

present the worker with heavy professional, relational and emotional stress.

Many variables are involved: the organisational structure, the individual factors, the historical and cultural factors and the policies and strategies for intervention.

In the '90's, the philosophy and the policy of Reduction of Harm and the philosophy of Recuperation and Rehabilitation appeared to be the prevalent working guidelines in these Services. Thus it appears significant to know and analyse the different legislation in the two countries, the typologies of interventions and the organisation of the services and evaluate the presence and level of stress in the workers.

The hypothesis of the research is that the workers' stress is in relation to the objectives and styles of intervention in the Service.

P02.306

SMOOTH PURSUIT EYE MOVEMENT (SPEM) IN BULIMIA NERVOSA

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The eye movement abnormality appears only when the subject tracks a moving target. We have traced this abnormality to a deficit in velocity sensitivity, a function that is regulated by a specific central nervous system network that includes the middle temporal and medial superior temporal areas of the extra-striate cortex. The performance of pursuit eye movements induced activations in the conical eye fields also activated during theta execution of visually guided saccadic eye movements, namely in the precentral cortex (frontal eye field), the medial superior frontal cortex (supplementary eye field), the intraparietal cortex (parietal eye field), and the precuneus, and at the junction of occipital and temporal cortex.

The aim of the present study is to investigate smooth pursuit eye movement and saccadic performance in bulimia nervosa to determine if functional links can be made between eye movement performance and clinical features.

Method: SPEM were induced by oscillating red point and recorded by electrooculogram. These variables were scored by 2 physicians on blind method: the amplitude of the point (AB), the amplitude of saccadic movement (AK), irregularities superimposed on the tracking curve shorter than 0.1 s (MS), irregularities superimposed on the tracking curve longer than 0.1 s (VS), desintegration of the tracking curve (D), and the whole patterns of tracking curve (CT).

Clinically, each patient was assessed using the Eating Disorder Inventory (EDI) and Hamilton Scale for Depression (HRSD).

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ALEXITHYmia CORRECTION AT HYPERTENSION PATIENTS WITH AFFECTIVE DISORDERS

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The purpose of this study using hypertensive patients was to examine the validity and reliability of the current measures of alexithymia and affective disorders. The diagnosis of affective disorders was corresponded with ICD-10 criteria. The daily monitoring of arterial bloodpressure was conducted using the SpaceLabs Medical - 90207 ambulatory blood pressure monitor. For the estimation of the level of anxiety we used the Hamilton (HARS) and Taylor scales. The level of depression was measured by two

scales: Montgomery-Asberg (MADRS) and Zung. Instrument that investigated alexithymia was Toronto Alexithymia Scale (TAS-26).

Based on the sample of outpatient subjects, it was shown that hypertensive patients with affective disorders have the higher level of alexithymia. At the same time the patients with alexithymia demonstrate discrepancy between the level of arterial blood pressure and their subject sensations.

We conclude that alexithymia, that is, poor ability to experience and express emotions and sensations is associated with hypertension. The disturbance of treatment by the hypertensive patients with alexithymia and affective disorders is associated with poor ability to experience sensations. So treatment of the patients with hypertension had to correlate with the correction of alexithymia.

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PSYCHIATRIC CO-MORBIDITY AMONG AMPHETAMINE USERS: RELATIONS TO AMPHETAMINE-INDUCED PSYCHOSIS

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Amphetamine-induced psychosis (AIP) has been viewed as a model of schizophrenia. However the reasons why some individuals develop psychotic symptoms, whilst others do not despite prolonged amphetamine usage, are not clear. This study is part of a project that aims to investigate factors predisposing to amphetamine-induced psychosis. We set out to examine the differences in psychiatric comorbidity and pre-morbid personality between amphetamine users with psychotic experience and those without. A total of 392 amphetamine users were recruited from a psychiatric hospital and a detention house in Taipei. They were divided into those with psychotic experience as cases (127) and those without as controls (265) after assessment with the Diagnostic Interview for Genetic Studies (DIGS) and the Family Interview for Genetic Studies (FIGS). Diagnoses of amphetamine-related disorders and other co-morbid psychiatric disorders were made according to the DSM-IV criteria. Information about pre-morbid function and personality were obtained by telephone interview with the mothers using the Assessment of Premorbid Schizoid and Schizotypal Traits (PSST) and the Assessment of Premorbid Social Adjustment (PSA). The most prevalent coexisting psychiatric disorders were additional substance use disorders. The case group had significantly higher prevalence rate of mood disorders ($p < 0.001$), alcohol use disorders ($p < 0.001$), pathological gambling ($p < 0.01$), antisocial personality disorder ($p < 0.001$) and had a higher mean PSST score ($p < 0.05$) than the control group. These psychiatric disorders or pre-morbid personality might play, at least to a certain extent, roles predisposing individuals to developing psychosis after amphetamine use.

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PSYCHIATRIC MORBIDITY AMONG JUVENILE DRUG OFFENDERS

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This study aims to investigate the magnitude and extend of substance use among juvenile illicit drug offenders and their psychiatric morbidity in a custodial facility. One hundred juvenile illicit drug offenders at a detention center were assessed for substance

use disorder and psychiatric morbidity by a child psychiatrist using the Chinese version of Kiddie-SADS. Their sociodemographic characteristics, patterns of drugs and substance used were collected and analyzed in relation to psychiatric morbidity. Amphetamine (56%) and heroin (3%) were the common illicit substance use in these juvenile offenders; while among the licit substances, nicotine (90%) was the most prevalent followed by betel nut (30%), alcohol (26%) and hypnotic/sedative drugs (3%). There were more males than females using nicotine and betel nut while a female preponderance of hypnotic/sedative drugs was found. Their comorbid psychiatric disorders included conduct disorder (36%), attention deficit/hyperactivity disorder (13%), anxiety disorder (12%) and depressive disorder (11%). Significant higher rates of comorbid major depressive disorders were found in females, and also those with the illicit substances of amphetamine and heroin. High prevalence of substance use disorders (dependence/abuse) was found in juvenile drug offenders. The characteristics and distribution of their comorbid psychiatric disorders were however, different from most other reports.

P02.310

WORKING WITH SCHIZOPHRENIC PEOPLE: INFORMATIONS TO THEIR FAMILIES

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In this paper are presented preliminary results of the first step of a psycho-educational programme for 52 mental health clients family members.

A questionnaire with some multiple-choice questions, some open ended questions and some free answer questions, was used at the beginning and the end of the Course. The questions asked about present problems, perceptions of mental illness, feelings on the care given to their relative, relationship with mental health service (MHS, expectations about the future and requests in terms of mental health, social care and providers' intervention. A second questionnaire with multiple-choice questions and a seven-step (Andrews and Withey) scale of satisfaction was administered at the end of the Course in order to evaluate the satisfaction level.

At the starting moment of the Course, the results showed on one hand a good relationship between MHS and family members, a trend toward the delegation of problems, a negative perception of mental illness. On the other hand good expectations toward the future, a very high worry for patient's aggressiveness, a poor request of information about mental illness. At end of the Course authors recorded a significant reduction in the negative feelings with their relatives ($p = 0.008$), a further improvement in the relation with the service ($p = 0.007$), a very significant increase in the information requests about mental illness, care and possibility to prevent crisis in their relatives ($p = 0.013$). 87% of family members involved in the Course were very satisfied.

P02.311

COPING STRATEGIES IN RELATIVES OF PATIENTS WITH SCHIZOPHRENIA

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The aim of the present study was to assess the relationship between family coping strategies and patients' sociodemographic and clinical characteristics.

The sample consisted of 99 patients, males and females, with an ICD-10 diagnosis of schizophrenia and their 104 family members. Patients symptoms and social functioning were assessed using a standardised Psychiatric Assessment Scale (PAS) and Global Assessment Scale (GAS) respectively. Family Coping Questionnaire (FCQ) was used for establishing different coping strategies of relatives.

Seeking information about the illness was most commonly predicted by key relatives ($p = 0.002$) and patient's anxiety ($p = 0.057$). Positive communication with the patient correlated positively with the degree of education of the relative ($p = 0.029$) and negatively with the frequency of contacts ($p = 0.023$). Two factors that indicate diminished maintenance of relative's own social interest are the key relative ($p = 0.046$) and presence of hallucinations ($p = 0.019$). Relative's higher degree of education ($p = 0.001$) predicted favourable maintenance of own interests. The two factors that made avoiding the patient less probable were higher age of the relative ($p = 0.015$) and inappropriate emotions of the patient ($p = 0.032$). Relative's behaviour that included encouraging patient's social involvement was connected with three factors and all three exerted negative influence. Such behaviour was less probable with key relatives ($p = 0.002$), frequent contacts ($p = 0.0002$) and sharing the same apartment ($p = 0.006$).

The significance of our finding is both theoretical as well as practical. Practical implications of our findings will help determine psychoeducational interventions in the families of patients with schizophrenia.

P02.312

VIOLENCE AND CRIME: PSYCHIATRIC APPROACH

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In the present work we compare three case studies, that share a common objective: the psychiatric analysis of convicts or accused of different crimes:

- Convicts of intentional homicides in jail.
- Convicts of different crimes, impatients in a Psychiatric Unit of State Prison.
- Accused of sexual abuse.

The methodology is based on the comparison of the statistic dates mainly referred to the Legal Medical aspects of psychiatric and psychological diagnosis.

The most relevant conclusions are:

1. The false popular belief that the violent behaviour is included as part of the definition of insanity.
2. In all studies, a high percentage of offenders could appreciate the criminality of his act at the time of the crime, and could conform his conduct to the requirements of the law.
3. Among offenders with mental disorders, the most frequent diagnostic category is personality disorder.
4. The kind of personality disorder depend on the type of the injury.

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FORENSIC PSYCHIATRIC STUDY OF SEXUAL ABUSE

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The objective of this work is to study from a forensic point of view subjects implicates in sexual offenses.

Subject population includes accused, victims and other people implicated in cases of sexual abuse submitted by the judge to a