network, and further studies are planned to monitor these important molecules in psychiatric patients.

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PROBLEMS IN RECOGNIZING PSYCHIATRIC DIFFICULTIES IN A FRENCH OVERSEAS DEPARTMENT: GUADELOUPE

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Based on an experience in Guadeloupe, and on research for a doctoral thesis, the authors will present problems related to recognizing psychiatric difficulties which pratitioners have encountered in a West Indian world, constructed under two influences: one being metropolitan and Cartesian, and the other being African predominated by magic.

By applying semiological knowledge derived from the French nosography, certain pathologies are easily recognized with the same frequency as found on the mainland, whereas others seem to have different forms and modes of expression, such as masked-over depressions or delusional crises. We shall therefore distinguish between the pathologies which seem to be found in common in France, and by extention in Europe, and those which seem to be indigenous to West India where magic-religious thought is dominated by projective-persecutory mechanisms.

This will enable us to evaluate the place to be given to European psychiatry, and its future in a French department which belongs to the European Community.

INFLUENCE OF MEALS ON THE BIOAVAILABILITY AND SIDE EFFECTS OF CARBAMAZEPINE

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The study was conducted to investigate the influence of meals on the bioavailability and the side effects of carbamazepine (CBZ).

Method: A sample of 9 probands (5 female, 4 male, age: 23–35 years) were taking a standard or retard tablet (600 mg) in a randomized cross-over design either 5 hours before or after a standardized breakfast. Serum and urine were collected over 1 week and the concentration of CBZ and the metabolites were determined with HPLC. Pharmacokinetic parameters (AUC, Cmax, Tmax) were calculated.

Results: The results show a significant lower maximum of the CBZ serum levels of the retard versus the standard formulation. After intake of meals the retard is significantly higher versus "no breakfast". Bioavailability and recovery are comparable for standard-, retard formulation and the modes of administration.

Conclusion: The results show a significant influence of meals on the pharmacokinetic parameters of CBZ and should be considered when applicating this medication.

[1] Neuvonen PJ: Bioavailability and central side effects of different carbamazepine tablets. Int Clin Pharmacol 23, 1985: 226–232

THERAPY-RESPONSE AND COMORBIDITY IN PATIENTS WITH THERAPY-RESISTANT DEPRESSION

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30 patients with therapy-resistant depression who had attended the Vienna outpatient-clinic for therapy-resistant depression in the period of April 1993 to August 1994 for the first time, were followed up 3 months later and efficacy of therapy strategies were evaluated with HAMD and CGI.

At 3-months-follow-up 6 patients (20%) showed a full response (HAMD after 3 months < 6), 8 patients (26.7%) showed a partial response and 13 patients (43.3%) did not respond at all.

(3 patients (10%) were not followed-up and could therefore not be classified).

Independent of their assignment to one of the responder groups, TRD patients presented with following diagnosis of comorbidity:

As comorbidity on axis I (DSM-III-R) anxiety disorder was especially predominant (38.4%), followed by drug abuse by 23.1% of the patients.

Among personality disorders a predominance of dependent personality could be seen (42.8%), followed by avoidant personality by 28.6% of the patients.

A separate analysis of comorbidity characteristics of the two responder groups (non-responders and partial-/full-responders) did not show any statistically significant differences. This was done with reference to comorbidity on axis I and II.

INTRODUCING A COMPUTER DRIVEN CARE PROGRAMME APPROACH

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The drive to introduce systematised care programming has fostered increased computerisation and the development of specific software packages. These packages need to be practical, user friendly and to provide benefit to the professionals using them in terms of methods of working and data collection.

Method: A computerised care programme package was implemented as part of a randomised controlled trial evaluating intensive case management for the severely mentally ill. The software was tailored locally so that the categories of care reflected the task oriented activities of the mental health workers/case managers. The software forces users to write a structured care programme, to review their care plans and to confirm when tasks are completed. The prospective collection of activity data on computer enables rapid analysis of activity patterns. The reliability of this data was tested by comparison with case notes.

Results: Data obtained from the software has been successfully used to provide activity reports for managers (e.g. frequency, duration and nature of client contacts). Staff report that recording activity data in this way provides a helpful structure to guide their care programming, enables staff to evaluate their care patterns and promotes a greater clarity of thinking.

Conclusion: Despite a number of practical problems, a computer driven care programme approach is a usable clinical tool that also provides hard measures of mental health professionals' activity. It also enables model guidance and programme replication.

PATIENTS' VIEWS ABOUT THEIR PSYCHIATRIC CARE: A ONE YEAR FOLLOW UP STUDY

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Poor satisfaction and negative attitudes to psychiatric services and psychiatrists may unduly affect compliance, promptness in seeking help and the patient's understanding and retention of information. In an earlier questionnaire study of 137 acute psychiatric in-patients (Barker et al 1996, in press) we found that 61.2% were satisfied with

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