the patient's behavior, establishing a good relationship with the patient ant parents as well as elicit information from both by following the systematic method we can achieve in time and the treatment procedure is easier to be started.

Method: The aim of the presentation would be to analyze: the number of emergency patients at *Department for children and adolescent, Institute for mental health - Belgrade* in two years period (January 1998–December 1999), than the type of emergency patient and to present the main treatment strategies in treating emergency patient at child and adolescent department.

Results: Almost one fifth of all hospitalized patients at Department for children and adolescents were emergency patients. Most of them exhibited suicidal (autoaggressive) behavior, panic, bizarre behavior, confusion and loss of control and were mostly diagnosed with psychosis (schizophrenia, manic psychosis), depression and reactio primitiva. The fist choice pharmacotherapy in most cases were benzodiazepines (mostly injected intramuscularly and repeated) or if necessary neuroleptics (haloperidol or chlorpromazine-injected intramuscularly).

Conclusion: The emergency psychiatry is the challenge and the trauma at same time for doctors as well as for all stuff at Department. Using the systematic method the "helpers trauma" could be avoided and our work with such patient would be better organized.

P03.426

RESISTANT NEUROTIC DISORDERS

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The resistant neurotic disorders problem due to increasing spread of these disorders, and high indexes of temporary and firm loss of capacity for work.

256 patients with resistant neurotic disorders were an object of the investigation. The complex of research methods includes clinical psychopathological, experimental psychological, electrophysiological, biochemical, and statistical methods.

The data obtained allow to conclude that the conception of absolute resistance in general is not characteristic for patients with neuroses. For this category it is more peculiar a relative resistance in the form of residual symptoms evidencing a non-complete recovery of social functioning.

Among the clinical displays resistant neurosal disorders there were the prevalent ones such as: depressive (60.1%), hypohondric (39.4%) and phobia syndromes (36.3%) in 32.8% cases they were characterized by comorbidity.

Results of the investigations evidence that the important factors of the resistance development are somatic and neurological burdening, peculiarities of psychogenia (suddenness, combining latency), self-treatment (an independent intake of medications), treatment by extrasenses and healers.

In the course of the work the principles to overcome the resistance (pharmacological and psychotherapeutic) were worked out.

P03.427

PROPHYLAXIS OF THE AUTO-AGGRESSIVE BEHAVIOR AMONG MILITARY MEN OF THE FORCES OF THE MINISTRY OF INTERNAL AFFAIRES OF UKRAINE

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Dynamic complex inspection of 1600 servicemen during the call-up period showed that 364 (22.7%) of them had mental disorders of border level: personality disorders 35 cases (9.6%), neurosal disorders 163 (44.7%), reactive psychosis 41 (11.3%) and other disorders similar to neuroses, caused by brain traumas 56 (15.4%) and also the light degree of oligophrenia 69 (19%).

The clinical-psychopathological and patho-psychological inspection of 29 persons showed some signs of auto and heteroaggressive behaviour, including suicidal. The detailed analysis of these cases showed that all these servicemen were characterized by negative attitude of military service and some difficulties deal with carrying-out of regime conditions (6.3%), the lack of understanding of service and soldier's duty (4.6%), the accusation of their colleagues of the failures and of their commander of preconceived attitude (6.3%), the quick rise in disharmony of personality because of limited opportunities to solve the disputed situation (4.4%), the inadequate use of the experience and prognosis of the behaviour consequences (8.8%), the short-term affective outbreaks and frequent fluctuation of the mood in the decrease way (4.4%), the decrease of the seef-criticism and selfconfidence in their rightness (6.8%).

The system of psychoprophilactic has been developed to correct the all mentioned above disorders accoroling the structure of psychopathology, specific factors of psyhic-traumatization, terms of call-up period, psychological personal features and possible adaptive mechanizms.

The main trends of psychoprophylactic system are:

- social-psychological. The leading role here belongs to commanders, officer-tutors and medical service;
- medical-psychological is carried out with the help of close cooperation between commander officer-tutors and medical service;
- medical-psychological is carried out by medical staff with regular information.

The developed system of psychoprophylactic is carried out in three stages. At the first stage much prominence is given to strict selection during the call to military service. At the second stage much attention is given to the early elucidation of the persons with mental disorders and to observe them dynamicaly. At the third stage the questions deal with rational use of servicemen, according to their psychological features are of great importance.

The effectiveness of the developed psychoprophylactic system is determined by the diminution of adaptation terms and the reduction of morbidity rate and also the number of persons, released from the service because of illness.

P03.428

COMPARISON OF PERSONALITY BETWEEN JAPANESE MAJOR DEPRESSIVE AND BIPOLAR PATIENTS BY THE MUNICH PERSONALITY TEST

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Introduction: No established results has not been proposed regarding a comparison of premorbid personality between unipolar and bipolar depressive patients. The present study aimed to investigate

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the differences of personality traits between Japanese unipolar and bipolar depressive patients by the Japanese Version of Munich Personality Test (JMPT).

Subjects and Methods: 24 recovered DSM-‡V-R major depressives and DSM-‡V-R 13 recovered bipolars were compared with respect to scale values of JMPT.

Results: Both groups, displaying elevated scores on the MPT scales on Extraversion, Rigidity, Neuroticism, did not differ significantly on any of the JMPT scales.

Conclusion: Bipolars as well as unipolars have the component for premorbid personality of the Typus Melancholicus. Regarding premorbid personality, there seems to be no definite difference between unipolars and bipolars. This finding supports the results of the study by Hirschfeld RMA et al. (1986) which revealed the similarity between the recovered bipolar and unipolar patients in regard to personality traits.

P03.429

A COMPARISON OF DIAGNOSES ACCORDING TOGMS-A/AGECAT, DSM-III-R AND CLINICIAN'S DEFINITION

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Background: The question 'What is a case?' was raised by psychiatric epidemiologists, especially for geriatric psychiatry, since prevalence rates for diagnoses differ markedly depending on the instrument used. It is mostly not known, which factors contribute to these differences.

Methods: Participants of the Berlin Aging Study (BASE), an epidemiological study of n = 516 persons, aged 70–103 years, underwent standardized psychiatric and geriatric examination. We analyzed diagnostic agreement for dementia (GMS-A/AGECAT vs DSM-III-R) and depression (GMS-A/AGECAT vs DSM-III-R vs clinician's definition [loss of energy and or/interest and at least two further depressive symptoms present for at least four weeks]).

Results: For depression, clinician's definition yielded the highest prevalence (25.8%), followed by GMS-A/AGECAT-diagnosis (19.0%) and DSM-III-R (9.3%), while for dementia the reverse was true (13.8% vs 21.1%). Overall agreement between DSM-III-R and GMS-A/AGECAT was moderate ($\kappa = .71$ for dementia, $\kappa = .48$ for depression), nevertheless adapting thresholds for AGECAT resulted in slightly better diagnostic efficiency. Proportional odds logistic regression, controlling for age; gender; education; MMSE; CES-D; auditory impairment; independent or institutionalised accomodation; BMI; and number of somatic diagnoses showed, that disagreement for dementia was predicted by MMSE-score ($p < .0001$) and living accomodation ($p = .038$), while for depression severity of depression ($p < .0001$), number of somatic diseases ($p = .008$) and auditory impairment ($p = .011$) accounted for disagreement.

Conclusions: Besides conceptual differences and somatic and living conditions, disagreement is mainly caused by different thresholds of diagnostic algorithms. Adaptation of threshold levels should be considered, depending on the purpose of the analysis.

P03.430

THE SEVERITY AND PATTERNS OF USE OF PSYCHOTROPICS DRUGS IN NON-FATAL SELFPOISONING

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Background: Overdosing is a widespread form of deliberate selfharm. Psychotropic medications account for 80% of all drug overdoses. The toxicity of drug is major factor for outcome in overdose. The drug overdose accounts for 20% of all suicide deaths.

Design: A retrospective dataset of the 449 consecutive inpatients admitted in Clinic for toxicology for treatment of selfpoisoning during the period January to April 1997 were checked from medical records. The patients were aged from 14 to 77. The severity of intoxication was assesed by clinical parameters: Disturbance of Consciousness and cardiorespiratory functions.

Results: The majority of the drugs were psychotropic in 69%. Benzodiazepines were used most frequently (5.33%), antidepressants (4%), barbiturates (3%), non-barbiturate antiepileptics (1.66%) and antiparcisonics (1.33%) of all selfpoisoning. Opiates were presented in 7.3% cases, Alcohol taken as concomitant substance with Benzodiazepines (10%). Other drugs corrosive agents and pesticides were detected in 13.66%.

Conclusions: Psychopharmaces were the most frequently used drugs in non-fatal selfpoisoning. Benzodiazepines were the most prevalent psychotropic drugs in selfpoisoning and, in common cases, were related with mild intoxication. The most serious intoxication was caused by barbiturates.

P03.431

MULTI FAMILY DISCUSSION GROUP IN EATING DISORDER INTEGRATED TREATMENT

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In the Eating Disorders Unit of the University Hospital "A. Gemelli" in Rome, Italy, we provide a protocol wich include multifamily discussion group, besides, individual psychoterapy, family therapy, and of course medical assistance.

Objectives: The aim of this group is to share and reflect on the difficulties that have arisen within families due to the behavior of their daughthers and try to find a shared understanding of common problems. We did use F.K.S. Family Perceived Climate Scale (Schmilatt and Rinke 1982) at the beginning and at the end of the treatment. This questionare is costituited by 49 questions that compose 11 scales.

Methods: The groups are composed of about five couples and are lead by a couple of therapists; the sessions occur every two weeks and least 90 minutes. The parents are invited to discuss as free as possible any topic they consider relevant.

Results: Confrontating the data of the singles subscales of the F.K.S. at the beginning and at the end of the treatment we have noticed that the family gives lower points at the 11 scales. Group experience besides lead to an improvement of daughthers compliance of therapeutic project. We hypothesize that it can be due to the emergency of parents own emotional needs. And this lead to a better protection of patient's therapeutic setting from parents' intrusion.

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