their care but 52.7% felt there were many things about their treatment that could be improved. The aim of this study was to follow up these patients one year later and investigate how patients attitudes and levels of satisfaction with psychiatric care change over time.

The initial questionnaire looking at patient satisfaction was modified and aimed at all the responders of the first study. Questionnaires were sent by post. Non-responders were followed up by personal visit. Details on the use of psychiatric services and any changes in social circumstances was also obtained.

There were 87 (80.6%) responders out of the 108 traceable subjects. 50 (57.5%) of responders had been readmitted at some stage during the one year interim. At follow up 72.1% were satisfied with the care they had received and 43.3% felt there were many things about their treatment that could have been improved. A substantial proportion of those (40.9%) who had felt they did not require psychiatric care acknowledged this need on retrospect.

Most aspects of satisfaction appear to be relatively stable over time. Many patients felt dissatisfied with their previous care despite no longer being in hospital. This study helps us to understand the relationship between satisfaction and outcome of psychiatric care.

SEROTONIN SELECTIVE REUPTAKE INHIBITORS (SSRI) AND REVERSIBLE SELECTIVE MAO-A (RIMA) COMBINATION TREATMENT IN REFRACTORY DEPRESSION

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Combination treatment is often effective in resistant depressive disorders and several combined treatment have been used successfully. The old irreversible non selective monoamine oxidase inhibitors (MAOIs) have well established efficacy in depression but their co-administration with other anti depressive drugs is dangerous. Several cases of severe adverse events were attributed to "serotonin syndrome". This restriction is not relevant for new reversible and selective MAO-A.

Co-administration of Serotonin Selective Reuptake Inhibitors (SSRI), and Reversible and selective MAO-A Inhibitors (RIMA) is rare. Few authors studied the tolerability in healthy volunteers and reported that this association did not precipitate symptoms of the "serotonin syndrome". This combination treatment has been recently proposed to patients with resistant depressive disorder. These studies report good efficiency and good tolerability.

At Lagny sur Marne hospital, near Paris, twelve patients with refractory depression were treated with the association of one Serotonin Selective Reuptake Inhibitors (SSRI) including paroxetine, fluvoxamine and fluoxetine, and moclobemide, a Reversible and selective MAO-A Inhibitors (RIMA). This association was well tolerated with very few side effects, and demonstrated good efficacy in already all cases. We propose to present our experience of this new combined treatment of resistant depressive disorders.

USE OF MAINTENANCE ECT BY NORTH WEST PSYCHIATRISTS

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123 psychiatrists completed postal questionnaires regarding their use of ECT — 25% of them stated that they use maintenance ECT (MECT) and a further 42% had not used MECT but would be prepared to consider it. A second stage questionnaire was sent to those who had either used or were prepared to consider using MECT. The main indications for maintenance treatment were the failure of prophylactic mood drugs or rapid relapse after repeated courses of ECT. 95% of respondents stated that they would use Lithium before considering MECT and 79% would use Carbamazepine. The most common diagnosis amongst patients treated with Maintenance ECT was recurrent depressive illness.

Pippard & Ellam's survey of ECT in Great Britain in 1980 found that 22% of psychiatrists used MECT, most rarely. This survey suggests that since then there has been little change and psychiatrists continue to find a group of patients, mainly with unipolar depressive illnesses, for whom MECT is deemed useful.

ELECTROCONVULSIVE THERAPY (ECT) AS STRESS, INCREASES NERVE GROWTH FACTOR (NGF) PLASMA LEVELS IN PSYCHIATRIC PATIENTS

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There are many evidences about the important role played by NGF in stressful events in animal and in the response to psychic stress in the human species. Aim of the study was to verify if ECT, looked as a particular stress, modifies NGF plasma levels in psychiatric patients.

We studied a sample of 14 male inpatients (age = 17–44; mean = 28.28) meeting DSM III-R criteria for different psychiatric disorders (paranoid schizophrenia, N = 4; disorganized schizophrenia, N = 3; undifferentiated schizophrenia, N = 2; schizophreniform disorder, N = 1; obsessive-compulsive disorder, N = 3; major depression, N = 1) compared with 12 male patients (age = 18–59; mean = 38.17; paranoid schizophrenia, N = 2; undifferentiated schizophrenia, N = 1; disorganized schizophrenia, N = 1; catatonic schizophrenia, N = 2; major depression, N = 6) submitted to first ECT session. In the first sample two blood sampling, 10 min apart, each ten milliliter, were collected from the peripheral vein of arm connected to a saline infusion and the times were called −10 and 0 min (baseline). In the patients submitted to ECT, blood sampling was performed each time at −5 min, 0 min (baseline) after the anaesthesia and then after the starting of convulsion. NGF levels were measured in plasma. The technique used was ELISA (the method sensitivity was < 1 pg/ml).

In the two samples a statistical analysis using t-test for paired data was conducted to evaluate eventual significative differences in mean NGF plasma levels at times −10 min and 0 min (baseline). In the first sample as no significative difference was recorded (mean variation = 0.027; t = 0.31; p = 0.75) any stress relate to blood sampling was ruled out. On the contrary, in the patients treated with ECT an important difference was recorded (mean variation = 33.42; t = 1.90; p = 0.086). In the patients submitted to first ECT mean NGF values at −5 min were higher to those seen in the first sample of patients whose blood was sampled at standard conditions (untreated patients, mean = 14.83 pg/ml; ECT treated patients mean = 76.98 pg/ml).

This finding could be viewed as a response to the psychological stress induced by expectation of ECT. In fact a dramatic event such as ECT may be considered as a stressful procedure. Mean NGF values decrease at time 0 min (baseline), perhaps due to adaptation and coping with stress. These last results we obtained for the 4th and the 8th ECT session too.