

P171 *Psychopathology and psychotherapies*

STANDARDISATION OF THE SCALE FOR ESTIMATING THE PSYCHOPATHOLOGICAL CONSEQUENCES OF TRAUMATIC STRESS

B. Petrovic, M. Cabarkapa, B. Petrovic. *Institut de Sante Mentale (VMA), Crnotravska 17, Beograd, Serbia.*

The Horovitz scale registers the psychological consequences of traumatic stress through a self-assessment method involving a questionnaire. It is neither widely known nor used in Serbia. It was translated and applied to selected examinees to test its validity, and adapt it as necessary. The examinees were divided into two groups: 67 war participants, who were expected to show PTSD (post-traumatic stress disorders), and 77 non war participants who had everyday stress experiences. The results of neuropsychiatric examinations, involving PTSD interviews and other psychological tests were used as the criteria for checking the validity of the scale. The research found the scale to be simple, economical and easily applicable in various conditions - especially for research, different kinds of diagnosis, and the follow up effects of PTSD therapy. In general, its reliability and validity were very high - and its results correlated with those from the neuropsychiatric examination, PTSD interviews and neuroticism tests.

P172 *Psychopathology and psychotherapies*

TREATMENT OF PSYCHOSES IN NORTH BOLOGNA, ITALY

A. Piazza, A. Grassi, G. De Plato, E. Yanacchini. *Azienda U.S.L. Bologna Nord, Dipartimento Salute Mentale, Via Della Libertà 45, S. Giorgio di Piano, Bologna, Italy.*

The objective of the study was to measure the intensity and duration of care of psychotic patients attending a community mental health service (SSM) in a rural area near Bologna, with 72,664 people. The study included all schizophrēnci-type psychoses seen in 1993 by the SSM. Patients were followed up for three years. Demographic, clinical and service use characteristics were obtained from the psychiatric case register. Lavik's consumption index was adopted to measure the intensity of service utilisation. The study covered 165 patients, representing 20% of the full 1993 prevalence cohort. Their mean age was 47.4 years, half were males, 47% were unmarried, 72% lived with relatives, 78% were unemployed, 81% had a low educational level. Apart from first-contact subjects (19%), the mean number of years of previous SSM treatment was 8.3. After three years, 77% of the patients were still in charge. The overall dropout rate at three years was 3%, while 12% had been discharged and 4% had died. Outpatient care represented 78.5% of the cumulative Lavik scale. Vocational rehabilitation - sheltered employment - involved 39 patients over the period. Inpatient care concerned a mean of 21.3 patients per year, accounting for 2335 days of hospitalisation over the period. The study found that the most common pattern of care is long term, not high intensive outpatient contacts. Most psychotic patients live with their families, and are unemployed. Outpatient care focused on psychosocial rehabilitation. Family interventions, while consistently provided, deserves further implementation.

P173 *Psychopathology and psychotherapies*

COMPLEX NONMEDICAMENTOUS THERAPY OF PATIENTS WITH BORDER STATE

L. Pogorelova, A. Yinkovsky. *Tver Medical Academy, Department of Psychiatry and Medical Psychology, Sovetskaya 4, Tver, Russia.*

Nonmedicamentous forms of treatment such as different types of psychotherapy can be used in out-hospital institutions. These methods are used to treat a wide sphere of psychosomatic diseases. The study aimed to estimate the effectiveness of nonmedicamentous therapy for patients with border neuropsychic disorders (BNPD) in textile factory conditions. 90 women suffering from BNPD were blindly divided into two groups - control (34) and experimental (56). The mental status of patients in dynamics besides clinical method were also studied by experimental psychological methods (MMPI, scale of anxiety by Spilberger-Khanin). In both groups, investigations were carried out in parallel, and repeated after a year. After a year, negative dynamics of the mental state of patients were observed in the control group: increased somatic character complaints, increasing cephalalgia (by 11%), cardioalgia (8%), stable arterial pressure (3%). In the experimental group, there was a general tendency towards improved agrypnia (by 18%), hyperalqia in different parts of the body (26%), hyperesthesia (9%). Arterial pressure was normal in 13% of cases. Experimental psychological methods confirmed the clinical research findings. In the experimental group, MMPI tests showed a decreasing profile on the neurotic triad scale, and on 4 and 7 scales. The Spilberger-Khanin test revealed a decrease in reactive and personality disorder. The results of the investigation show stable improvement in the mental state of BNPD patients, and confirm the effectiveness of complex nonmedicamentous therapy in industrial enterprises.

P174 *Psychopathology and psychotherapies*

PSYCHOANALYSIS AND DREAMS IN THE (POST) WAR ENVIRONMENT

V. Rakic, A. Andreja, J. Suljagic. *Institute for Mental Health, Department for Children and Adolescents, Palmoticeva 37, Belgrade, Yugoslavia.*

The objective of this paper is to examine the specific situation when both participants, during analysis, simultaneously confront the onset of war, the war itself and its consequences. Using the psychanalytical approach, in which dreams have a particular place, the paper studies the interaction between the intrapsychical world of analysands and the changing, unpredictable and (post) war environment, and the different, often primitive feelings, phantasies, and present and past unconscious contents they provoke. The results, illustrated with clinical material, clearly indicate how the (post)war environment influences the use of the projective identification mechanism, as well as the transference and counter-transference. It indicates the necessity to avoid anti-therapeutic factors under these, and any other circumstances. This is possible if the problems of treatment are kept in mind, and as long as the external world is not considered exclusively in the analysis of inner reality, i.e. intrapsychical fights.