

P41 *Health services and epidemiology***LIAISON PSYCHIATRY: FOR WHOM IS THERE AN INTEREST?**

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This study took place in the Medical Policlinic of the Geneva University Hospital between January 1993 and December 1995. A psychiatrist registrar is the consultant for all the doctors in the policlinic.

**Aims:** To make a description analysis of the population consulted by the psychiatrist and to compare the request from the junior general practitioner (GP) and the diagnosis given by the psychiatrist after evaluation.

**Method:** 1) Study of the medico-psychiatric dossier, 2) Psychiatric evaluation by the psychiatrist including the use of case reports and a mental status using the DSM III-R as diagnosis criteria

**Results & Conclusions:** Requests for psychiatric evaluation by GPs are adequate more than 90% of the time and are close to the psychiatric diagnosis after evaluation. This study also attempts to relate the psychiatric profile of this population and to look at the possibility of running a training course for GPs as well as to study whether a misunderstanding by GPs of the psychiatric dimension of somatic diseases exists

P42 *Health services and epidemiology***EFFECT OF A CASE MANAGEMENT PROGRAMME ON AMBULATORY PSYCHIATRIC PATIENTS**

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A one year follow-up study of 53 ambulatory patients treated with case management care is described. Patients were assessed at inclusion and after one year with the PANSS (Positive & Negative Syndrome Scale) and the MRSS (Morning Side Rehabilitation Status Scale) which assesses psychosocial functioning. The patients were characterized by chronic evolution for a period of 10 years. After one year they presented significant improvement in different symptomatic parameters (positive and negative psychotic symptoms). Psychosocial adaptation had also improved in the area of dependency, activities and number of social contacts. These results underline the importance of case management which allows the optimal use of therapeutic facilities. In addition, the setting for such a programme can lead to more specific treatment for this category of patient.

P43 *Health services and epidemiology***PHARMACO-ECONOMICS OF RAPID TRANQUILLISATION**

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A cost benefit analysis of acuphase (zuclophentixol acetate) versus haloperidol in the rapid tranquillisation of violent psychotic patients was carried out. Two sequential arms were studied, the first using Acuphase (n=26), the second haloperidol (n=16) for R.T. in a psychiatric intensive care unit. Data on resource consumption were collected by the PICU staff on their on-line computer database. There was little difference between the study groups in terms of number or duration of incidents requiring R.T. although the Acuphase group appeared to require slightly fewer nursing staff to manage violent incidents. Special nursing, absconding, and replacement of damaged property were all infrequent events, occurring to less than half the patients in the group. Special nursing was by far the most important component of variable cost. Total variable cost was lower for the Acuphase group than for the haloperidol group even though there were more patients in the Acuphase group. On a per patient basis, variable cost (Acuphase) was only 54% of that for haloperidol. This was due entirely to a lower requirement for special nursing in the Acuphase group. An intermediate acting neuroleptic may have advantages in managing disturbed patients and reducing the cost of disturbed episodes.

P44 *Health services and epidemiology***LIFE EVENTS AND MENTAL HEALTH OF THE ELDERLY**

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Conflicting reports have appeared in the literature concerning the role of life events in the development of mental disorders in old age. The purpose of the study is to evaluate the possible influence of life events on the development of mental disorders in the elderly population in Moscow. A random sample was taken of 1109 elderly people (799 women and 310 men) over the age of 60 with a mean age of 70.9 residing in a limited area of Moscow and assessed with a standard set of neuropsychological tests and psychogeriatric scales, in particular the Geriatric Mental Scale, Mini Mental State Examination and Hamilton Depressive Rating Scale and scale of life events. A comparison was made of significant life events in a group of elderly patients and a group of healthy people. Subjects were asked to assess according to a 3 point scale the personal significance of different life events which had occurred in their lifetime and at the moment of examination. The data obtained suggest that depressive and neurotic patients had a significantly higher rating of negative life events before the onset of neurotic depression and borderline disorders than the healthy elderly ( $p < 0.005$ ).