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NON PSYCHOTIC DISORDERS IN ELDERLY PATIENTS OF GPs

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Epidemiological data show a considerable number of non-psychotic disorders in the elderly and it has been found that non-psychotic forms (mild, minimal, sub-cases) are several times as frequent as psychotic ones in elderly patients. Mild depression, mild dementia, and neurotic-somatoform disorders and underdiagnosed and, more importantly, undertreated in general practice. A liaison attachment is considered the best model for geropsychiatric service in primary health care settings and optimum conditions for early detection and treatment of non-psychotic disorders in the elderly are provided in the psychogeriatric rooms in a community policlinic. 1600 patients over the age of 60 were examined by the geropsychiatrist between 1985 and 1994. They were referred by a GP or by self-referral. The male/female ratio was 1:3.5. Cerebrovascular organic psychosyndrome occurred in 25.2%, vascular dementia in 2.9%, neurotic, stress-related and somatoform disorders in 24.1%, affective disorders (mild/moderate depression) in 20.2%. SDAT was detected in 8.5% including probable, mild and mild/moderate forms. Diagnosis was based on a complete medical and neuropsychiatric examination, CT, and a battery of psychometric tests.

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FAMILY FUNCTIONING OF RECOVERED ALCOHOLICS

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The involvement of the family is important in the management of alcoholism. Re-establishing communication, focussing on role conflicts and strengthening weakened emotional ties are central in the sociotherapeutic approach to alcoholism. The objective of the study was to determine the differences in family functioning of recovered alcoholics where spouses participated in the treatment (n=30+30) versus families of recovered alcoholics without the participation of spouses in the treatment (n=20+20). A multidimensional questionnaire FAM was used to assess family functioning. The sample comprised recovered alcoholics and their families who received after care group treatment. Therapeutic interventions in the form of marital therapy was based on a system approach. The results showed a significant difference (p<0.05) in the family functioning of both groups. Problems in the field of control and affective involvement were found in families without the participation of spouses. The results will be used for more precise focussing of therapeutic interventions on the detected problems of family functioning of recovered alcoholics; this will enable recovered alcoholics to achieve a higher level of family functioning.

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CHILDREN OF MANIC-DEPRESSIVE PARENTS

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Objective: to investigate the adjustment in children of parents with different kinds of affective disorders, and to redefine the diagnostic criteria for children at genetic risk in longitudinal studies. The investigation was based on a 15 year follow/up study of a sample of 500 patients with manic-depressive psychoses (MDP). Results: Evident psychiatric disorders were found in the offspring of 51% of bipolar and 36% of unipolar parents with MDP. 15 out of 96 children of MDP parents were estimated as premorbidly highly vulnerable personalities that shifted to MDP in later life. About 40% needed psychiatric care and treatment. The investigation confirmed the hypothesis that there is a significant difference in the risk for developing MDP among children with high vulnerability traits and those without any mental disorders (significance p+0,0001). It also pointed out the need for continuous investigation of risk factors in children of psychotic parents especially of MDP parents whose diagnosis is stable through time in longitudinal studies. Premorbid traits and the level of vulnerability are different in various psychotic entities (such as Sch, MDP etc.). Our conclusion was that instead of classic genetic transmission there is often a high vulnerability for development of pathologic reactions and psychotic decompensations in the MDP circle.

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SEXUAL IDENTITY OF MEN WITH PARAPHILIAS

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The objective of the study was the discover the pathogenic mechanisms of paraphillas. Clinico-psychopathological examination was conducted on 104 people. Four groups were identified after scaling. The 29 people in Group 1 revealed no infringements of sexual identity. The 47 in Group 2 had insignificant frustration of sexual identity. The 23 people in Group 3 had light frustration, and the five in Group 4 had expressed frustration of sexual identity. The increase in the number of people with paraphilias with amplified frustration of sexual identity was marked: 11 cases (37.9%) in Group 1, 23 cases (48.9%) in Group 2, 17 cases (73.9%) in Group 3, and 100% in Group 4. The results indicate that paraphilias arise on changed prenatal and postnatal grounds, as a result of disonthogenesis - affecting first sexual self-consciousness and gender-role behaviour, which preceeds psychosexual orientations.