W15. Physician suicide: toward prevention (video presentation)

Chair: M. Myers (CDN)

W15.01
WHEN PHYSICIANS COMMIT SUICIDE: REFLECTIONS OF THOSE THEY LEAVE BEHIND (VIDEOTAPE)

M.F. Myers. *University of British Columbia, Vancouver, Canada*

When physicians kill themselves the heartache for family, work colleagues, friends, and their patients are profound. Many "survivors" struggle with feelings of disbelief, guilt, remorse, and anger. Shame and a conspiracy of silence often preclude a wholesome and open discussion of the physician's life and legacy. In this 23 $\frac{1}{2}$ minute videotape, survivors of physician loved ones who have committed suicide talk about their loss, their journey of healing, and the reactions of physician colleagues, friends, and family – and make wise suggestions to us in the health professions who treat physicians and their families. Also included are the poignant words of a physician who, struggling with major depression, attempted suicide during her residency. Grateful to be alive, she explains not only the pain of depression but that it is a treatable illness. Her message is full of compassion and hope for physicians who live with depression. This videotape should further diminish the stigma associated with mental illness in physicians. The target audience is medical students and physicians (and their families), medical school deans, directors of training programs, medical licensing board personnel, physician well-being committees, hospital administrators, all professionals who treat ill physicians, and the countless survivors who have lost loved ones to suicide.

FC14. Varia

Chairs: C. Pruneri (I), P. Smolik (CZ)

FC14.01
THE PREDICTABILITY OF ADULT INDIVIDUALS' PSYCHOSOCIAL CHARACTERISTICS ON THE BASIS OF IQ AND PERSONALITY TRAITS ASSESSED IN CHILDHOOD

L. Kubička*, Z. Dytrych, Z. Matejček, Z. Roth. *Prague Psychiatric Centre, Praha, Czech Republic*

A report is presented of a longitudinal study of a cohort of 440 men and women who were first examined at the age of nine and last time at the age of about 33. One half of the sample were children born from unwanted pregnancies, the other half was a control group. A principal components analysis of ratings by teachers, mothers and schoolmates has resulted in three dimensions of childhood personality: conscientiousness, extroversion, and emotionality. The predictability of psychosocial adaptation in adult age on the basis of IQ and personality traits assessed in childhood was evaluated by linear regression analysis. The best childhood predictors are IQ and the trait of conscientiousness which predict well the educational level and the occupational status of adults. Low IQ and low conscientiousness predict problematic social integration and criminality. Psychological instability in adult age, as manifested in depressive moods or low self-confidence, is also, though weakly, predictable: unstable adult persons were as children often rated as less conscientious and/or rather introverted. Subjects born from unwanted pregnancies were more frequently treated as psychiatric patients than subjects from the control group.

FC14.02
CHILD PSYCHIATRIC DISORDERS – A COMMUNITY SAMPLE

V. Eapen[1]*, M.E. Jakka[1], M.T. Abou-Saleh[2]. [1]*Faculty of Medicine and Health Sciences, UAE University, United Arab Emirates* [2]*St Georges Medical School, London, UK*

Background: The magnitude of child mental health problems in the community is not known in most developing countries including the United Arab Emirates (U.A.E).

Design: In a two-stage epidemiological study, 620 children aged 6 to 18 years were screened with the parents' version of the Rutter Scale. Of these, a random sample of 329 children was interviewed using the children's version of the Schedule for Affective Disorders and Schizophrenia (KSADS).

Results: A weighted prevalence of 11.2 ± 2.5% was obtained for the presence of one or more DSM-IV-2 disorders. Depressive disorders was present in 3.0%, anxiety-related disorders in 5.2% and conduct disorders in 5.4%. Extended family structure, family history of psychiatric disorders and alcohol/drug use were identified as risk factors.

Conclusions: The prevalence rates of child psychiatric disorders and the symptomatology observed in this Middle East Community are similar to those reported in western studies.

FC14.03
ASSERTIVE COMMUNITY TREATMENT: ETHICAL AND LEGAL DILEMMAS

J. Stovall*. *Community Healthlink, Worcester, Massachusetts, USA*

Programs for Assertive Community Treatment (A.C.T.) have become the standard of care for providing community based services to individuals with severe and persistent mental illness. Envisioned to overcome fragmented systems of care, A.C.T. teams provide continuous, intensive and persistent treatment aimed at providing seriously ill individuals with a higher quality of life.

While the clinical outcomes of A.C.T. programs are well studied and discussed, ethical issues unique to A.C.T. are less well reviewed. This presentation will use the accepted foundations of ethical treatment - non-maleficence, beneficence, justice and respect for autonomy – to explore possible intrusions associated with A.C.T. In particular, the presenter will discuss issues of coercion and paternalism, and use case examples to stimulate discussion among the participants. Finally, the presenter will discuss the emergence of A.C.T. in the context of limited resources for providing treatment for individuals with serious and persistent mental illness.

The presentation will interest participants who work in community settings or who administer or regulate services in the community.

FC14.04
THE DEFENCE MECHANISM TEST IN PANIC DISORDER, GENERALIZED ANXIETY DISORDER AND SCHIZOPHRENIA

L. Bogren*, I.-B. Bogren. *Department of Psychiatry, University Hospital, Linköping S-581 85, Sweden*

The Defence Mechanism Test DMT is a projective personality test that is based on perceptgenesis and psychodynamic theory. A

https://doi.org/10.1016/S0924-9338(00)94409-2 Published online by Cambridge University Press

modified version of DMT, DMTm was applied on 24 patients with Panic Disorder, PD, 34 patients with Generalized Anxiety Disorder, GAD and 20 patients with Schizophrenia, S. A multivariate analysis was performed. 10 different types of defence mechanisms were coded: Repression with hero, Repression with the peripheral person, Denial, Projected introaggression, Introaggression, Isolation, Polymorphous identification, Disavowal or denial of the threat relation, Disavowal or denial of hero's sex, Disavowal or denial of the identity of the peripheral person. Threshold values for perception was measured.

Results: The patients with PD was separated from those with GAD and S. The factors that differentiated the patients with PD was Polymorphous identification, Denial, Disavowal or denial of the threat relation and Disavowal or denial of the identity of the peripheral person. The patients with PD overall had a higher threshold for perception than the other patient groups. Patients with S have been supposed to have high threshold values, which is not confirmed in this study. We have earlier shown that they were not as disturbed in early visual information processing as expected.

FC14.05

ANXIETY AND PERSONALITY CORRELATES IN PATIENT WITH SOMATOFORM DISORDER

C. Pruneri[1]*, E. Pellegrini[2], S. Damiano[2], F. Furlani[2]. [1]*Chief Physician Department of Psychiatry n°36, New S. Gerardo Hospital, 20052 Monza;* [2]*Division for Study of Psychosomatic Disease and Management of Stress, Department of Psychiatry n°36, New S. Gerardo Hospital, 20052 Monza, Italy*

Purpose of the present study was pointing out anxiety display in patients with a Somatoform Disease diagnosis, prior to estimating possible comorbidity. 118 patients referring to the Division for Study of Psychosomatic Disease and Management of Stress, Department of Psychiatry n°36, Monza, Italy, underwent a specific assessment using the M.A.P. (Monza Assessment for Psychosomatic Disease), 90 out of the 95 who completed the path received a diagnosis of Somatoform Disorder. The M.A.P. is composed as follows: clinical interview, a socio-demographic and occupational schedule, Sixteen Personality Factors Questionnaire by Cattell, Somatoform Disorders Schedule by Tacchini and Sironi, Symptom Checklist 90 Revised by Derogatis, Heart Rate Variability. Descriptive, inferential and correlation statistical techniques (t-test, CHI^2, logistic regression) were performed using the SPSS (Statistical Package for the Social Sciences); spectral analysis was performed for somatic test. The following significant results came across about personality factors from patients with diagnosis of Somatoform Disease: Factor Q4 (trait anxiety) (80.00%), Factor Q3 (anxiety control) (58.80%), Factor O (conflictual anxiety) (52.22%), Second Order Factor for Anxiety (composed by five Factors) (15.56%). Inferential analysis among personality factors (16PF) and SCL-90-R showed: Factor Q4 vs. Phobic Anxiety, Factor O vs. Depression, Factor Q4 and Q3 vs. Phobic Anxiety, Second Order Factor for Anxiety vs. Obsessive Compulsive Disorder. Factor Q4 and Factor Q3 resulted as predictors of Undifferentiated Somatoform Disorder. This study confirms the need of testing Anxiety Disorders in patients with Somatoform Disorder diagnosis, to define a correct clinical model to approach such patients and such pathology.

FC14.06

PERSONALITY TESTS ASSESMENT IN A SELECTED COHORT OF FRENCH APPLICANTS FOR SEX REASSIGNEMENT LINKED TO THE PROBLEM OF SEXUAL IDENTITY

T. Gallarda*, S. Coussinoux, B. Cordier, M. Haddou, I. Amado, M.F. Poirier, M.C. Bourdel, J.P. Olié. *CH Sainte-Anne, Paris, France*

Objective: Personality assesment may have major therapeutical implications in patients with gender identity disorder by providing some information on their sexual representation.

Methods: 55 transsexual patients (DSM IV) were administered the masculinity/feminity scale of the MMPI and the card III of the Rorschach test. 30 of them [(male to female transsexuals (n = 18); female to male transsexuals (n = 12)] had undergone surgery and hormonal treatment. The others were not yet hormonally and surgically treated [genetic males (n = 10) and genetic females (n = 15)]. These four subsamples were compared to each other and to a control group (n = 22).

Results: M-F transsexuals had more frequent perception of feminine objects than male ($p < 0.0001$) and female control subjects ($p = 0.04$) at the card III. They scored highest above the mean on the M/F scale and differed from the male control subjects ($p < 0.0001$) when the score was calculated by genetic sex and like female control subjects, when calculated by desired sex. The number of cross-gender responses at the card III and the M/F score did not differ between F-M transsexuals and female control subjects.

Discussion: These results could support the view that transsexualism manifests itself differently in males and females and could require different treatment programs.

https://doi.org/10.1016/S0924-9338(00)94409-2 Published online by Cambridge University Press