

P100 *Neurosciences, psychopharmacology and biological psychiatry***BLOCKED MERIDIANS AS AN ESSENTIAL FACTOR OF PSYCHIC DELAY IN CHILDREN**

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45 children between 1 and 8 years with delayed development in motor, speech, mnemonic and mental functions were examined using the meridian system (with computer marker analyser and electrodermal characteristic measurement). The reasons for delay were pre- and perinatal toxic injuries. It was found that blocked F(Liv), C(Ht) and R(K)-meridians were an essential feature presented in all the patients and classic neurological organic signs were absent in 17 patients. Other less permanent meridians may be involved. To unblock the meridians, applications of "white electromagnetic waves" (42-57 GKz, 1MkV) were applied on some points for 15-20 minutes a day for 15 to 20 days during 4 to 6 courses a year. Results were seen during the first course, particularly in children up to the age of 3 years. Over a year the mean index of delay was reduced from 0.48 to 0.17. Comparison with children receiving nootropic drugs only where delay was 0.52 to 0.47 was not significant. This method seemed to be more effective than other reflex therapy. Our experiences described in the report in choice of points and in using a in strict sequence and moment for application seems to be extremely important.

P102 *Neurosciences, psychopharmacology and biological psychiatry***MANIC EPISODE ASSOCIATED WITH RISPERIDONE USE**

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New atypical antipsychotic drugs are being studied for the treatment of antipsychotic-resistant schizophrenic patients. Risperidone is a new atypical antipsychotic drug with significant antagonist activity at the 5-HT₂ receptor and at the D₂ receptor. It is effective in the treatment of both positive and negative symptoms of schizophrenia. It is also associated with significantly fewer and less severe neurological and extrapyramidal side effects (EPS). Nevertheless, some cases of patients with manic symptoms after the use of risperidone have been published. The authors present some of these cases.

The authors attempt to analyse the following questions which are still to be resolved:

- 1) Does risperidone have antidepressant properties and if so can it induce manic symptoms?
- 2) Does risperidone improve the negative symptoms of schizophrenia or reactive (depressive) symptoms or both?
- 3) Do negative and depressive symptoms (inhibited subtype) share the same neurobiochemical bases?

P101 *Neurosciences, psychopharmacology and biological psychiatry***NEUROPSYCHOLOGICAL SYNDROMES IN MILD DEMENTIA**

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This study is based on a comparative neuropsychological examination in 20 patients with mild Alzheimer's disease (AD), 25 with mild senile dementia of the Alzheimer's type (SDAT), and 25 with vascular dementia (VD). The neuropsychological investigation was carried out on the basis of the Luria methods and his concept of three brain units and the analysis was based on the notion of two principal constituents in the complex system of organization of mental activity, i.e. operational and regulatory.

The structure of the neuropsychological syndrome in mild AD is mainly defined by a combination of disturbances of operational and regulatory factors relating respectively to the operation of the first and second brain units. In mild SDAT, symptoms predominate in the syndrome correlated to a deficit in regulatory factors supported by structures of the third units (impairment of control, programming and voluntary regulation of activity). Neuropsychological syndrome in mild VD is mainly defined by disturbance in deep brain structures (first brain unit).

Application of the neuropsychological method makes it possible to demonstrate that large morphofunctional units such as the three brain units, are involved differently in the system of interaction during the formation of the structure of the syndrome of HMF disturbances in mild AD, SDAT and VD thus determining their specificity.

P104 *Neurosciences, psychopharmacology and biological psychiatry***BUILDING A SMALL COMPUTER SYSTEM USING DSM-IV CRITERIA**

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We describe a prototype version of an expert computer system. The programme has a hybrid construction in two sections. The first is a data base, a knowledge base, and a set of psychometric tests. It contains DSM-IV criteria (called "rules" and "fact" in the system), and fulfills the multiaxial approach of DSM-IV. The system verifies and identifies certain groups of mental disorders. In its second layer it uses facts and rules based on information derived from the data base in the first layer (personal and clinical data, results of tests). The knowledge base may be adapted and expanded to satisfy special needs.

The programme promotes the application of expert systems in clinical, educational and research work and may create an artificial neural network in a further step.