

**P01.77**  
**MULTIFACTORIAL PSYCHOLOGICAL STUDY OF SOMATOFORM DISORDERS**

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These abstracts represent international research project concerned with the comparative study of attitudes towards emotions and social, familial, interpersonal and personality related aspects of emotional behaviour between psychologically distressed and healthy people. The bio-psycho-social correlations, which so far have not been well explored, have been investigated in the case of somatoform disorders, which is an increasing group of mental illness.

The following variables have been examined: social stereotypes on emotions, emotional communications in families, social support in the interpersonal relationships, personal emotional behaviour, psychopathological symptoms.

The following hypothesis have been proved in the samples of 49 somatoform patients (F45.0 and F45.3, according to ICD-X) and 30 healthy individuals: 1) Somatoform patients perform negative attitudes towards the experience and expression of emotions. 2) Somatoform patients perceive low social support; 3) Somatoform families exhibit elimination of emotions; 3) Somatoform patients demonstrate the decreased capacity of awareness and verbalization of emotions and recognition of emotions in others.

**P01.78**  
**FAMILIAL CONTEXT OF SOMATOFORM DISORDERS**

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The somatoform disorders have not been sufficiently studied yet though the number of somatized patients increases. For helping them effectively it's important to study this problem at various levels such as personal, familial and social one.

The aim of our work was to study the peculiarities of the somatoform patients' families. We examined 49 patients with somatic disorders (F45.0 and F45.3 according to ICD-10) whose results from testing by SCL-90 were compared with those of normal group.

The results showed that the families of somatoform patients were less balanced than the normal ones: more coalitions, less solidarity, closed out borders (the difference between studied and normal groups in these indices was trustworthily significant). Patients' families more often had conflicts (50% of total), a lack of emotional support (54%), an absence of openness in the demonstration of feelings. There were more stressogenic events in their family histories: accidents (60%), violent deaths of relatives, alcoholism (66.6%), many patients reported a cruel treatment and fights in families (40%). The majority of somatoform patients had grown in families where there were much of critics and negative emotions.

Thus, this research confirms the contemporary hypotheses about the existence of some special communication style in families of somatoform patients.

**P01.79**  
**SOCIAL CONSEQUENCES OF HEROIN ADDICTION**

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Within 5 years the clinical reflections of 420 patients suffering from heroin addiction at age from 18 to 35 with duration of the

disease from 1 to 5 years and being hospitalized were studied at the Research Institute of Addictions of Russian Federation Ministry of Health.

The syndrome of pathologic craving of heroin addicts is the leading psychopathological disorder on different stages of the disease and is the motivating factor of their behavior. In 38.8% of cases the formation of pathologic craving correlates with antisocial behavior. Dynamic development and strengthening of psychopathological disorders of pathologic drug craving promoted the committing of different violations of law: embezzlement, official and other crimes against personality. Correlating analysis confirms that more than in the half of cases (67.8%) our addicts have law condemnations (that they usually hide) both by articles not related with drugs but being the result of drug use and by article 228 of Criminal Code of Russian Federation, related with the illegal circulation of drugs.

The early beginning of drug use causes the cessation of studies and acquirement of labor and professional experience by addicts, and professional discipline falls. The most part of addicts does not study or are unemployed, 1/5 of them are involved into criminal structures. In later stages of the disease even criminal structures reject these patients from their sphere.

**P01.80**  
**INDUSTRIAL REHABILITATION AND PSYCHOLOGICAL PROTECTION**

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Employment of insane persons with progressive forms of disease, is a decisive action in a process of resocialization. We observed insane persons employed of industrial enterprises. Patients have got rights of employees by a firm. Optimization of legal interrelations between invalid patient and Work administration can however be accomplished only by department psychiatrist, whose help involves continual psychological protection for both aides: the patients and administrative staff. We have founded (1976) a model department for industrial psychiatry at this special department of Moscow Association "Moscow Bulb Work" for 250 employed invalids. Psychological correction at this Special department is fulfilled by department psychiatrist specialized in methods of psychological diagnostic, psychotherapy, psychocorrection. Mutual cooperation in system "doctor-patient-relatives of patient" hindered exacerbation of disease, lowered risk of delinquency and rehospitalization. The system leads to additional Work carried auto by psychiatrist, but the results in social rehabilitation of invalids encourage the distribution of net of such special departments.

**P01.81**  
**CLINICAL FEATURES OF FEMALE HEROIN ADDICTION**

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**Background:** The spreading of heroin abuse in Russia in recent years makes it necessary to study and understand the gender differences among heroin users.

**Materials and Methods:** 44 women and 25 men hospitalized for treatment from heroin addiction were observed. The differences between female and male heroin users were compared, including the heredity, premorbid period, age of beginning of drug use, reasons for heroin use, medical complications and social negative aspects of heroin addiction.

**Results:** 88% of female heroin users had been given their first heroin intake by a male sexual partner. About one-third of women

(35.5%) began to use heroin right away systematically every day. 38% began to use heroin intravenously. All clinical syndromes and complications of the heroin addiction in women appear in shorter terms. Withdrawal syndrome more often manifest in women with psychopathological disorders. The changes of personality with prevalence of behavioral disorders, hysterical features, expressed affective lability formed more rapidly. Menstrual dysfunction is one of the most common complications in heroin-addicted women (85%).

**Conclusion:** The study showed significant gender differences among heroin addicts. Drug-using sexual partners were found to be the most important influence over women's heroin use

### P01.82 DEPENDENCE OF MEDICAL AND SOCIAL CONSEQUENCES OF DRUG ADDICTION ON PREDISPOSING FACTORS

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100 drug addicts were the subject of the study. The analysis of dependence of medical and social consequences of different kind of drug addiction - heroine, opium (home-made preparations from raw opium), poly-drug, and pervitin-ephedron addiction on the complex of the social and biological factors which determine the formation of the disease (heredity; premorbid; complicated by somatic diseases; conditions of education; age of a beginning of drug use; duration of drug use; antisocial behaviour) was carried out.

The following factors describing a degree of medico-social consequences were considered: the presence and character of changes of a personality formed in the process of drug use, in particular, the presence and the degree of moral and ethical decline, and intellectual and mnesic disorders; somatic complications, including lethal outcome; the presence of suicidal tendencies; the frequency of self-damages, done on the purpose of demonstration; a professional level; family relations; frequency of law offences (including previous conviction). The correlation analysis testifies convincingly that there is a close interrelation between medical and social consequences of drug addiction.

Thus, most significant unfavourable prognostic factors determining the quickness of formation and the degree of medical and social consequences of the disease are as follows (in decreasing order): perinatal pathology, hereditary loading with alcoholism, drug use and other mental diseases, premorbid personality deviations, early age of a beginning of drug use, the kind of a drug used, conditions of education, alcohol abuse prior to the beginning the drug use, duration of drug use.

### P01.83 DEGREES OF MENTAL DISORDER IN VASCULOCEREBRAL PATHOLOGY

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We investigated 65 patients with vascular disease (cardiovascular disease affected by high blood pressure - 12 patients, atherosclerosis - 45 patients, intestinal angina - 4 patients), last majority - males (58) at the age of 34 to 70.

Investigation methods:

1. psychopathological
2. clinical
3. pathopsychological

4. instrumental

5. expert

Mental disorders often accompanies vascular pathology. During the expert investigation of vasculocerebral pathology we took into account:

- stage,
- type of disease current,
- age,
- features of personality,
- external influence,
- hereditary,
- somatic disorder.

We got 4 degrees of mental disorder:

First degree - functional-dynamic (episodically neurotic disorders during physical, intellectual and emotional loads). Vital activity is unlimited.

Second degree - functional-organic (astenoorganic syndrome). Teaching and job activity are limited.

Third degree - organic (psychoorganic syndrome with steady disturbed memory and intellect). Teaching, job activity, self-service and movement are limited.

Fourth degree - expressed organic (different degrees of imbecility, disorders of personality structure). Vital activity is strongly limited.

### P01.84 NEUROFIBROMATOSIS TYPE I: NEUROPSYCHOLOGY AND MRI CORRELATES

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**Objective:** Neurofibromatosis type 1 (NF1) is the most common single gene disorder affecting the central nervous system. NF1 is associated with CNS lesions including nonneoplastic focal areas of signal intensity (FASI) on T2-weighted MR images. Cognitive and behavioural problems are frequent manifestations in children with NF1, although most seem to have average intelligence. In order to determine if there is an association between FASI and cognitive and behavioural deficits, we examined the neuropsychological abilities, clinical manifestations, and cranial MRI scans of 100 children with NF1.

**Methods:** The 100 patients (age mean = 16.2, SD = 9.3; 56 male, 44 female), who met the NIH clinical criteria for NF1 were studied using MR imaging. A detailed neurological examination was carried out by one of the participating pediatric neurologists.

**Results:** 62 of the 100 subjects had the characteristic FASI on T2-weighted MRI scans. As a group, the 100 patients performed within normal limits of Verbal, Performance and Full-scale scores of WISC-R (90, 89, 88). However, the mean of Verbal, Performance and Full-scale scores for the NF1 patients with normal MRI scans were close to average (99, 98, 99) while those for the patients who had FASI were depressed to 85, 84, 83. Patients with FASI were assessed significantly lower than patients with normal MRI scans on measures of competence and problems (CBCL, YSR).

**Conclusions:** Our study is revealing a strong relationship between cognitive and behavioural problems and focal areas of high signal intensity (FASI) in children with NF1. The long term effects of FASI remain to be documented.