FC107 *Psychopathology and psychotherapies*

SPECIAL FEATURES OF CHILD ENDOGENOUS DEPRESSIONS

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The typological structure of 437 depressions in 184 children was investigated. The general features of endogenous depression (ED) were: mass character of somatologic and behavioral disorders which mask the affect; the versatility of depressive effect with the prevalence of anxiety, fear or disphoria; trend of the plot of supervaluable and delirious ideas; reversable regressive signs; character of daily rhythm of affect; rudimentary symptoms of other registers and protective reactions; high frequency of reactive provocation and sensibility to external influences; fragmentary type, changability disorders; the episodes of psychomotor excitement and somatovegetative crises. Different varians of ED are characterized by the preferable age of manifestation: tearful, dysphoric, adynamic, substuporous ED from infancy; anxious, fearful, somatized ED from early pre-school age; melancholic, stupid, depressions not earlier than 6 years old.

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FOLLOW-UP OF AFFECTIVE PSYCHOSES STARTED IN CHILDHOOD

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The investigation of 237 patients over a 10 year period was aimed at discovering prognostic criteria and tendencies of course of cyclothymia and circular schizophrenia (SCH) if they manifested before the age of 12. If SCH started with the leading affective disorders in childhood, adolescence or youth there occurred a long remission that was obligatorily interrupted by a polymorphous psychosis; a long stable remission after a protracted cyclothymia-like attack; thymopathical remission after a remissionless course of early childhood SCH with chronic hypomania; a long-term intermission in cyclothymia. The prognostically unfavourable factors: low activity, emotional dullness before illness, starting in early pre-school age, cerebral insufficiency, mania in the first attack, first stupid or melancholic depression with rudimental delirium, idea obsessions, rituals, hallucinations, catatonic signs, true suicidal behavior, heboid disorders at the beginning of the disease.

FC109 *Psychopathology and psychotherapies*

SEXUALITY AND SCHIZOPHRENIA. RESULTS OF AN EPIDEMIOLOGIC STUDY INVOLVING CLINICAL SUBTYPE, NEUROLEPTIC TREATMENT AND QUALITY OF LIFE

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It is generally admitted that schizophrenic patients present sexual disorders. 41 patients fulfilling the DSM-IV criteria for schizophrenia were compared to 41 normal subjects matched for age, sex, study level and marital status. We used PANSS for the psychiatric evaluation, the Lehmann's quality of life scale and a scale elaborated in our unit to evaluate the sexual activity. Our data showed a lot of differences between schizophrenic patients and normal subjects essentially regarding sexual fantasies and desire. One of the most striking results is the total lack of sexual fantasy or erotic dreams by more than 50% of the schizophrenic patients (0% by the health volunteers). The healthy male volunteers seem to present more early premature ejaculation: these effects seem to be related to drug treatment taken by the patients, especially atypical neuroleptics and S.R.I. antidepressive agents. Homosexual practice or fantasy were not more prominent by the patients. The subjective appreciation by the patients of their sexuality is unsatisfactory and their sexual activity decreases rapidly with the beginning of the illness. Some correlations between the type of schizophrenia and sexual satisfaction have been observed: the patients presenting more negative symtpoms (with a higher score at the negative scale of the PANSS) were globally more unsatisfied than the more productive patients. The frequency of sexual relations was negatively correlated with the score observed at the negative scale of the PANSS ($P<0.01$). In our study, the neuroleptic treatment seems to have little influence on subjective quality of sexual life. The relationship between subjective accessment of quality of life and sexuality still remains unclear in most of the items explored by the Lehmann's Scale. The only statistically significant positive relation emphasized by our study is between global score of quality of life and sexual "rapport" frequency. Appreciation by the patients about work, social and familial environments and security were not correlated with any item of our sexual assessment scale. From this study we conclude that sexual life of schizophrenic patients is drastically marked by a decrease in capacity of sexual fantasy or erotic dreaming. The objective sexual comportments of schizophrenic patients do not seem to be very different from those of healthy volunteers.

FC110 *Psychopathology and psychotherapies*

EARLY ONSET ULTRA-RAPID BIPOLAR DISORDERS

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We report eight cases of children and adolescents fulfilling criteria either for hypomanic episodes or major depressive disorders (according to DSM IV-Kiddie-SADS-R semi-structured interview and confirmed by clinical impressions), each episode occuring within a very short period (from several hours to one week)

7 of these 8 young patients have suffered from repeated stressful events parental or familial mistreatment, sexual abuses, repeated traumatic abandonments (assessed by ICD 10 - Axis V psychosocial factors interview) One of them has a familial history of bipolar disorder and has suffered from the regular hospitalisations of his mother (bipolar II disorder)

We hypothesize that bipolar disorders are not rare diseases in children and adolescents

- these disorders could occur by ultra-rapid cycling onset, with a rapid decrease of the symptoms, which could explain that they are underdiagnosed
- Repeated traumatic and stressful events could trigger the illness, according to Post's kindling theory

This new theory raises important questions : can we consider these ultra-rapid cycling episodes as an early onset of bipolar disorder ? As a result should we treat these young patients ? If yes, can we stop the natural evolution of these early onset disorders by a treatment, with the aim of avoiding any kindling effects and the perpetuation of the illness ?

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