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ADDICTIONS: SITUATION IN BELARUS BY 2000

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During the last decade alcohol and drug abuse increase has been marked. Analysis of statistical indices characterizing the work of narcological service in the country has been conducted for 5 years. Since 1994 till 1998 the number of primarily diagnosed alcohol abuse and alcohol psychosis cases has increased by 50%. Mostly significant are alcohol psychosis (84%) and drug abuse (98%) figures. Alcohol morbidity in women has increased by 19%. In the morbidity structure women's alcoholism is growing. When in 1994 men/women ratio was 10:1, in 1998 – it was already 6:1.

1382.8 alcohol abuse and alcohol psychosis and 37.9 drug abuse cases were registered per 100 thousand population. by the end of 1999

On the basis of the study results several governmental documents were adopted, aiming at the improvement of the situation related to alcohol and psychoactive substances usage in the country.

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PRELIMINARY RESULTS FROM THE INTERNATIONAL PERSONALITY DISORDERS EXAMINATION (IPDE) FIELD TRIAL IN GREECE

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Introduction: The International Personality Disorders Examination (IPDE) constitutes the World Health Organisation proposal for a reliable and valid assessment of personality disorders. It assesses the most important areas of pathological personality and provides with a diagnosis according both to DSM-IV and ICD-10. There are sufficient data to suggest the international applicability of the instrument.

Material and Methods: Until now, 30 patients were entered in the Greek IPDE field trial. All underwent interview by 3 examiners, one of whom applied the IPDE and the two others scored it independently as observers. All underwent testing with BDI and STAI to quantify anxiety and depressive symptomatology.

Results: Translation and back-translation did not revealed specific problems. Preliminary results suggest that reliability of the Greek translation is good. However, oiocultural factors specific to Greece could affect the application of some of the IPDE items in Greece. Of prime importance were the family coherence, and occupational environment especially for younger subjects. Also, the evaluation of the inner experience of the subject was more problematic in comparison to the evaluation of behaviors, however this is a more general problem. Conclusively, most problems arised to date, from the Greek experience with the IPDE, concerned more the application of internationally accepted diagnostic criteria in a specific culture and not the structure of the instrument itself.

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DEXAMETHASONE SUPPRESSION TEST, PERSONALITY DISORDERS AND STRESSFUL LIFE EVENTS IN CLINICAL SUBTYPES OF MAJOR DEPRESSION

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The present study aimed to investigate the relationship between dexamethasone suppression test, personality disorder, stressful life events and depression.

Material: Fifty (50) patients (15 males and 35 females) aged 21–60 years (mean = 41.0, standard deviation = 11.4) suffering from Major Depression according to DSM-IV criteria entered the study.

Method: Diagnosis was obtained with the aid of the SCAN v 2.0 and the IPDE. Psychometric assessment included the HDRS, HAS, the Newcastle Scale (version 1965 and 1971), the Diagnostic Melancholia Scale and the GAF scale. The 1 mg DST was used. Statistical Analysis included Student's t-test.

Results: Sixteen (32%) patients were non-suppressors. Eight patients without Personality Disorder (PD) (23.5%), and 5 of those with PD of cluster B (50%) were non-suppressors. Atypical patients were the subtype with the larger percentage of non-suppressors (42.85%). No difference between suppressors and non-suppressors was detected in any of the scales.

Discussion: The results of the current study suggest that pathological DST is not a core feature of major depression. They also suggest that there are more than one subtypes of depression, concerning the response to stress. The majority of depressed patients (50%) seems not to experience high levels of stress both in terms of self reported experience and neuroendocrine function. The rest of patients however, either internally experience high levels of stress, or have the somatic analogue of it (DST nonsuppression) or have a very low threshold of stress tolerance, which makes them to behave in a hostile way.

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ATTEMPTED SUICIDE BY HANGING IN YOUNG CHILDREN

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Hanging, strangulation and suffocation are now the most common method of suicide among males in the United Kingdom. The rapid nature of death makes hanging popular as it is quick, affords little chance of escape and allows no opportunity for second thoughts. The choice of method was thought to be influenced by age, with violent methods of suicide most prevalent in older age groups. For children less than five years old, hanging is almost exclusively accidental. Between the ages of five and twelve, both accidental and suicidal hangings have been reported although asphyxial deaths due to hanging in children are thought to be rare occurrences. But the incidence of suicide by hanging among children is difficult to ascertain. People find it very difficult to accept that some hangings are suicidal in intent, and rather conclude that death occurred accidentally. Difficulties also arise because of few reports in the literature, use of different age ranges in research studies and coroners' reluctance to record suicidal death by such violent methods in young children. We have become aware of a possible increase in attempted suicides by hanging among children and believe that attempted suicide by violent methods in children under fourteen years of age is increasing. We have collected a series of five cases of young children who deliberately attempted to hang themselves within one London borough. The paper presents an overview of hanging in children, supported by five clinical vignettes, and discusses the potential impact of these findings.