

PATTERNS OF ALCOHOL USE AND SOCIODEMOGRAPHIC VARIABLES IN GENERAL POPULATION

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Presently the population based studies are considered the best method to establish the patterns of use of alcoholic drink and their determining factors.

The study of these patterns of use and associated factors is necessary in order to start planify in the community a program of prevention and control of the alcohol related disorders.

Objective- To establish an approximation to the prevalence of alcoholism in the general population of La Rioja (Spain). To analyze which sectors of the population show the highest intake of alcohol, and to relate the intake of alcohol with other sociodemographic variables.

Material and method- A survey of alcohol use habits was done taking into consideration the use of alcohol in working days, in week-ends (friday, saturday, sunday), and average daily use.

Design- Transversal nominative, with stratified representative aleatory sampling regarding age, sex and habitat. Population studied: The autonomy of La Rioja (Spain). Subjects analyzed: 793, reliability of the sample 95%, error 0.03%.

Results- 60% of the population regularly uses alcohol, 75% of the men and 43% of the women. 8.8% of the men and 0.8% of the women drink more than 100 cc of alcohol/24 h. The period of life in which the highest concentration of excessive drinkers concentrate is 45–65 y.o.

Conclusions- The variables highly related with excessive intake of alcohol are: male sex, rural milieu, and age between 45 and 65.

A CASE OF SYSTEMIC LUPUS ERYTHEMATOSUS PRESENTING WITH PSYCHIATRIC SYMPTOMS

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Introduction: Systemic Lupus Erythematosus (SLE) is a progressive autoimmune connective tissue disease that involves many organs and systems. The etiology of SLE still remains unclear. The involvement of Central Nervous System is a common and most important complication of SLE. Neuro-psychiatric (NP) symptoms occur between 13% and 75%. The patients having SLE and presenting with psychiatric symptoms are very rare and diagnosing such cases is difficult. In this report, a case with SLE presenting with symptoms of Bipolar II Disorder was presented.

Case report: MU, 25 years old, university student, female. In November 1993, she began to complain of appetite loss, insomnia and loss of interest in daily activities. Her complaints were relieved by maprotiline 75 mg/d in one month. After a three-month period with no therapy, she began to display excessive talking, insomnia, started spending money excessively and running away from home. Her symptoms resolved spontaneously in 2–3 months. In July 1994, she suffered from hand and feet pain. In October 1994, she became introverted and didn't talk, sleep, eat and drink, later gaita and urinary incontinence started. The patient was admitted to our clinic with a diagnosis of Bipolar II Disorder (depression with psychotic features). She displayed mutism, negativism, visual hallucinations and disorganized speech. A few days later, she was found to be in a catatonic posture in her bed. On her neurological examination, she was found to be apathic, with increased muscle tonus in all extremities. There were pain and restriction of the movement in her

joints. Her blood examination was normal. The erythrocyte sedimentation rate was 80 mm/h. CSF analysis, EEG and MRI findings were normal. In her rheumatological investigations the result were; ANA(+++), RF(-), Anti DNA(+), AntiSM(-), Anti RNP + SM(+), Anti SSA(-), AntiSSB(-). The skin biopsy was in accordance with SLE and the lupus band test was positive. There were accumulations of IgA, G and M at the epidermal-dermal junction. Because of the positivity of ANA and AntiDNA, the existence psychological symptoms, photosensitivity, arthritis and the positivity lupus band test. She was diagnosed with SLE according to the criteria of ARA, 1982-R. The prednisolone therapy was started. After the steroid therapy, Improvement in the psychological state of patient has been observed.

Conclusion: The diagnosis of affective disorder could be made readily according to the history and mental examination. However systemic disease such as SLE should also be considered in patients presenting with such psychiatric symptoms.

COMORBIDITY OF SOCIAL PHOBIA, GENERALIZED ANXIETY DISORDER AND ALCOHOL: AN EPIDEMIOLOGIC STUDY IN ALCOHOL-DEPENDENT PATIENTS

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The relationship between alcoholism and anxiety disorders is complex and there is considerable variability in the estimates of comorbidity according to the authors.

Objective: The present study examined the comorbidity of social phobia and generalized anxiety disorder among alcohol-dependent patients, excluding withdrawal period and compared their alcohol behaviour.

Method: This cross-sectional study included 249 patients recruited in 14 french centers. All the patients were assessed by the DSM IV criteria for substance dependence, Short Michigan Alcoholism Screening Test and CAGE inventory about alcohol-dependence and anxiety disorders were evaluated using the HAMILTON Anxiety Scale and the LIEBOWITZ Social Anxiety Scale.

Results: There are not significant difference in alcohol behaviour according to the various anxiety disorders, and the results confirm the estimates published by SCHUCKIT and HESSELBROCK in their critical review of the literature describing since 1975 the relationship between alcoholism and anxiety disorders.

On the other hand, this study in patients excluding withdrawal period, invalidate their hypothesis that the high rates of comorbidity can be explained by the presence of symptoms of temporary substance-induced anxiety, related to the withdrawal anxiety.

PSYCHIATRIC COMORBIDITY IN INTRAVENOUS DRUG USERS WITH HIV DISEASE

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The problem of psychiatric comorbidity in opioid intravenous drug users (IVDUs) has been the subject of considerable attention but to date little is known of the implications of psychiatric comorbidity with regard to HIV infection and disease stage. The aim of our study was to investigate the prevalence of psychiatric comorbidity in IVDUs with asymptomatic HIV infection. A total of 365 CDC group II & III IVDUs with HIV infection and a control group of HIV seronegative subjects attending three different outpatient services

in the metropolitan area of the city of Milan, Italy were studied. Results showed that comorbidity for DSM III-R diagnoses was 92% with 31% and 70% of the subjects showing respectively Axis I & II psychiatric disorder. No statistically significant differences were found between HIV seropositive and HIV seronegative individuals with regard to psychiatric comorbidity. Further work should aim to clarify factors that are associated with psychiatric comorbidity and therapeutic compliance in individuals with a triple diagnosis of drug abuse, psychiatric disorder, and HIV infection.

PREVALENCE AND PROGNOSTIC VALUE OF ANXIETY AND DEPRESSION IN PATIENTS UNDERGOING CARDIAC SURGERY

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Anxiety and depression are controversial risk factors for cardiac disease. We performed a bicentric study in order to quantify anxiety and depression in patients 24 hours before cardiac surgery intervention, and relating them with post-operative complications.

Method: Our study included prospectively 154 patients (99 coronary disease, 55 valvular disease), addressed for programmed cardiac surgery. Anxiety and depression were assessed by two independent methods: The autoquestionnaire Hospital Anxiety Depression Scale (HAD), and the subjective appreciation of the chief nurse and the physician (each quoting a rating scale from 0 to 10) the day before intervention. Post operative complications were notified: outcome, number of system failure, other somatic complications, psychiatric disorders.

Results: 48 (31%) patients were anxious using HAD, 71 (46%) using subjective scale. Thirteen (8%) patients suffered depression using HAD scale, 29 (19%) using analogic scale. Outcome ($p = 0.49$), number of system failure ($p = 0.14$) were not correlated to anxiety or depression scores. Other somatic and psychiatric complications were strongly related to anxiety ($p = 0.04$, $p = 0.006$) and depression ($p = 0.004$, $p = 0.0001$) using subjective analogic scale. These relations were independent from other classical risk factors in cardiac surgery. They were more significant for depression and for coronary artery disease patients. Analogic values quoted by physician and nurse were comparable.

Conclusion Anxiety and depression are present in between 30 and 50 percent of patients undergoing cardiac surgery. Evaluated by a subjective analogic scale, these troubles are related to more frequent post-operative complications.

MATERNAL THYROID PEROXIDASE ANTIBODIES DURING PREGNANCY: A MARKER OF IMPAIRED CHILD DEVELOPMENT?

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We recently described a 5 years follow-up study showing that children of women with antibodies against the enzyme thyroid peroxidase (TPO-Ab) but normal thyroid function during pregnancy are at particular risk for impaired development (after correction for confounding variables such as maternal educational level, maternal depression). However, these children were only assessed at the age of 5 years leaving the question open whether other (unknown) factors might influence the outcome of child-development during this period.

Therefore, in another sample, we assessed child development of 248 children at 9 months' postpartum by means of the Bayley

Scales of Infant Development. There was a significant difference between scores of the Motor Scale of children of women who had elevated TPO-Ab titers during gestation ($n = 19$) and the scores of children of TPO-Ab negative mothers during gestation (Mean Difference: 11.5, 95% CI 3–19). Besides, children of TPO-Ab antibody positive women during gestation had lower (although not statistical significant) scores on the Mental Scale (Mean Difference: 5.9) and the Non-Verbal Scale (Mean Difference: 5.6). Moreover we found that the titer of TPO-Ab during gestation was of importance: only children of women who had elevated titers both at 12 and 32 weeks' gestation (the titer declining physiologically during gestation) had significant different scores. This study confirms our earlier findings that children of pregnant women who had elevated titers of TPO-Ab but have normal thyroid function are at risk for impaired development.

HOW DOES THE PATIENT'S DEPRESSION AFFECT THE SURGERY SITUATION?

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Materials and methods: The study was carried out in three primary health care centres in the Tampere (Finland) region. A total of some 2 500 adult (18–64 years) patients were given a depression screening instrument and a second, more general questionnaire. On the basis of their responses, those who returned the questionnaires ($n = 1643$) were divided into two groups, i.e. screening positive and screening negative. All those in the former group plus one in ten from the latter group were invited to take part in an interview. The researchers evaluated the respondents' ($n = 436$) depressiveness on the basis of a PSE interview (the most crucial measure), the Hamilton scale and DSM-III-R criteria. The doctor who had originally seen the patient in surgery was asked to submit his/her assessment.

Results: Although in their questionnaire responses the patients showed a high sensitivity to their depressive symptoms, these symptoms were rarely stated as reasons for visiting the doctor. If the patient said the reason for the visit was psychic, this had many effects upon the surgery situation. If the patient had undiagnosed depression, its main effect was that these patients felt they had not been properly understood by the doctor. The use of health services was not higher among the depressive patients, but they did use a greater number of prescribed (somatic and psychiatric) drugs.

Conclusions: Patients should be encouraged more openly to raise and discuss their psychic problems during surgery. Doctors should pay close attention to the process of communication with the patient; depression is often accompanied by a decline of cognitive skills. The needs of depressive patients remain unmet and their symptoms treated with the wrong kinds of medicine.

EVALUATION OF PSYCHIATRIC COMORBIDITY AMONG DRUG ADDICTS AT OUTPATIENT TREATMENT CENTRES: CLINICAL EXAMINATION AND ASSESSMENT BY STRUCTURED DIAGNOSTIC INTERVIEWS

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The study of comorbidity between drug dependence and other mental disorders is significantly affected by methodological biases. Nevertheless, a reliable psychopathological screening of drug addicts is of great relevance while planning treatments. We compare two sets of data in order to point out merits and disadvantages of different procedures for diagnostic evaluation.