Daraus resultieren bestimmte Dilemmata und Han dlungsaporien, die vom forensisch tätigen Psychiater als handelndem Subjekt gelöst werden müssen. Eine ethische Fundierung der Position des forensischen Psychiaters tut daher not. An einem historischen Beispiel aus der NS-Zeit wird die Bedeutung der weltanschlichen Einstellung für die Haltung zu forensisch-psychiatrischen Problemen herausgearbeitet. Die ethischen Probleme in der forensischen Psychiatrie lassen sich nicht stringent lösen. Aber eine Betrachtung — wie dargestellt — unter den Gesichtspunkten Subjektivität versus Objektivität trägt erheblich zur Trausparenz in verantwortlichen Entscheidungen bei.

DYSTHYMIC DISORDERS AND FRONTOTEMPORAL DEMENTIA

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Ten right handed patients (F/M = 9/1) became dysthymic in their fifties (m = 49.8 + 7.6 yr). All initially met the DSM III-R criteria for mood disorders. They were all treated with the standard drugs or ECT. Although initially responsive all the patients relapsed and their dysthymic disorders became less typical in presentation. At a mean age of 63.6 + 2.9 yrs a particular dementia of fronto temporal type became evident. Five new patients who had also received treatment for dysthymia were later added to the group. However the age of onset of their mood disorders and of the FTD were more variable.

In the group as a whole, the diagnosis of FTD relied on clinical and neuropsychological signs of frontal lobe dysfunction. The main symptoms were apathy and a lack of spontaneity as a result of which the patients were no longer able to live alone. Other symptoms were only observed in some cases: stereotyped behaviours, eating or drinking disorders, gait instability, extrapyramidal signs, etc.

On HMPAO-SPECT: all the patients had clear hypoperfusion of the frontal and temporal lobes, but only some of them showed a cortical atrophy on XCT.

None of the patients had a family history of dysthymia but 2 patients were siblings (i.e. brothers).

Although our patients probably don't form an aetiologically homogeneous group, they share common characteristics which are very similar to those which differentiates FTD from Alzheimer's Disease.

As all the patients first manifested dysthymia then FTD, we propose the existence of 2 mechanisms:

(1) some of these FTD appeared to be of the primary type which means that the pathological alterations involved the frontal cortex.

(2) in others the lesion of the fronto-temporal lobes may represent a dysfunctional (secondary) phenomenon due to a deafferentation (or diaschisis) mechanism originating from:

– a pathological lesion involving subcortical or basal areas.

– a "biochemical lesion", in dysthymia of the essential type.

Since a reversible frontal hypometabolism is found in essential dysthymia, we suggest that with time, and for as yet unknown reasons, the frontal hypoperfusion in our patients lost its reversibility and, as a result, a particular type of dementia became manifest. This diaschisis protractiva may lead in some cases to a disuse atrophy and the evolution of some dysthymic states towards dementia corresponding to the old concept of "démence vésanique".

PSYCHIATRIC MORBIDITY AND ITS RELATION TO LESION LOCATION FOLLOWING STROKE

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Introduction: Knowledge of discrete organic cerebral lesions resulting in clearly definable psychiatric disorders may provide an understanding of the underlying pathophysiological basis of these disorders. Both stroke and affective illnesses are common, but how often they co-exist remains unclear, with reported rates of depression following stroke ranging from 14–60%. Equally unclear is the relationship between lesion location and psychiatric illness following stroke, and recent studies have disputed earlier findings of an association between left anterior cerebral lesions and major depression.

Methods: Six months after their presentation to a city hospital with an acute stroke, 145 patients were assessed using a Standardised Semistructured Psychiatric Interview (SADS). Based on CT scan findings, the relationship between lesion location and psychiatric disorder was investigated in 55 of these patients (CT sample).

Results: 26% of all patients met DSM-IV criteria for an anxiety or depressive disorder. Depression was the most common diagnosis (20%). Pathological emotionalism was diagnosed in 18% of patients, particularly those who were depressed ($p < 0.0001$). Depression was also associated with a younger age group ($p = 0.03$) and greater physical disability ($p = 0.001$). In the CT sample, depression was significantly associated with larger lesions involving the right cerebral hemisphere ($p = 0.01$).

Conclusion: This finding supports seminal work by Lishman [1] and Flor-Henry [2] advocating an association between right hemispheric pathology and affective disorders. Factors which may complicate the assessment of depression in these patients and ICD-10 guidelines regarding right hemispheric organic affective disorder are discussed.

[1] Lishman, W. (1968) Brain damage in relation to psychiatric disability after head injury. Br. J. Psychiatry 114, 373–410.

[2] Flor-Henry, P. (1969) Psychosis and temporal lobe epilepsy: a controlled investigation. Epilepsia 10, 363–395.

EPIDEMIOLOGY OF MENTAL DISEASES AND THE PSYCHIATRIC REFORM IN GREECE: INDICATORS OF CHANGE

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A comparative analysis is made in order to outline the changes over the last thirteen years in the mental health care delivery system due to implementation of the Regulation (E.E.C.) 815/84 programme B initiated in 1984 and compare its organization patterns and characteristics between the years 1981/82, 1993 and 1995, focusing on basic elements of the transformation of the custodial towards community care.

Parallel to the changes in the mental health care delivery system, the patterns of discharge from mental hospitals are presented.

More specifically in this report the following are presented:

- the changes in public mental hospital beds and personnel.
- the changes in mental hospital utilization and patterns of discharge.
- the development of extramural community based psychiatric facilities.
- the changes in the available psychosocial rehabilitation places of any kind.

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