W05.04
FOLLOW-UP OF CHANGES OF PSYCHIATRIC CARE (INTRA- AND EXTRAMURAL)

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Psychiatric care systems have undergone profound changes in the last 30 years in many countries of Europe. After 1989 the new democracies had to change health politics in view of their changed political and economic situation. New health care systems and mental health programs and consequently new psychiatric care systems favouring community based care had to be implemented. The Danubian Psychiatric Association, scientifically co-operating with their member states (16) since 1964, started a follow-up study by one of its research groups in 1990. Data of psychiatric care could be gathered of 10 member states between 1992 and 1994 and were published in PSYCHIATRIA DANUBINA (our quarterly journal) in 1994. Presently we are concerned with the documentation of psychiatric care systems since 1993/1994. As the Danubian Psychiatric Association is now an affiliated member of WPA we contacted all psychiatric associations of Europe last year envisaging an European multi-centre study in this field. Prominent speakers of 4 countries representing different mental health politics and psychiatric care systems will present data and their view on future perspectives. Data of hospital based care (beds, diagnostic distribution of discharges in the year recorded, staff, costs) and of community based care (mental health centres, housing facilities, day structuring units, rehabilitation centres, personnel and costs) will be presented in a way to enable comparison of data of respective countries.

WPA. WPA/PTD Course

Chair: C.N. Stefanis (GR)

WPA.01
THE USE OF THE WPA/PTD EDUCATIONAL PROGRAMME ON THE RECOGNITION AND TREATMENT OF DEPRESSIVE DISORDERS

N. Stefanis, J.E. Cooper, N. Kornetov

The World Psychiatric Association, in collaboration with the International Committee on the Prevention and Treatment of Depressive Disorders, has developed an educational programme aiming to enable general practitioners and other physicians not specialized in psychiatry to deal with depressive disorders. The programme has three main parts, a first dealing with fundamental and general facts about depressive disorders, their recognition and treatment; a second dealing with depressive disorders seen in people suffering from physical illness; and a third dealing with depressive disorders in the elderly. The training materials for the programme include a basic text, slides, handouts and other tools.

The objective of the course is to (1) make participants aware of the nature of the materials included in the WPA/PTD programme; (2) enable participants to use the materials developed for the programme in the training of general practitioners; and (3) enable the participants to plan training activities concerning the recognition and treatment of depressive disorders in their country.

FC13. Clinical psychiatry

Chairs: P. Skapinakis (GR), P. Zvolsky (CZ)

FC13.01
SEVERE MENTAL ILLNESS AND AIRPORTS – THE SCOPE OF THE PROBLEM

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Background: Mental illness can cause specific problems in the environment of an international airport.

Aim: To assess frequency, presentation and safety implications of mental disorders requiring formal admission at an international airport.

Design: Retrospective study over 4 years of case records, including all patients from Heathrow who were detained by the police and admitted.

Results: The frequency of admissions was 1 per million passengers, the frequency of incidents raising safety concerns was 4.0 per 10 million passengers. An in-flight disturbance occurred in 1.4 per 10 million arriving passengers. Most common were schizophrenia or schizotypal disorder (46.8%) and mania (22.6%). 20% of patients presented with wandering.

Conclusion: Emergency admissions and incidents causing safety concerns were rare. Mentally ill patients did not contribute substantially to the problem of air rage. The majority of patients suffered from severe mental illness. There was no convincing evidence that time zone changes were related to affective illness. Airport wandering was a frequent presenting sign of severe mental illness, which should be recognised.

FC13.02
UTILISATION OF EMERGENCY DEPARTMENTS BY SUBSTANCE ABUSERS: DRUG-RELATED PROBLEMS IN A MULTICENTRIC EPIDEMIOLOGICAL STUDY IN FRANCE

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Background: Few direct studies are dedicated to emergency service utilisation by substance abusers. The information is usually obtained from data available in the clinical records. Very few drug users were interviewed in this situation. France, having recently introduced substitution treatments at a large scale, it is noticed changes in emergency services utilisation.

Objective: Describe typology of substance abusers attending emergency units in 17 general hospitals emergency department between June and October 1999. A descriptive bivariate analysis with simple stratification was carried out.

Design: Every patient identified as a substance abuser was evaluated with a questionnaire.

Results: Preliminary results on 497 substance users examined in 17 emergency service department on the French territory indicate the sociological profile of these patients: the male/female ratio is 4.9/1, mostly unmarried (59.4%), having a personal place to live (73%), covered with the social insurance in only 53% of the time. The examination was initially made by a medical doctor (52%) or a psychiatrist (12%) and by both (7%). The initial cause for admission was: impairment of consciousness (29.4%), acute intoxication (21.7%), asking for withdrawal of drug (14.3%). Numerous somatic and psychopathologic complains were observed. Among them, the

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most frequent psychiatric ones were anxiety, mood swaps and impulsivity disorder. Although heroine (22.5%) and cocaine (17.5%) were the most frequent drugs used, cannabis, benzodiazepines and alcohol was used concomitantly in respectively 24.7%, 28.9% and 29.8% in the last days. Substitution therapy was founded with buprenorphine (Subutex®) in 37.22% and methadone in 5.43%. Among the substituted patients, buprenorphine was most common (76.7%). A regular follow up for the prescription of these products was made by GP (35.8%) or specific unit (47.3%). This data are consistent with the substitution ratio in France but they need to be more fully examined in order to examine the impact of the French policy on harm drug reduction.

FC13.03

THE RECOGNITION OF COMMON MENTAL DISORDER BY NON-PSYCHIATRIC PHYSICIANS IN TAIWAN

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Background and Purpose: To understand how recognition relates to patient factors among two different settings, family physicians and medical specialists, in Taiwan.

Methods: The study took place in two different clinical settings in Taipei county, Taiwan. A two-phase design was used. In phase one, all patients completed a screening questionnaire detailing basic sociodemographic data, reason for consultation, illness attribution, Chinese Health Questionnaire-12, CAGE, 12 life event categories and brief disability questionnaire. In phase two, patients received the further interview with the Revised Clinical Interview Schedule and the Short Explanatory Model Interview. The physicians completed a brief questionnaire about whether the complaints were primarily psychological or physical in origin.

Results: Of 1009 patients who were approached and eligible, 990 completed the screening procedures. The characteristics of patients attending the two settings were significantly different. The overall detection rate of family physicians was better than that of medical specialists. The univariate analyses found that seven variables were associated with detection. Multivariate analysis using logistic regression showed that four factors were found to be associated with detection, including patients' concept of illness, illness attribution, severity of psychopathology and overall impairment. The variable of the type of physician did not exist in this model.

Conclusions: Our results showed that patient factors did affect the detection of physicians. These results may be useful in strategic planning for improving mental health among general medical settings.

FC13.04

UNPLANNED DISCHARGE IN A PSYCHIATRIC DAY CLINIC – TRYING TO DIFFERENTIATE THE REASONS

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So-called drop-outs respectively unplanned discharges in psychiatric therapy are often initiated by lack of insight into the disease or difficult circumstances of admission in the first place. We were interested in the question how often drop outs are to be noticed in a voluntarily day clinic setting where nearly all psychiatric diseases are to be treated. The charts of all patients of 1998 (n = 65) were screened referring to their mode of discharge and we especially found out that the term drop out is not defined clearly and multiple reasons may lead to an unplanned discharge, which we tried to differentiate in our investigation. In our opinion the statistically relevant term of drop out or unplanned discharge is not the right one to deal with the individual motivation for the limitation of treatment.

FC13.05

PREDICTING ADMISSIONS IN EMERGENCY PSYCHIATRY

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Background to Study: The number and complexity of problems of patients seen in the psychiatric emergency service often is in contrast with the amount of time available for decision making regarding admission. The criteria for admission of an emergency psychiatric patient may vary from clinician to clinician and from are to area. Therefore, a decision support tool, the Severity of Psychiatric Illness scale (SPI) was developed to support decision making as it occurs (Lyons et al. 1997, Medical Care 35: 792–800). The SPI is a 14-item rating scale. Three dimensions of the SPI-Suicide Potential, Danger to Others, and Severity of Symptoms – successfully predicted 73% of level of care (inpatient or outpatient; Lyons et al., 1997). The aims of the present study were to test the reliability of the SPI and to try to replicate the prediction model developed by Lyons et al. in a Dutch sample of patients seen in an emergency psychiatry setting.

Design: Reliability was investigated by 2 raters (a psychiatry resident and a psychiatrist) who independently rated 30 identical patient records. Predicting admission was tested retrospectively by rating 79 other records of emergency psychiatric patients using the SPI. These records contained no information with respect to admission of a patient. Another psychiatrist decided on the basis of the information in the case record on the level of care. A stepwise logistic regression was performed using the dimensions Suicidality, Danger to Others, and Severity of Symptoms.

Results: The reliability of the SPI was 0.73 (kappa). Predicting level of care: we found that the dimensions Suicidality, Danger to Others and Severity of Symptoms significantly predicted 80% of admissions ($p < 0.001$). Using our empirical model, the probability of admission could be expressed as follows p (Admission) = 0.51 (Suicidality) + 1.42 (Danger to Others) + 1.13 (Severity of Symptoms) – 3.23.

Conclusions: An American decision support model for psychiatric hospital admissions was replicated in a retrospective study using case records of a Dutch sample of psychiatric emergency patients. Next, this model will be tested prospectively in an emergency setting. When finding the same results, this model could be used as a decision support tool.

FC13.06

THE CROSS-NATIONAL EPIDEMIOLOGY OF UNEXPLAINED CHRONIC FATIGUE

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a) Background and Aims: There is a relative paucity of research on chronic fatigue illnesses outside some western developed countries. The main aim of the present study is to determine the prevalence and associations of unexplained chronic fatigue from

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