Each of tham we also coud devide into subtypes, depending on what patient' ego-state influence is directed. The discription of doctor's psychological influence on the patient wich has been received as a result of this approach we could provoke such a biological reaction of patient' organism wich we need. Otherwise we'll come from time to time across toxic-placebo when psychological mechanisms could level or pervert varios pharmacological medical effects.

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TREATMENT OF PREMENSTRUAL DYSPHORIC DISORDER WITH FLUOXETINE DURING THE LUTEAL PHASE

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Pre-menstrual dysphoric disorder (PMDD) occurs one week before menses (in luteal phase) with depressed mood, anxiety, irritability, lethargy, sleep disturbances that seriously interfere with personal lifestyle. The study was randomised, double-blind placebo controlled trial of fluoxetine efficacy in the treatment of PMDD, when is given only during the luteal phase of the menstrual cycle. 25 individuals between the ages of 25–40 (mean = 29.5) with regular menstrual cycles were selected in two moth screening period based on their complaints-accordingly DSM IV research diagnostic criteria for PMDD. Women with a current history of major depressive disorder, dysthymic disorder or other concurrent mental disorder were excluded from investigation. Study lasted four months, and all individuals completed study. Women were randomly distributed to fluoxetine (n = 14) and placebo (n = 11) group. Mean daily fluoxetine dose was 20 mg pd. The efficacy of applied medication was assessed by Clinical Global Impression Scale (CGI), Hamilton Rating Scale for Depression (HAM-D) and daily reports using the Calendar of Pre-menstrual Experience (COPE). The result showed that a significantly better response was occurs in the fluoxetine group, with 72.6% of individuals rated as treatment responders (CGI), compared with 24.8% in the placebo group. The mean (+/– SD) on HAM-D after the treatment for fluoxetine was 8.83 +/– 4.96 and for placebo group 12.51 +/– 5.96.

These results recommended fluoxetine as the most successful drug choice to date for women with PMDD.

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PSYCHOPHARMACOLOGICAL THERAPY AND PREGNANCY – PROBLEMS AND RECOMMENDATIONS

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Treatment with psychotropic medication in pregnancy indicates special concerns for the handling of this therapy. Beside the advantages and disadvantages to the pregnant woman, the risks of the medication, or an otherwise insufficiently treated disease, for both the embryo or fetus and the pregnant woman, must be carefully thought of. The aim of our survey is to point out problems of this treatment and to give recommendations for clinical practice. Physiological changes during pregnancy and the potential teratogenity of the psychotropic drugs dependent on the time of intake are described, concentrating on neuroleptics, antidepressant drugs and mood stabilizers in detail.

Finally, some recommendations for the use of psychotropic drugs in pregnancy including non-medication-therapy alternatives are suggested.

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WHO ATTENDS AND WHO DOESN'T KEEP THEIR APPOINTMENTS IN THE PRIVATE PSYCHIATRIC PRACTICE

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Psychiatry is probably one of the medical specialties where private practice carries a major weight. However, in spite of the important role played by the private practice of psychiatry as assistance model, it is surprising the scarcity of publications concerning this topic. At the present time, private psychiatry is the great unknown and the darkness that encloses this practice could be explained as a consequence of, between others, three main reasons: the resistance of the psychiatrist to reveal his real annual income to the taxman, his reluctance to expose his own clinical skills to the scrutiny of the others, and the absence of a research attitude in this setting. Another added difficulty is the fact that since each private psychiatrist sees relatively few patients, it is difficult for anyone to accumulate a large enough sample for study. Moreover, data from public psychiatry cannot be generalized to private practice, as the investment in time and money required to gain access to private treatment constitutes in itself a selection bias. We study a sample of 1604 patients which constituted the total number of patients that had attended a particular private practice. All the patients had been treated by the same psychiatrist over a period spanning 20 years. Of the 1604 patients, 651 were male and 953 female, with a mean age of 40.65 ± 16.3 years. The majority of the patients had a basic educational level, with only a minority having a university degree. Fifty three percent were married, followed by the single ones (31.8%). From the diagnostic point of view we found a 46.6% of neurotic disorders and 25.6% of affective disorders, with substance abuse and schizophrenia being next in frequency. The mean number of consultation per patient was 4.13 ± 6.96 with a 42% of the sample having attended only once. The mean follow-up time per patient was of 13 ± 3.2 months. 38.5% of all patients was discharged by the psychiatrist while 43.4% ceased to attend for unknown reasons and 10.8% was still attending.

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COUNTERTRANSFERENCE IN PSYCHOTHERAPY OF YOUNG PEOPLE WITH SUICIDAL BEHAVIOUR

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During the suicidal crisis, a young boy or a young girl may become carriers of therapeutist's feelings, phantasies, conceptions and prejudices about suicide and death. Unconscious feelings (increased anxiety, fear, depression, aggression, and others), as well as the therapeutist's concenptions and philosophical point of view, are involved in the psychoterapeutical process and may present difficulty of countertransference in psychotherapy. In this paper, the variability of countertransference in the psychotherapy of thia category of patients is emphasized. The cause of such hesitations of transference are characteristic of young people personality in the developmental period as well as of the therapist's and othrs. The author considers that adequate education and supervision help the therapeutist to control this negative contertransference. In case that the therapeutist cannot control the negative countertransference, the suicidal crisis becomes deeper.

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