

S19 *Psychiatric disorders related to the war in former Yugoslavia*

Treatment of torture and war victims from former Yugoslavia in Switzerland

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Abstract

In 1996 over 47'000 refugees from former Yugoslavia (37% of all refugees) stayed in Switzerland. Many of them are severely traumatized. Their way through the health service and treatment facilities in Switzerland will be outlined. It is argued that this institutional setting results in low efficacy because of the difficulties of the traumatized refugees to deal with this differentiated but complex health delivery system. Following the work of the centres for torture victims in Copenhagen and in Berlin a Swiss Red Cross Therapy Centre for Torture Victims was established 1995 in Berne. Its main task is to serve as a supporting institution to other initiatives in starting a decentralized network of health care for victims of torture and war atrocities. The following functions are observed: Therapy, Further Education, Research and Documentation, Co-ordination and Information. In 1996 58 patients from nine countries were treated. Forty-five percent (26) of them were from former Yugoslavia. A subacute or chronic form of PTSD was diagnosed in 73% and adjustment disorders in 23% of the patients as a first diagnosis (ICD-10). As a second diagnosis adjustment disorders (23%) and somatization disorders (15,2%) were predominant. The presentation will address the treatment of these patients.

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REFUGEE MENTAL HEALTH ASSISTANCE PROGRAMME

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The war in the former Yugoslavia has made it essential for mental health services to include traumatic stress studies as well as preventive activities. The effects of both the war and UN sanctions will be felt for many years, even generations. The Institute for Mental Health in Belgrade has been engaged in refugee mental health assistance since the beginning of the crisis and has carried out a psychosocial programme at 3 levels, (i) education, i.e., training of mental health specialists, training of primary care workers as well as volunteers and life skills education of the population; (ii) research, i.e., systematic traumatic stress studies of refugees, war veterans and invalids in centres for disaster psychiatry; and (iii) treatment which is a specific target therapy with an accent on coping skills and stress strategies learning as well as social integration. The programme is involved in the development of disaster psychiatry to be integrated as part of care for victims of disaster, preventive psychiatry as well as undergraduate and postgraduate medical studies. The experiences of the Stress Clinic in the area of disaster medicine is presented in this paper.

S20 *Crosscultural psychiatry*

MENTAL HEALTH DURING THE MONTH OF RAMADAN

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Fasting during the month of Ramadan represents one of the five pillars of the Islamic religion. About one billion Muslim people around the world are required to comply with this religious obligation every year. It consists of abstention of eating, drinking and having sexual intercourse from sunrise to sunset. Although, the spiritual life is much more important during this month, which has a positive impact on mental patients (reduction of hospitalizations), an excess of irritability has been observed in many people in Morocco. That is why a study has been designed in order: to assess the subjective impression of irritability and to study its various modalities of expression and its risk factors. The study was conducted during two successive years of Ramadan (1994 and 1995). It concerned 100 male healthy volunteers with a mean age of 32 ± 5.8 years. In this sample 51% were smokers. The irritability was assessed during 6 weeks (before, four times during and after the end of Ramadan) in its subjective (analogical visual scale) and objective components. The consumption of psychostimulants, the duration of sleep and the anxiety level were also recorded. The most important results are: the level of irritability was significantly higher in the smoker group than in the non-smoker group already, before the beginning of Ramadan (mean scores on analogical visual scale: 2.22 ± 1.62 Vs 1.43 ± 1.59) and the evolution of irritability during Ramadan month followed a progressive and continuous progression and reached its peak at the end of the month. The consumption of psychostimulants (coffee and tea) and anxiety had the same pattern. The groups of smokers and non-smokers had a similar evolution but with higher intensity for the first.

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HEAD TRAUMA AND NEUROPSYCHOLOGICAL COMPLICATIONS IN IMMIGRANTS COMPARED TO NON-IMMIGRANTS: ROLE OF CULTURAL FACTORS

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A generally accepted opinion in Europe is that serious and prolonged complications observed in head trauma patients (with moderate severity injuries) are more frequent in migrants, especially those coming from the Mediterranean region. The unofficial term "Mediterranean syndrome" is used to describe neurotic, histrionic and functional aspects (DSM-IV somatoform disorder) of this condition.

An epidemiological study was carried out on construction workers in the Paris region. From a population of 30,000 men, one third were asked about history of head trauma and symptoms experienced. Results were compared to the socio-demographic data of the population. 50% were French, 28% Iberians, and 17% North Africans. Head trauma were found in one out of ten people in this sample. The duration of the post-commotional syndrome was more than one year in 80%, and more than 5 years in 50% of those presenting the disorder. There was no real difference in the type of complaints between the different groups, but North Africans were more frequently represented in those who tolerated poorly their disorder and complained of more symptoms.

When faced with a post-commotional syndrome, the migrants must deal with a handicap that can be ashaming for a man proud of his strength. Finally, the migrant loses in terms of work capacity and is not helped a great deal by the treatment.