

insomnia can be a major symptom, that calls for medical attention and treatment in its own right.

Patients and Methods: One hundred forty one medical in-patients with insomnia as a predominant or major symptom, were studied over a 12 month period as to their basic patient and illness characteristics. They were 52 men and 89 women (age range 27–90yrs, median 69yrs). The aim was to confirm the presence of insomnia and determine its character, severity and relationship to the medical illness or possibly co-existing psychiatric disorder.

Results: The patients' most frequent medical conditions included chronic pulmonary and cardiac disorders and diverse musculo-skeletal or degenerative neurological diseases. The majority of the patients were anxious and depressed (81%) though only a small proportion (6%) had a formal history of depression. Other diagnoses included organic confusion with or without underlying dementia, alcohol dependence and brief psychotic reactions.

Treatment and progress: In most patients, insomnia showed a good and fast response to treatment of the underlying physical symptoms, in the context of the overall medical management. Only in 16 cases (14%) was it necessary to use a benzodiazepine hypnotic, again, as a short-term adjunctive measure.

Conclusion: Insomnia as a major symptom in medical in-patients, is closely linked to the medical illness, and responds best to treatment of the physical and/or possibly co-existing psychiatric symptoms.

P54. Substance related disorders – alcohol induced

P54.01

Alcohol dependence in the elderly – characteristics and consequences

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Objectives: Demographic data predicts the increase of the absolute number of elderly people with alcohol problems. The aim of study was to find out the time when the patients had begun to drink alcohol, their family status, level of education, and complications of alcoholism.

Methodes: 32 patients (10 female, 20 male) with average age of 66,8 years. Patients have met the ICD-10 criterias for Alcohol Dependence, Alcohol Dependence Scale and Munchner Alcoholismtest.

Results: 50 % of male patients live without any partner, but 90 % of female patients were divorced or widowed. 81,2 % of patients had elementary education, 15,6 % finished secondary school, 3,12 had university education. 84,4 % have begun drinking in early adulthood. About 60 % of patients had some psychiatric disorders and more than 80 % somatic diseases.

Conclusions: Old male patients with alcohol dependence usually give a history of drinking that began in the early adulthood, but the majority (90%) of female patients have begun drinking in the middle age or in the elderly. They usually are medically ill and had some psychiatric disorders.

P54.02

Hepa-Merz in treatment of alcohol and drug-induced encephalopathy

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Hepa-Merz (L-ornitine-L-aspartate) is a very effective drug from the group of hepatoprotectors. We have used it in complex treatment of alcohol and drug-dependent patients with hepatic encephalopathy in withdrawal and in periods of remission (I. Vlokh et al. "Alcoholic depressions and suicide", *J. European Psychiatry*. Vol.11, p.332,1996). We prescribed Hepa-Merz together with psychotropics, metabolic drugs, as well as vascular and anticonvulsants. Treatment lasted for 5–8 weeks in doses of 15–30mg/day (I.Vlokh et al. "Information letter on Hepa-Merz administration in complex treatment of alcohol and drug dependence", #34–2001).

To study the influence of Hepa-Merz on main symptoms of withdrawal syndrome we observed and treated 34 male patients, aged 21–55, with diagnosis of alcohol (20) and drug dependence (14). It was detected, that Hepa-Merz weakens symptoms of alcohol and narcotic abstinence, stimulates the function of liver, decreases symptoms of hepatic encephalopathy, improves intellectual and mnesic sphere, at the same time reducing the asthenic symptoms, benefiting in rehabilitation of the patients.

P54.03

Tiapride and carbamazepine in the treatment of alcohol withdrawal

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Chlomehiazolc (CLO) still represents a therapeutic standard in the treatment of alcohol withdrawal and delirant syndromes in Germany. CLO, as well as benzodiazepines, have disadvantages such as addictive potential, marked sedation and respiratory depression. Neuroleptics or clonidine are associated with seizures and cardiovascular complications. Both carbamazepine (CBZ) and tiapride (TIA) as single agents have shown to be active in the treatment of withdrawal syndromes with less toxicity – however, with poorer efficacy than CLO. This paper compares the combination of CBZ with TIA to CLO in two explorative studies.

Outcome parameters were cardiac rate, blood pressure, complications, a withdrawal rating scale (CIWA?Ar) and the CGI. A retrospective evaluation of medical records (30 CLO, 30 CBZ/TIA, matched groups) was followed by an open prospective study (40 CLO vs. 40 TIACBZ, matched groups).

Both studies revealed equal efficacy in terms of psychopathologic and vegetative symptoms. Therefore, the combination of TIA with CBZ could provide a superior risk/benefit relation.

P54.04

Cognitive evoked potentials P300 in patients with alcohol dependence F10.1

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Introductions: Dysfunctions of cognitive functions is one of the consequences in patients with alcohol dependence. The purpose of this study was to determine the evaluations of the parameters of auditive evoked potentials P300(KEP) in patients with alcohol dependence (according to the definitions). The research has been