

P43. Rehabilitation

P42.01

A specialized group- treatment programme for depressive inpatients. Catamnestic results

F. Schwärzler*, H. Smolczyk, A. Batra, G. Buchkremer. *Department of Psychiatry, University of Tübingen, Germany*

Introduction: Behavioral therapy has shown to be effective in the treatment of depressive patients – in combination with antidepressants or without. But most of the studies are based on outpatients. Actually, we know little about the efficacy of psychotherapy in depressive inpatients, although already 25 years ago specialised services in psychiatric hospitals were established in Germany.

Objective: We report on the implementation of a specialised group- treatment programme for depressive inpatients. It is characterized by a combination of behavioral activation, cognitive psychotherapy and psychopharmacotherapy or other biological interventions like ECT.

Method: The first 86 patients treated consecutively in the first year in this service were reviewed for clinical features and rate of rehospitalisation.

Results: 84% of our inpatients suffered from a depressive disorder, 33 from a recurrent, 20% from a single major depression episode. 15% of all patients, but 31% of those with recurrent depression were rehospitalised.

Conclusion: We found a high acceptance for the treatment programme even in severe depressive inpatients. Unsatisfactory, the rate of rehospitalisation of the patients with recurrent depression rested high. Further research must go on strategies combining cognitive therapy and biological approaches for relapse prevention.

P42.02

Artistic activity as a way of overcoming splitting in a borderline female homosexual patient

E. Paliokosta*, I. Vartzopoulos, E. Papastathopoulos, A. Theodorou, M. Agelopolou, E. Messini. *Sismanoglio General Hospital, Department of Psychiatry, Petroupoli, Greece*

We present a 24 year-old borderline homosexual woman, who asked for psychotherapy because of her feeling that everything in her life was slack. She mentioned vivid experiences of contact with the spirit of a famous dead actress, who represented a split-off part of the patient's Ego. The patient projected onto the actress an idealized interlocutor without, however, achieving sufficient social functioning.

The projective onto the actress split-off Ego part assumed a supportive and protective role towards the patient. The patient resorted to a dialogue with this split-off Ego part when the frustration of her every day life activities made her feel worthless.

In the course of the psychotherapy the patient developed an idealized mirror-transference towards the therapist, assigning to her the role of a powerful omniscient parent who could help her overcome the misery of her life. We shall present some aspects of the transference-countertransference constellation, which helped the patient overcome the detrimental effects of her Ego's impoverishment. As a consequent the patient did not resort any more to splitting operations but developed an artistic activity (theatre), which incorporated both aspects of her previously fragmented Ego.

P42.03

Family therapy in the group setting

V. Stalekar*, S. Borovecki-Jakovljević. *University Hospital Centre Zagreb, Clinic for Psychological Medicine, Croatia*

Objectives: The aim is to present the application of family therapy in the group setting (so-called multiple family group therapy, MFGT). The authors – who are dealing with group, family and individual psychotherapy – decided to implement MFGT with: regressive-symbiotic, longtime dysfunctional, rigid families, those with more than one symptomatic member, and with incomplete families.

Methods: In the therapeutic process 2 to 4 families are included, selected according to carefully developed criteria for treatment. We are applying the transgenerational family therapy, in which psychodynamic and systemic theoretical concepts are integrated. As the therapy with a few families is going on in the group setting, therapeutic factors are associated also with group therapeutic phenomena. Such families with related problems and psychopathology are like a closed homogeneous group.

Results: By combining family therapy with group therapeutic factors during MFGT certain therapeutic results are achieved even in those families that otherwise would break off family therapy, or even would not start it at all.

Conclusion: Based on our clinical experience from group, family and individual psychotherapy, we regard it justified to apply family therapy in a group setting (the so-called MFGT, with 2 to 4 families contemporaneously) to the following groups of families having related problems: regressive-symbiotic families, longtime dysfunctional, rigid families, families with more than one symptomatic member, and incomplete families. Under such conditions effects of family therapy are complemented by group therapeutic phenomena in a co-therapeutically conducted group.

P42.04

Bibliotherapy – cognitive-behavioral self help strategies in patients with major depression

G. Wiesegger¹*, M. Schloegelhofer¹, H. Eder¹, U. Itzlinger¹, F. Leisch², U. Bailer¹, K. Hornik², G. Jörgl¹, U. Willinger¹, H.N. Aschauer¹. ¹University Hospital for Psychiatry, Department of General Psychiatry, Vienna; ²Institute for Statistics and Probability Theory, Vienna University of Technology, Austria

Introduction: Cognitive-behavioral psychotherapy in combination with pharmacotherapy was shown to be superior over each treatment strategy alone. Above that, recent investigation indicate that Bibliotherapy – a guided self help book using cognitive-behavioral intervention strategies – significantly reduces both the scores of Hamilton Rating Scale for Depression (HAMD) and of Beck Depression Inventory (BDI) in patients with Major Depressive Disorders.

Methods: Patients with “Major Depression” or “Dysthymia” using the “Mini International Neuropsychiatric Interview” (DSM-IV) and HAMD-Scores higher than 10 were included. In six weeks time participants read the German version of the self help book “Feeling Good” by D. Burns. Blinded raters evaluated depressive symptoms by using HAMD and BDI before and after Bibliotherapy (Time 1, Time 2). Hypothesis was tested if patients with Major Depression or Dysthymia who received Bibliotherapy show improvements in scores of HAMD and BDI compared to controls (waiting group).

Results: Preliminary results (N = 18; n_m = 7, n_f = 11; mean age = 50,3 yrs) indicate a tendency of reduction of HAMD (Time 1:

mean = 16,4; SD = 6,8; *Time 2*: mean = 11,4; SD = 6,4) and BDI (*Time 1*: mean = 20,1; SD = 9,9; *Time 2*: mean = 14,3; SD = 11,7) scores after six weeks of Bibliotherapy in our study participants.

Conclusion: In this study population patients showed lower HAMD and BDI scores after having received Bibliotherapy. However, the impact of Bibliotherapy has to be investigated and compared to controls further.

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P43.01

The healing book

I. Török*. *Nyme College BEPFK, Department of Hungarian Language and Literature, Sopron, Hungary*

People are different: some cope with critical situations and the everyday events of our hectic world easily, while the same means a trauma to others. Many people have psychical problems. Depending on their condition, various forms of therapy can provide help for them.

Bibliotherapy (a form of sociotherapy) means reading out shorter literary works or relatively closed portions of longer works, processing these emotionally, and elaborating the parallels between the text and the lives of the participants as completely as possible.

The book is the medicine of the soul and a part of everyday life. Reading valuable books is growing importance. We can find an answer to any of our questions if we choose the right book. Books contain the wisdom and practical experience of centuries. While reading a book, we undergo immense change.

In bibliotherapeutic group sessions, the book provides the personal encounter between the work and the reader.

Bibliotherapy provides a new way of psychical treatment. We would like to train our students of social pedagogy to use it.

P43.02

The rehabilitation program for a child with the undesired behavior

M. Banjanin*, I. Slavicek. *Centar "Goljak", Zagreb, Croatia*

The problem of this work is a child with cerebral palsy for whom marked that he expresses undesired ways of behaviour.

The aim of this paper was detect causes of such behaviour in order to suggest measures for the elimination or diminishing undesired behaviours. Data about the child and his behaviour were collected through the analysis of school and medical documentation, behavioral estimation on the AAMD (Adaptive Behaviour Scale) and through the systematic behavioral observation in everyday situations. These data were analyzed in "The Case Study Method".

Obtained results showed that undesired behaviour is so intensive that it should be taken as one general behavioral characteristic. In order to eliminate or diminish undesired behaviour it is necessary to further observe and analyze this event as well as the evaluation of the efficacy of such rehabilitation is going to start.

P43.03

Compliance for rehabilitation at patients with psychotic disorders

M. Ienciu*. *Psychiatric Clinic, Timisoara, Romania*

The aim of rehabilitation is to improve the ability of the subject to relate with him self and with others and to manage adequately his environment.

Compliance/non-compliance for rehabilitation is very often a much-discussed topic by patients' relatives and professionals. The objective of the study is to identify the difficulties and improvement factors, which can appear during the process of rehabilitation with impact on initial compliance.

The study group consists of 88 patients with schizophrenia and delusional disorders.

The following items were studied: sex distribution, marital status, educational-professional status, age at onset of the disease, number of episodes, period of evolution, actual psychopathological picture, global functioning, drug treatment.

Data obtained showed that compliance for rehabilitation is a complex process; a correct initial evaluation makes rehabilitation successful and increases the quality of life.

P44. Social psychiatry

P44.01

Life events, social support and the onset of major depressive episode

U.S. Leskela*, T.K. Melartin, P.S. Lestela-Mielonen, H.J. Rytala, T.P. Sokero, M.E. Heikkinen, E.T. Isometsa. *National Public Health Institute, Helsinki, Finland*

Background: Adverse life events and poor social support are established risk factors for depression. The differences in the frequency of events between relevant clinical and sociodemographic subgroups of depressed patients, and the role of prodromal symptoms at the time of life events are not well known.

Methods: In Vantaa Depression Study, 269 psychiatric patients with DSM-IV MDD were diagnosed with the SCAN and the SCID-II. The life events during twelve months before the interview was investigated with the IRLE. The objective and subjective social support were assessed with the IMSR and the PSSS-R.

Results: Ninety one per cent reported life events, on average 4.1 events per preceding year. Major differences between subgroups were not found. The frequency of events was somewhat greater among the younger or in a comorbid anxiety group. Those with comorbid alcoholism or personality disorders perceived less, women and the younger some more social support. Events distributed evenly between the time before depression, prodromal phase or the index MDE. Two thirds attributed their depression to some event commonly to a one occurring at the onset of the prodromal phase.

Conclusions: Clinically and socio-demographically heterogeneous patients with MDD are quite homogeneous in terms of life events during the preceding year. Life events do not generally cluster into any phase in the progression into an episode. Patients commonly attribute their depression to an event at the onset of the prodromal phase.