The aim of the study was to assess the possibility to predict violent events and efficaccy of preventive measures.

Methods: The study is prospective observational study at large 32-bed PICU in University Psychiatric Hospital, that covers 900.000 population with the average of 8 admissions per day. Recording of violent or other unexpected events is done routinelly. The risk for violent events was measured by BVC and by subjective assessment on a 7-point scale, both done three times daily. Using a special form, a number of prevented violent events is recorded with the same frequency. The results were compared with number of violent events before new assessments were introduced in everyday practice. Events were correlated with clinical assessments using CGI, GAS and BPRS.

Results: The number of actual violent incidents dropped significantly with new assessment methods. Subjective assessments of the risk for violent behavior showed superiority in the prediction of events then BVC. The majority of violent incidents were predictable and preventable, that reflected in low frequency of actual behaviors observed in the study.

Conclusions: Simple routine assessments done by educated stuff at PICU predict well unwanted and dangerous behaviors in acutelly ill psychiatric inpatients. Prevention strategies include known risk factors and give some new insights in the extent of the problem.

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Psychiatric diagnosis, clinical scales and impulsivity: a pilot study

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Background and aims: The value of psychiatric diagnosis is challenged by comorbidities and outcome prediction compared with symptom clusters and the role of common personality factors, such as impulsivity. The usuall clinical scales such as BPRS, HAM-D, YMRS or MMSE often mislead away from important symptoms or behaviors, since their validities are compared to valid classifications and diagnosis and do not include important coommon pathways to clinical manifestations and outcome.

Method: Using prospective design the study evaluates diagnosis, results of clinical scales (BPRS, HAM-D, YMRS and MMSE) and impulsivity (BIS) to retrospectively assessed course of illness and outcome of index episode in adult patients presenting with acute episode or worsening of schizophrenia, unipolar depression, bipolar disorder and dementia.

Results: 120 patients were included (30 in each diagnostic group) in the study, that is on-going at present. We found no correlation between past and present outcome and diagnosis, the corrleations were confirmed to clinical scales used, but the strongest corrleations were found between impulsivity and outcome in all four patient groups.

Conclusions: Current diagnostic systems are limited in longitudinal and outcome strenght. Other symptom clusters and impulsivity seem to predict outcome more consistently.

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Diagnostic, clinical magnificence of somatoform syndrome

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For existing classification in psychiatry (DSM-IV and ICD-10) in a foreseeable future syndromatic approach is more pragmatic and consequently demands searches of ways to its perfection. Most often in common medical networks they come out as a hyperventilation syndrome - 2,1%), - 4,7% and irritable colon syndrome 2,8% whereas the total share of other OS makes 1,8%; the similar data at general hospital make 1,8%, 0,6% and 1,0% against 0,5% accordingly, at a polyclinic - 7,3%, 15,6% and 9,7% against 6,1% accordingly. That reflects ambiguity of original attempts of reconciliation with nosologic classification system for studying a phenomenon of somatisation.

Somatoform syndrome within (OS) is presented within the limits of a continuum, where there is the mental pathology, including somatovegetative complex, at the one pole, and somatic infringements, amplificated by functional frustration at the other.

The central part of a continuum is formed actually with OS (functional frustration), on the one hand, masking, pushing aside on a level of facultative symptoms, psychopathological frustration, and on the other - duplicating (in the form of a cliche) symptom complex of somatic disease.

Accepting the increasing distribution the concept of comorbidity, should not simplify our activity, and opposite, definition types of comorbidity within somatoform syndrome, will allow to expand opportunities of studying pathogeny of somatisation. But absence the variants of personal reaction to frustration in ICD-10 complicates integration of psychiatry with internal medicine.

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Adjustment disorders as stress-related disorders: Prevalences from a representative community survey

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Stress-related disorders have been conceptualised as a nosological group comprising Adjustment Disorders (AJDs), Posttraumatic Stress Disorder (PTSD), and Complicated Grief Disorder(CGD). A used a recently proposed diagnostic model that describes AJDs as stress-related disorder (Maercker et al., Psychopathology, Vol. 40, No. 2).

A representative sample of a total of 712 elderly persons from Zurich aged 65-96 years were assessed by standardized interview or self-report questionnaires for occurrence of stressful index events and subsequent disorders: AJDs, PTSD, Major Depressive Disorder (MDD), and Recurrent Brief Depression (RBD). PTSD was assessed according to DSM-IV criteria, MDD was operationalised by CES-D criteria.

Index events for adjustment disorders were indicated by 52%, with 2.3% current adjustment disorder of any subtype. 36% of participants reported traumatic events meeting the DSM A1 criterion with 0.7% full and 4% subthreshold PTSD in the sample. CES-D depression prevalence was 6%, MDD 2.3%, and RBD 3%. Only AJDs and MDD were significantly associated with comorbid disorders. Health care utilisation (pharmacological or psychological treatment) were low for all diagnoses ($< 25\%$) with relatively more psychotherapy for PTSD and more pharmacotherapy for CG.

As this study was conducted in a sample of the elderly, further research should investigate syndrome criteria and prevalences in other age groups.

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Usefulness of the eeg investigation to diagnose TIC disorders in children and adolescents.

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Objective: The aim of the study was to analyse EEG investigation to diagnose the tic disorders in children and adolescents.