

P01.89**APPLYING THE WORK OF WILFRED BION TO THE TREATMENT OF PSYCHOTIC ADOLESCENTS**

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Wilfred Bion played an important role in developing modern psychoanalytical approaches to psychotic phenomena. He developed three key theories in relation to the treatment of psychotic patients including: the concept of a non-psychotic part of the personality, the concrete nature of psychotic thinking and maternal reverie. The first concept postulates that psychotic patients will always have a non-psychotic part of the personality with which the therapist can make contact. In contrast psychotic thinking is inflexible and magical, and the therapist is obliged to operate in a concrete manner taking account of internally-generated explanations. The third concept requires the therapist to contain the unmanageable experiences of the patient until such time as they can be returned in an appropriate manner which facilitates individuation and development. Bion's approach provides a model for understanding psychotic patients but is limited in regard to its practical applicability. Within this multifaceted description of psychotic experience, the therapist would have to provide a range of very different therapeutic experiences including containment of the patient's infantile self, an understanding of a childlike frame of mind, and providing the patient with the opportunity to be treated like a responsible adult. The paper will discuss Bion's key concepts relating to the understanding and treatment of psychosis, and discuss how these approaches can be applied in a practical and user-friendly manner within a multi-disciplinary in-patient clinical setting.

P01.90**EFFECTS OF CLOZAPINE ON AUTONOMIC FUNCTIONS: NON-INVASIVE BIOMONITORING FROM THE SKIN**

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Intro: Clozapine has strong anticholinergic and antiadrenergic properties and therefore it exerts side effects such as increased heart rate and orthostatic hypotension. We performed a clinical study to evaluate the impact of clozapine on autonomic control of the heart, acral vessels, and sweat glands.

Methods: Autonomic measurements from 25 patients suffering from schizophrenia (age 18–58 years) receiving by the mean 400 mg Clozapine p.d. for at least 4 weeks, were compared with data from 25 healthy subjects. Parameters of heart rate variability, skin blood flow, and skin conductance were assessed. Autonomic responses of vessels and sweat glands were provoked by a single deep breath, which causes brief acral vasoconstriction (VC) and increase of perspiration (Skin Conductance Response) due to a temporary increases of sympathetic outflow.

Results: Clozapine caused a significant reduction of heart rate variability (e.g. mean TP was 972.9 ms/Hz in the control group versus 54.9 in the clozapin treated patients) and an impairment of sudomotor reaction (mean SCR: 0.5 μ S) as compared to healthy controls (mean SCR: 3.4 μ S). The redilation phase of VC was significantly prolonged under Clozapine (mean: 9.4 s) as compared to the controls (mean: 4.1 s).

Conclusion: Under treatment with clozapine clinical relevant effects on autonomic functions may appear. These autonomic dysfunction can be objectified by measurements of HRV, VC and SCR,

indicating effects of clozapine on cholinergic and norepinephrergic autonomic functions. Long-term studies are needed to assess the clinical implications (e.g. prediction of treatment response) of these findings.

P01.91**BEHAVIOURAL GENETICS OF COGNITIVE DISTURBANCES IN SCHIZOPHRENIA**

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The present study aimed at searching for genetically independent domains of cognitive disturbances in schizophrenia and at the level of predisposition to the psychosis. ICD-10 schizophrenics and schizoaffectives (n = 83) and their healthy first-degree relatives (n = 127) completed a battery of tests designed to measure attention, memory, thinking, verbal and communication abilities. Test scores were standardized based on the means and standard deviations of 110 normals and subjected to a principal component analysis. Factors obtained were further investigated with behavioural genetics methods in 56 families of schizophrenics. In addition, we examined correlations of these factors with EEG-measures in subsamples of 44 patients and 66 relatives. In the patients, the analysis revealed four factors labelled the mental activity (with heritability (Ga) of 42%), executive working memory (Ga = 12%), short-term memory for words and stories (Ga = 61%), and verbal fluency (Ga = 6%). The factors in the group of relatives were short-term memory for words (Ga = 52%), semantic organization (Ga = 43%), executive working memory (Ga < 20%), communication functioning (Ga = 34%). The cognitive factors had specific and shared EEG-correlates. In the patients, the shared EEG-correlates were EEG-measures of left temporal regions. In the relatives, these were EEG-measures of right anterior and bilateral posterior regions. Genetic correlations between the factors were low. These results suggest that: 1) peculiarities of verbal short-term memory, semantic organization and communication functioning may be genetically independent cognitive indicators of liability to schizophrenia; 2) mental activity, executive working memory and verbal fluency deficits are rather cognitive indicators of different pathophysiological factors of the overt illness.

P01.92**MULTICENTER DOUBLE BIND RANDOMIZED OARRALKEL-GROUP CLINICAL TRIAL OF EFFECTIVENESS OF THE COMBINATION CLOMIPRAMINE PLUS LITHIUM CARBONATE VERSUS CLOMIPRAMINE PLUS PLACEBO IN THE TREATMENT OF UNIPOLAR DEPRESSION**

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Introduction: The primary objective of this study was to compare the effectiveness of a combination of clomipramine + lithium (C+L) with that of clomipramine + placebo (C+P) in patients with unipolar major depression, during the first 11 days of treatment. Secondary objectives were the assessment of effectiveness after 6 weeks and assessment of the safety of the combination and lithium carbonate.

Methodology: C+L and C+P were compared for 6 weeks in a multicenter randomized trial of 149 patients hospitalized (DSMIV diagnostic of major depression). Effectiveness was evaluated using the standard MADRS and CGI scales.

Result: Analysis of the population showed: Comparison of mean MADRS scores (C+L: 25.1 versus C+P: 27.8) showed a significant difference in the C+L group on days 4 and 7 (C+L: 18.6 versus C+P: 21.5) and approaching significance on day 11 (C+L: 18.6 versus C+P: 17.2). On day 7, the number of patients in total remission was three-fold higher in the C+L group than in the C+L group (15% versus 4% $p < 0.05$) and two fold day 11 (29% versus 14% $p < 0.05$). After 6 weeks of treatment mean MADRS score in the C+L group was 2.5 point lower than in the C+P group (C+L: 7.6 [6.6] versus :10.1 (8.3 $p = 0.09$). Safety based upon clinical and laboratory parameters was satisfactory in both groups.

Conclusion: This double-blind study seems confirmed that lithium potentiates antidepressant treatment in unipolar non refractory patients with severe major depression in the first days of treatment.

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THE NETWORKING MODEL IN THE PREVENTION OF CHILD ABUSE AND NEGLECT

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Objective: The purpose of the following presentation would be to present the networking model of prevention and treatment strategies in working with child abuse and neglect at Belgrade, Yugoslavia. The networking model has been started in 1999 and is still in developing.

Method: According to the System of the child abuse prevention, Seattle WA-USA the networking model consists of several levels and different organizations which all work in cooperation: Institute for mental health (where the team for prevention and treatment of child abuse and neglect has been settled), centers for social work in the different region of the capital and other organizations (such as courts).

Results: The aim of the networking model is to rise up the level of conscious in our surrounding and to promote recognition of child abuse and neglect, then to prevent further maltreatment in families and to promote early detection of existing abuse. The networking model is still in process of the organization, but the first positive results are already evident.

Conclusion: The focus of our networking model in the future would be on prevention strategies as well as on early detection and treatment procedure. The aim would be to improve programs and policies that focus on prevention-to teach parents parental skills, to prevent unplanning pregnancies, to work on family preservation and to deal with three "P"- poverty, population and pollution.

P01.94

FIRST EPISODE OF SCHIZOPHRENIA – EFFICACY OF OLANZAPINE AS FIRST CHOICE NEUROLEPTIC

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Objectives: a) Evaluation of olanzapine's efficacy in first episode of schizophrenia (ICD 10), based on the evolution of BPRS and CGI (severity and improvement) scores; b) evaluations of olanzapine's safety based on CGI (adverse reaction severity) and AIMS scores.

Method: Open study of 58 patient (40 males, 18 females) treated with 10, 15 or 20 mg of olanzapine per day for a period of 30 days. Inclusion criteria: these patients were diagnosed with schizophrenia (ICD-10), being selected from a larger lot of 71

patients hospitalized with non-organic acute psychotic disorder as initial diagnosis; BPRS score of minimum 18 and CGI severity score of minimum 4. Instruments: BPRS, CGI, AIMS.

Conclusions: 1) The efficacy of olanzapine was demonstrated by a significant ($p < 0.001$) reduction of total BPRS score after 30 days of treatment; 2) the safety of the treatment was demonstrated by the significant ($p < 0.001$) reduction of the CGI (adverse reactions) score and by the evolution of the AIMS score (media per item for the final AIMS score = 1.058).

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PSYCHOSOCIAL CORRELATES OF ENDOCRINE DISEASE: THE INTEGRATION OF DIFFERENT CRITERIA

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Endocrine disorders have long been regarded as frequently associated with psychological distress. The aim of this study was to apply DSM-IV criteria for psychiatric disorders and 3 of the Diagnostic Criteria for Psychosomatic Research (DCPR) to a consecutive series of 74 patients admitted to an endocrine division. The DCPR have been proposed by an international group of investigators and are aimed to translate psychosocial variables that were derived from psychosomatic research into operational tools. Three of the 12 sets of criteria (irritable mood, persistent somatization, and demoralization) were used in this study. Forty-on patients (55%) were found to suffer from a DSM disorder, whereas at least one DCPR diagnosis was found in 53 patients (72%). Half of the patients who had no psychiatric diagnosis could be identified as presenting with a DCPR syndrome. The joint use of DSM and DCPR criteria was found to improve the identification of psychological distress in endocrine patients.

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QUALITY OF LIFE PROFILE IN PATIENTS WITH SUICIDAL ACTIVITY (IDEATION OR ATTEMPT)

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Objective: To determine differences in quality of life (QoL) profile among patients with suicidal attempt -SA- or ideation -SI- and other psychiatric inpatients -controls-.

Subjects and Method: 126 inpatients [46 SA, 37 SI, and 43 other psychiatric illness] from the Psychiatric Unit of the Hospital de Jove (Asturias - Northern Spain) were interviewed using the SF-36, during 1997-98.

Results: Mean age.- SA: 39.1; SI: 42.5; control: 39.4. Males.- SA: 51.0%; SI: 47.4%; control: 57.4% (no sociodemographic or family psychiatric suicidal history differences). Patients with suicidal activity (attempt - ideation) vs controls (data showed if $p < .05$):- physical functioning (PF): 82.6 vs 89.9; general health (GH): 45.1 vs 66.4; vitality (V): 35.7 vs 60.3; social functioning: 45.4 vs 73.8 (SF); role emotional (RE): 27.2 vs 55.7; and mental health (MH): 35.3 vs 57.7. Patients with SA and SI only differentiate in SF (SA: 38.0, SI: 54.9; $p = .034$). Males -suicidal activity vs controls- (data showed if $p < .05$). GH: 44.5 vs 65.6; V: 40.2 vs 62.1; SF: 42.7 vs 76.0; and MH: 40.5 vs 58. Females -suicidal activity vs controls- (data showed if $p < .05$). GH: 45.7 vs 67.8; V: 31.1 vs 57.6; SF: 48.2 vs 70.6; RE: 10.6 vs 54.9; and MH: 30.0 vs