

thickness was lower ($p < 0.02$) in AD (5 ± 3.7 mm) (Controls: 9.1 ± 4.7 mm). Our results are indicative of lower fat stores in AD and therefore of lower energy stores in AD. Lower energy stores could possibly contribute to the altered energy metabolism which has been described in AD.

P02.220

TRANSCULTURAL ADAPTATION AND VALIDATION OF THE QUALITY OF LIFE QUESTIONNAIRE

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Objectives: Quality-of-Life-Enjoyment-and-Satisfaction (Q-LES-Q) questionnaire (1) validation in the Czech population of depressive patients.

Methods: Q-LES-Q (self-administered QoL quest.) consists of 8 domains, seven specific and one general. Transcultural adaptation process within the cohort of depressive patients admitted to the psychiatric ward (F32–33, ICD-10) was performed. Pilot phase consisted of translation, retranslation and comprehensibility tests with 18 subjects. Reliability was assessed using the test-retest and internal consistency methods. Validity was tested comparing the CGI, HAMD, BDI and by the content analysis. SPSS software was used for statistics.

Results: Data of 56 patients were analyzed. Reliability part (test-retest) of testing was performed with 24 patients, validity and internal consistency assessments are based on 93 measurements. The analyses indicated the high internal consistency ($\alpha = 0.8–0.9$) and stability of answers over the time (test-retest). The particular Q-LES-Q domains correlated highly ($p > 0.01$) with the HAMD, CGI and Beck questionnaires.

Conclusions: The Czech version of a new inventory for depressive disorder patients was validated. It proved satisfactory reliability and validity parameters to be used in daily routine. Medical students were actively involved in quality of life research and their activities brought them new understanding of the patients' other than medical troubles.

Supported by the grant of Ministry of Education No. 1289/99

(1) Endicott Jet al.: *Psychopharmacol Bull* 1993; 29: 2 321–6.

P02.221

PREVALENCE OF DEPRESSION (SHORT VERSION OF DEPRESSION QUESTIONNAIRE): SOCIOLOGIC ISSUES

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In Russia up to the last period there didn't exist any systematical experience that may be compared to the depressive disorders investigations. As a sociological action there was made a research in prevalence of depressive disorders among Tomsk population. There were interview 1000 persons (45.7% mail, 54.3% female). Screening inquirer included 5 questions, reflecting the basical depressive symptoms: disforia, loss of interest, loss of pleasure, anergia, suicide thoughts. Also there were marked some sociodemographical data.

27.5% didn't show depressive signs. 6.5% gave affirmative answers to the 5 questions which were defined by clinical syndrome of depressive disorders. 16.8% affirmatively answered the four questions without suicide thoughts which define the depressive symptomcomplex. 38.5% are people under 60 years old with the

max. quantity of depressive signs and the age group up to 30 years old made up 9.2% ($p = 0.001$). 58.6% men and 41.4% women differ in the absence of depressive signs and the amount of men, collected the max. quantity of depressive signs is (33.8%) that is less than women had (66.2%), in multiplicity 1:2 that conforms to the clinical-epidemiological indicators of prevalence depressive disorders in a number of different countries. There were found the significant statistical connections between the in-come scale in a family for one person, the rise of depressive disorders among people with low educational level, and unemployed ones.

The screening inquire well screened the depressive signs and its value proves by outstanding researches in epidemiology and by sociological risk factors of depressive disorders.

P02.222

SUICIDAL BEHAVIOR IN ADOLESCENCE IN WESTERN SIBERIA

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The increase of suicidal behavior all of the world. In Russia the crisis in politics and economy make this phenomenon more vivid. Big number of parasuicide influencing on mental and physical health of adolescents. 509 inpatients (87 male, and 422 female) were examined during the 1997–1998 years in somatic hospital in Tomsk (Western Siberia of Russia). Diagnostic was made according to ICD-10. Social and demographic characteristics and types of parasuicides were registered.

Among those patients the number of females was 4.8 more than males, that reflects population data in different regions of Russia and Europe. 38.9% of the patients were unemployed, 27.1% school students, 18.9% - university students. The parasuicides were such as mixed type - 1% (poisoning, cut wound of neck, chest and arm), poisoning - 99%. 95% used drug for poisoning. The most of the patients (45.7%) were took several kinds of drugs. Mental disorders at the moment of committing a parasuicide were the following: connected with stress disorders - 409 (79.2%), affective disorders - 72 (14.1%), personality disorders - 23 (4.5%), schizophrenia 10 (2%), mental retardation - 1 (0.2%). The important factor is registering of personality disorders because they can influence the symptoms of the current disorder, and sometimes they are one of the parameters that determine the risk of severity of suicidal behavior. The frequency of personality disorders was 34.7%, opium dependence - 2% (males - 6.9%, females - 0.9%).

The data show that adolescence more often commit parasuicides having temporary mental and behavioral disorders and been unemployed.

P02.223

PHENOMENOLOGICAL ASPECTS OF DISSOCIATIVE EXPERIENCES IN DEPRESSIVE AND SUBSTANCE ABUSE PATHOLOGY

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A number of works has pointed out the high prevalence of dissociative symptomatology in many psychiatric conditions such as depression (Gleaves et al, 1996) and substance abuse disorders (Wenzel, et al, 1996). The purpose of this investigation is to study comparatively the frequency and type of dissociative experiences in different samples - depressive patients, alcoholic patients, normal controls - also correlating with demographic variables and chronicity of illness. To assess the dissociative symptomatology we applied

the Dissociative Experiences Scale (Bernstein and Putnam, 1986) to 90 subjects (30 in each sample): depressive patients, alcoholic patients and normal controls. Three types of dissociative experiences were examined: amnesia, depersonalisations/desrealization and absorption. The highest levels were found in the depressive and alcoholic patients (scores - 28.41 and 27.11) compared with normal controls (score - 4.12). In the alcoholic sample there is a predominance of absorption experiences (35.22). On the other hand, in depressive patients depersonalization/desrealization is the main type of dissociative experiences. Data will be analyzed taking into account phenomenological aspects of affective pathology.

P02.224

ANTIDEPRESSANT EVOKED ALTERATIONS OF TRANSMEMBRANE CELL SIGNALLING

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This study examines suggestion, that signal transducing heterotrimeric GTP-binding (G) proteins may be involved in postreceptor effects of antidepressants (AD) as well as in pathophysiology of depressive disorders. We performed analyses in vitro using C6 glioma (astrocytoma) cell line as model of postsynaptic changes and human natural killer (NK) lymphocytes, effector cells of natural immunity. We studied levels of main subtypes of alpha subunits of G proteins - Galpha (s) and G alpha q/11, which were estimated by immunochemical techniques in cholate extracts of membranes (1, 2). Attention was focused on SSRI (selective serotonin reuptake inhibitor) sertraline and fluoxetine in comparison with mirtazapine, NaSSA (noradrenergic and specific serotonine AD). We demonstrated AD dependent changes in G alpha subunit profiles: sertraline affected decrease of Galpha (s) subunit with effector adenylylase, fluoxetine influenced decrease of G alpha q/11 with effector phospholipase C. Results are supported by levels 1, 4, 5 IP₃, 2nd messenger released by phospholipase C. Mirtazapine affected both inhibition of G alpha (s) and elevation of G alpha q/11 subunit levels. If depressive disorders are associated with abnormal transduction mechanisms, then results can indicate postreceptor changes affected by individual ADs according their pharmacological action.

Supported by grants GA ČR 310/98/0347, GAUK 143/97C, Int. Scientif. Progr. CEZ: J 16/98: 161700001 FVL VFU Brno.

(1) Kovářů et al. Proc Royal Micr. Soc., 1997, Pt2: 123.

(2) Kovářů et al. Acta Vet. Brno, 1998, 67: 15-20.

P02.225

WISCONSIN CARD SORTING TEST PERFORMANCE IN SUBCLINICAL OBSESSIVE-COMPULSIVE SUBJECTS: RELATION TO SYMPTOM DIMENSIONS

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Objective: To investigate the relation of factor-analyzed symptom dimensions of Obsessive-Compulsive Disorder (OCD) to neuropsychological performance in a psychometrically-defined subclinical OC sample.

Method: Twenty-five subclinical OC subjects scoring higher than 1SD above the mean on the Spanish version of the Padua Inventory (PI), and 27 non-OC controls with PI scores around

the mean, were selected from an initial pool of 476 undergraduates. All subjects were administered a computerized version of the Wisconsin Card Sorting Test (WCST), the Raven's Advanced Progressive Matrices, and measures of psychological state (anxiety and depression).

Results: After controlling for anxiety and depression scores, the groups did not differ on any of the WCST indices. Multiple regression analyses showed that the "Washing" dimension of the PI had strong positive and significant partial correlations with WCST total errors ($R^2 = 0.33$; Beta = 0.57; $p = 0.002$), perseverative errors ($R^2 = 0.25$; Beta = 0.50; $p = 0.01$), and non perseverative errors ($R^2 = 0.39$; Beta = 0.63; $p = 0.0007$). This dimension was also negatively correlated with the number of categories completed ($R^2 = 0.26$; Beta = -0.50; $p = 0.009$). No significant correlations were observed within the control group.

Discussion: The composition of the samples studied (i.e. the presence of particular symptom subtypes of OCD) might in part explain the inconsistencies of the previous neuropsychological findings in OCD. These results need to be replicated in a clinical OCD sample.

P02.226

PSYCHOTROPIC TREATMENT AND WEIGHT GAIN

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From clinical psychiatric experience emerges that the use of psychotropic medication is often associated with weight gain. While an undesired weight increase is a documented side effect of psychotropic drug use, the possible mechanisms for this effect are poorly understood. Certainly this effect has important implications in the patient management. The weight gain compromises medication compliance. This would increase the likelihood of relapse, the cost of the treatment compared with the benefits and would negatively affect the relationship with the patient and result with a retirement in the self. One the aspects directly to the above mentioned is a decrease of self esteem and an emotional flatter. Therefore any kind of pharmacological therapy resumption is deeply compromised. Our clinical experience too has highlighted all these aspects and has motivated us to make a review on this argument. First of all we reviewed the physio-chemical mechanisms which regulate the feelings of hunger and repletion. Therefore the analysis of the use of the new molecules has highlighted the responsibility scales for weight gain due to the various psychotropic drugs according to the categories. Afterwards we analysed the strategies to prevent or minimize this problem. At last we have reported our experience carried out in a Mental Health Department with an associated Territorial Day Hospital.

P02.227

COMPARISON OF THE CORONARY HEART DISEASE RISK FACTOR PROFILE OF RISPERIDONE VS OLANZAPINE TREATED PATIENTS

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Background: Weight gain is commonly observed among atypical neuroleptics treated patients and may represent a health hazard if associated with metabolic alterations predictive of an increase risk