapsychological, religious and mystical concepts) and assimilation of psychic techniques. On the basis of this approach the status of only 19 respondents fit the criteria of mental disorders on DSM-III-R (19 - schizophrenia, 17 - personality disorders). It was revealed that extrasensory healers' practice often promoted the relaxation of borderline disorders and in some cases the spontaneous remission of the psychoses. All respondents were formally socially adopted, though the question about the criteria of social adaptation in the non-stable social situation is debatable. It was concluded that an adequate diagnostic system of mental disorders must be a cultural sensitive, that is take into account the peculiarity of social and cultural influences on the outlook and behaviour of personality.

Mon-P108
NUMBER OF OLDER SIBLINGS IN SCHIZOPHRENIA COMPARED TO NEUROSIS: IS THERE AN INTERACTION WITH URBAN BIRTH AND SEASON OF BIRTH?

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One of the most consistent findings in schizophrenia research is the small excess of late winter/early spring birth. There is also evidence that schizophrenia is associated with urban birth and with later birth order. One interpretation of these findings is that respiratory viral infections brought into the household by young children in crowded urban areas could disrupt foetal brain development and predispose to schizophrenia in later life. To further explore this hypothesis, we used case register data to assess whether schizophrenics with a greater number of older siblings are more likely to be born in urban areas and during spring months. Data from the Dublin and Three County Case Register were compiled relating to 2969 patients with schizophrenia and 5904 patients with neurosis. Logistic regression analysis was used to determine whether the number of older siblings differentiated schizophrenia from neurosis, controlling for gender, urban birth, season of birth and sibship size.

The number of older siblings did not predict a diagnosis of schizophrenia over neurosis (OR = 1.01, 95%CI = 0.99–1.04). There was no interaction between number of older siblings and urban birth ($p = 0.29$), between number of older siblings and spring birth ($p = 0.84$), or between number of older siblings, season of birth and urban birth ($p = 0.50$). These data do not support the hypothesis that schizophrenia, as compared to neurosis, is associated with an increased number of older siblings, nor that there is an interaction between number of older siblings, urban birth or season of birth.

Mon-P109
CITALOPRAM INFUSION THERAPY OF UNI- AND BIPOLAR DEPRESSION

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The clinicians prefer the drugs with three criteria: safe, effective and fast. The trial of the authors examined if the citalopram infusion therapy met these criteria.

Study Design: 50 patients with uni- or bipolar depression (HAMD > 18) were included in the open-label, clinical trial. Low dose of benzodiazepines and/or hypnotics were allowed and the occasional prophylactic treatment (LI, CBZ, VPA) was continued. Each of the patients was given 20 mg citalopram i.v. on the first week, half of them was given 20 mg citalopram p.os and half of them 10 mg i.v. plus 10 mg p.os on the second week and each of them 20 mg citalopram p.os on the third week.

Results (statistical and clinical):

- The decrease of HAMD scores was already significant on the 7th day and remained on the 14th and 21st days.
- The decrease of the scores of HAMD specific depression items was significant too
- There was no difference between the patients with two treatment regimes (gradual or prompt switch from i.v. to p.os).
- 70% of the patients was responder on the 14th and 21st days.
- 55% of the patients recovered on the 14th and 66% on the 21st day.

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- The improvement of bipolar patients was faster.
- There was no switching to mania.
- Every patient survived the infusion therapy, there was no serious adverse event.

Conclusion: the citalopram infusion therapy
- is safe, efficacious and fast
- result in faster improvement and better cost/benefit ratio
- does not cause mania directly
- results must be confirmed by double-blind studies

Mon-P110

COMPARAISON DE DEUX APPROCHES DU TRAITEMENT DES ÉTATS DÉPRESSIFS AVEC FORTE ANXIÉTÉ PAR LA FLUOXÉTINE: 20 MG FIXE VERSUS DOSES PROGRESSIVES

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Cette étude en ouvert randomisée a comparé après une période de sevraged'au moins 6 jours, deux groupes de patients déprimés (critères DSM-IV) et anxieux (minimum de 15 à l'échelle Hamilton Anxiété). Le premiergroupe recevait d'emblée une posologie de 20 mg de fluoxétine, fixe deJ0 à J60. Le deuxieme groupe recevait une posologie de 5 mg par jour lapremière semaine avec augmentation de 5 mg par jour chaque semainejusqu'à 20 mg par jour jusqu'à J60.

Résultats 49 patients (sur 50) ont pu être analysés: 25 dans le groupe "dose fixe", 24 dans le groupe "dose progressive". 9 sont sortis de l'essai aucours du premier mois, dont 6 lapremière semaine. 8 patients dans legroupe à dose fixe et 1 dans le groupe à doses progressives (significatif). 58% des patients avec intention de traiter ont étédéclarés répondeurs. L'évolution thérapeutique et le pourcentage derépondeurs ont été comparables dans les deux groupes de patients. Seuls4 patients dans chaque groupe ont nécessité un traitement associé.

Conclusions:

* La prescription de tranquillisants dans le cadre des dépressionsanxieuses ne devrait plus être automatique.

* Des antécédents de trouble anxieux devrait faire proposer undébut de traitement à posologie faible.* La tolérance globale apparaît significativement meilleure enutilisant une montée progressive de doses, sans que l'efficacité à J60en soit affectée. Il est possible d'améliorer l'adhé sion et la toléranceau traitement en commençant avec des doses progressives.

Mon-P111

GENDER AND SCHIZOPHRENIA: CLINICAL PROFILES

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Objetive: Gender differences in the clinical profiles have been consistently reported in schizophrenic patients. Patients with schizophrenia and schizophreniform disorders were examined to determine wheter gender differences occur in these patients.

Method: 100 psychotic inpatients (50 men and 50 women) were studied. Diagnostic groups include schizophrenia and schizophreniform disorders. Each patient was rated on the CPRS in forty eight hours after admission.

Results: Schizophrenic women were more likely express a form of the illness characterized by dysphoria, persecutory delusions and affective symptoms than schizophrenic men.

Conclusions: The forms of schizophrenia in men and women represent different morbid states. Gender is considered to be of fundamental importance in determining the different symptomatological and evolutionary features of the syndrome in the two sexes.

Mon-P112

LA RÉDUCTION DE L'AGRESSIVITÉ DES SCHIZOPHRÈNES PAR LA RISPÉRIDONE

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Le déclenchement des réactions d'agression pourrait être lié à l'activité sérotoninergique centrale. La rispéridone est une molécule antipsychotique se singularisant par un antagonisme prédominant des récepteurs sérotoninergiques 5-HT_2A. Quelques études cliniques font état d'une réduction par la rispéridone des troubles agressifs chez le patient schizophrène. Les durées d'hospitalisation de 58 schizophrènes ayant séjourné en unité pour malades difficiles (services français de psychiatrie spécialisés dans les soins aux malades mentaux dangereux) varient selon les neuroleptiques utilisés. En particulier, la durée moyenne des hospitalisations en unité pour malades difficiles est de 19 mois pour les schizophrènes traités par la rispéridone (20 patients), de 22 mois pour la clozapine (15 patients) et de 29 mois pour l'halopéridol (10 patients). L'efficacité de la rispéridone sur l'agressivité des schizophrènes semble indépendante de la posologie utilisée. Ces résultats suggèrent une activité spécifique de la rispéridone sur l'agressivité du schizophrène.

Mon-P113

OLANZAPINE IN HALOPERIDOL TREATMENT FAILURE

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Patients, who met diagnostic criteria for schizophrenia or schizoaffective disorder according DSM-IV and experienced haloperidol induced side effects, were entered in an open-label, crossover study, conducted in one center in Romania. Rated moderate or severe under haloperidol treatment on the UKU Side Effect Rating Scale, these patients were switched from haloperidol to olanzapine (5–20 mg/day). The UKU Side Effect Rating Scale (UKU), the Hillside Akathisia Scale (HAS), the Simpson-Angus-Scale (SAS), the Abnormal Involuntary Movement Scale (AIMS), vital signs, laboratory tests and adverse events were assessed to evaluate the safety of olanzapine. Efficacy was measured by using the Positive and Negative Symptom Rating Scale (PANSS) and Clinical Global Impression Severity and Improvement.

Thirty patients - mean age 46.9, 7 (23.3%) males - received olanzapine for 6 weeks. In this 6 weeks the PANSS total score decreased from 70.3 ($\pm$ 11.4) at baseline to 39.0 ($\pm$ 4.8) at endpoint ($p < 0.001$). the mean SAS total score decreased from 12.9 ($\pm$ 3.2) at baseline to 0.3 ($\pm$ 1.5) to endpoint ($p < 0.001$), in the HAS total score a statistically significant reduction from 11.0 ($\pm$ 12.3) to 0.3 ($\pm$ 1.0) was recorded ($p < 0.001$), and the AIMS total score decreased from 1.7 ($\pm$ 4.1) at baseline to 0.2 ($\pm$ 0.6) at endpoint ($p = 0.025$). Out of the 48 items of the UKU Side Effect Rating Scale 30 items improved and 2 items worsened as compared to haloperidol at baseline (16 items were neither present at baseline or endpoint).

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