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THE COMPLEX APPROACH TO THE ANTIRELAPSE THERAPY OF ALCOHOLISM

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One of the main purposes of antirelapse therapy for alcoholism is the suppression of primary craving for alcohol (PCA). But in many cases, the different types of PCA and the reasons for drinking do not help establish a direct connection with the stages of the disease, and they are not always taken into account when choosing the treatment strategy. The study investigated 78 alcohol dependent men (average age 38.4 years, average duration of disease 7.3) in the postabstinence period, using clinical and psychological methods to establish PCA connections with other symptoms of alcoholism (tolerance, heaviness of abstinence, forms of drinking, affective, personal and organic mental disorders). PCA was considered as conditioned in 17 patients, as spontaneous with struggle of motives in 8, spontaneous without struggle of motives in 42, and irresistible in 11. 93.6% of those investigated had marked affective disorders, with the primary contribution of emotional instability in 64.1%, and reduced mood in 21.8%. The psychological data showed a high level of reactive and personal anxiety, reduced subjective valuation of feeling, activity and mood, decreased mental capacity quality of vegetative regulation. Close connection of PCA intensity was established only with affective disorders. Traditional therapy did not result in a reduction in affective disorders and PCA. Antidepressant drugs have been prescribed to 43.6% of patients after discharge from hospital. The results have led to the development of algorithim of individual selection of antirelapse mwasures, focused on the suppression of PCA and stabilising patients' emotional state.

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MENTAL DISORDERS AS A SYNDROME OF ACUTE MOUNTAIN SICKNESS

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Objective: To follow up a previous retrospective analysis in which the use of a pacifier was found to be a risk factor for mental disorders as a syndrome of AMS.

Method: In the present prospective study, the occurrence of AMS with symptoms of mental disorders and the use of a pacifier were recorded in 276 people attended by the author during a period of 11 years. The study was carried out in the Caucausus and Pamir mountains at an altitude of 2000-7100m above sea level.

Results and conclusion: The s-m of psychoemotional stress is frequently observed at all altitudes. Changes occurred at heights over 6500m when pathological disorders of a psychotic kind occurred. High risk groups were skilled sportsmen, people of involuted age, people with a tendency for undesirable aspects of character and those who have had cranial trauma. Preventive measures improved the adaption of high risk persons to a high altitude climate.

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POSTOPERATIVE PSYCHOSIS AND POLIORGAN INSUFFICIENCY SYNDROME

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The study examined the structure of postsurgery complications following gastrointestinal operations. As a rule, psychosis is not a separate complication during these patients' postoperative periods. Postoperative psychosis in 88% of patients has been revealed to be combined with other postoperative complications. Psychosis was accompanied by hepatic insufficiency in 97% of cases, with respiratory disorders in 77%, bz renal insufficiency in 75%, as wellas cardiovascular pathology, postoperative pancreatitis, gastrointestinal stress ulceration. Psychosis following abdominal operations for peritonitis, partial and total gastrectomy, and pancreatitis occur most frequently. Postoperative psychosis has considerable value as a diagnostic indicator, since its appearance accompanies the changes in the main indicators of metabolism. Therefore, psychoses provide evidence of adaptation disorders in the postoperative period. Postoperative psychosis is a component of polyorganic insufficiency syndrome. It has a similar actiology and pathogenesis with other manifestations of this syndrome. Malfunction of the liver, kidneys and lungs contribute to the development of postoperative psychoses.

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PSYCHOLOGICAL SUPPORT AND TRAINING OF CANCER PATIENTS

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The Tartu Cancer Foundation was founded in 1992 for the psychological care of cancer patients for whom psychological crisis is common. 21 courses were organized for cancer patients lasting from 3 to 5 days and attended by 585 patients. Lectures were held about psychological crisis and the management of psychological problems associated with cancer. The work was organized in groups and medical information was given by a doctor. Patients found the courses very useful as indicated by the growing number of people wanting to participate. Another important part of our work is to educate so-called support persons. At this time some 104 people have been trained to help cancer patients. Four 3-day courses were organized for families and 40 families participated. The North Finland Cancer Foundation has helped in the organization of these courses.