the disease was carried out and the recommendations for their use were worked out depending on the presence of psychopathologic disorders.

Taking into account this structure of depressive disorders, antidepressants predominately with sedative or balanced activity were used for their suppression. In the cases of dysphoric depression the use of tricyclic antidepressants (amitriptyline) is mostly expedient. The most preferable on the stage of postwithdrawal disorders with profound and moderate depressions are fourcyclic antidepressants (lerivon). On the stage of forming the remission the use of Coaxil was highly effective in moderate and light degree depressive disorders of heroine addicts. Paxil did not have broad use in the treatment of this form of drug addiction.

P03.422
COMPUTERIZED ASSESSMENT OF DEPRESSIVE DISORDERS SEVERITY

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Computerization of the clinical psychiatry modifies the style of clinical observations expressing as well as the content of conventional conceptions. The objective of this research was developing criteria of depression depth (severity) by means of separate computed subsyndromes (clusters) and computed syndromes. Methods of mathematical analysis were employed in the research work. Totally, 125 patients, aged 19–40, (20 male and 105 female) have been studied, including those with depressive episode (n = 74), recurrent (n = 43) and bipolar (n = 8) depressive disorders. Depending on the level of severity, all depressive disorders have been divided into three groups: mild depression (n = 32), moderate depression with somatic disbalance (n = 40) and severe depression without psychotic symptoms (n = 53). Results of the study have shown the diagnostic value of separate symptoms to be insufficient, because a few symptoms can specify only one level of depression severity (in 20.1% of pair comparisons). When recognizing depression severity by means of computed subsyndromes, the following was obtained: typical cases of mild, moderate and severe depressions (each kind was specified by 10–14 subsyndromes); less typical cases (each - specified by 3–4 subsyndromes); and observations, taking intermediate position between mild and moderate, moderate and severe depression levels (subsyndromes migrations were seen among depression severity levels). Including intermediate cases, obtained recognition percentage was the following: 96.6% for mild, 92.5% for moderate and 98.1% for severe levels of depression. Computed syndromes were more intricate systems of symptoms organization. The first six of them - the most informative were analyzed.. There were no same syndromes, equally presented on the several different levels of depression severity. First computed syndromes described 65.6–90.6% of patients, and sixth - 38.4–53.7% of patients on the each depression severity level. So that, developed computed subsyndromes and syndromes can be used in computer diagnosing of depression severity.

P03.423
RISK FACTOR FOR PSYCOPATHOLOGY DURING RESIDENCY (POSTGRADUATE MEDICAL TRAINING)

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Background: To evaluate the prevalence of psychic disorders during the residence and their risk factors (individuals and dues to work stress).

Method: Transversal study in 145 residents, of all the specialities and years of formation. We evaluate sociodemographic datas, stress experiencies (of labour and life events), psycopathology (GHQ Goldberg), personality (16PF-A Cattell), and coping behaviour (Lazarus and Folman). We made descriptive and multivariate analysis.

Result: We found 49% of probable psychiatric cases (GHQ > 10), with not very severe disorders, and prevalence of irritability, insomnia, personal abandonment and apathy. In discriminant analysis the following factors were associated to psycopathology: High level of work stress, of life events, and less for the relationship with the patient. Desires to leave the profession, toxic abuse, and lacking time for sociofamiliar relationship. More psychic personal antecedents, last months of residence, and lived alone. Personality: More Floating Anxiety (Q4), Neuroticism (QI), Conservatism (Q1-), Conformity to the group (G), and Minor controlled Socialización (QIII-). In coping behaviour: More Distancing and Selfblame.

Conclusion: The prevalence of psychic disorders during the residence is high, although not very severe. The most influential factors were individuals (features of neuroticism and coping of Selfblame and Distancing), as well as the work stress derived of the own formation and not related to the patient care. It is important

P03.424
THE MOST COMMON PSYCHOPATHOLOGICAL ENTITIES AT REFUGEES

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The research has been acomplished in FRY, on the sample of refugees from former republics, as well as refugees from Kosovo. All refugees have in their experience a range of stressfull, catastrophic life events. Many of them still suffer different chronic psychosocial stressors.

In the research the following instruments has been used: sociodemographical questionaire, questionaire on exile, Enviroment Assesment Scale, Social Relations Inventory, Scale of Agression, Scale of Depression Beck, Social Support Inventory and Brief Psychiatric Rating Scale.

The refugees live in exile 5–9 years. The are recognizable on social isolation, poor social activities and intern contacts. The have strong mistrust to the environment they live, rejection of possibilities that are offered to them and pessimistic attitude for the future. Maladaptive bihaviour patterns are often at refugees, especially those in collective centres, caracterized with increased consumation of cigaretes, alcohol and sedatives. Not rarely they tend to somatizations. Increased agressiveness is presented by verbal hostility in interpersonal relations. First psychoses are rare and the psychopathology can be included into diagnostig frame of neurotic and somatoform disorders. However, significant percent of them manifest a clinical picture of chronic PTSD marked with psychomotor retardation, low reactibility, emotional numbness and decreased affective resonance. Depression is moderate, close to model "learned helplessness".

P03.425
EMERGENCY PSYCHIATRY AT DEPARTMENT FOR CHILDREN AND ADOLESCENT PSYCHIATRY – TWO YEARS FOLLOW UP

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Objective: The initial clinical interview is the basic step of the successful management of a psychiatric emergency. By observing

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the patient's behavior, establishing a good relationship with the patient ant parents as well as elicit information from both by following the systematic method we can achieve in time and the treatment procedure is easier to be started.

Method: The aim of the presentation would be to analyze: the number of emergency patients at *Department for children and adolescent, Institute for mental health - Belgrade* in two years period (January 1998–December 1999), than the type of emergency patient and to present the main treatment strategies in treating emergency patient at child and adolescent department.

Results: Almost one fifth of all hospitalized patients at Department for children and adolescents were emergency patients. Most of them exhibited suicidal (autoaggressive) behavior, panic, bizarre behavior, confusion and loss of control and were mostly diagnosed with psychosis (schizophrenia, manic psychosis), depression and reactio primitiva. The fist choice pharmacotherapy in most cases were benzodiazepines (mostly injected intramuscularly and repeated) or if necessary neuroleptics (haloperidol or chlorpromazine-injected intramuscularly).

Conclusion: The emergency psychiatry is the challenge and the trauma at same time for doctors as well as for all stuff at Department. Using the systematic method the "helpers trauma" could be avoided and our work with such patient would be better organized.

P03.426
RESISTANT NEUROTIC DISORDERS

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The resistant neurotic disorders problem due to increasing spread of these disorders, and high indexes of temporary and firm loss of capacity for work.

256 patients with resistant neurotic disorders were an object of the investigation. The complex of research methods includes clinical psychopathological, experimental psychological, electrophysiological, biochemical, and statistical methods.

The data obtained allow to conclude that the conception of absolute resistance in general is not characteristic for patients with neuroses. For this category it is more peculiar a relative resistance in the form of residual symptoms evidencing a noncomplete recovery of social functioning.

Among the clinical displays resistant neurosal disorders there were the prevalent ones such as: depressive (60.1%), hypohondric (39.4%) and phobia syndromes (36.3%) in 32.8% cases they were characterized by comorbidity.

Results of the investigations evidence that the important factors of the resistance development are somatic and neurological burdening, peculiarities of psychogenia (suddenness, combining latency), self-treatment (an independent intake of medications), treatment by extrasenses and healers.

In the course of the work the principles to overcome the resistance (pharmacological and psychotherapeutic) were worked out.

P03.427
PROPHYLAXIS OF THE AUTO-AGGRESSIVE BEHAVIOR AMONG MILITARY MEN OF THE FORCES OF THE MINISTRY OF INTERNAL AFFAIRES OF UKRAINE

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Dynamic complex inspection of 1600 servicemen during the call-up period showed that 364 (22.7%) of them had mental disorders of border level: personality disorders 35 cases (9.6%), neurosal disorders 163 (44.7%), reactive psychosis 41 (11.3%) and other disorders similar to neuroses, caused by brain traumas 56 (15.4%) and also the light degree of oligophrenia 69 (19%).

The clinical-psychopathological and patho-psychological inspection of 29 persons showed some signs of auto and heteroaggressive behaviour, including suicidal. The detailed analysis of these cases showed that all these servicemen were characterized by negative attitude of military service and some difficulties deal with carrying-out of regime conditions (6.3%), the lack of understanding of service and soldier's duty (4.6%), the accusation of their colleagues of the failures and of their commander of preconceived attitude (6.3%), the quick rise in disharmony of personality because of limited opportunities to solve the disputed situation (4.4%), the inadequate use of the experience and prognosis of the behaviour consequences (8.8%), the short-term affective outbreaks and frequent fluctuation of the mood in the decrease way (4.4%), the decrease of the seef-criticism and selfconfidence in their rightness (6.8%).

The system of psychoprophilactic has been developed to correct the all mentioned above disorders accoroling the structure of psychopathology, specific factors of psyhic-traumatization, terms of call-up period, psychological personal features and possible adaptive mechanizms.

The main trends of psychoprophylactic system are:

- social-psychological. The leading role here belongs to commanders, officer-tutors and medical service;
- medical-psychological is carried out with the help of close cooperation between commander officer-tutors and medical service;
- medical-psychological is carried out by medical staff with regular information.

The developed system of psychoprophylactic is carried out in three stages. At the first stage much prominence is given to strict selection during the call to military service. At the second stage much attention is given to the early elucidation of the persons with mental disorders and to observe them dynamicaly. At the third stage the questions deal with rational use of servicemen, according to their psychological features are of great importance.

The effectiveness of the developed psychoprophylactic system is determined by the diminution of adaptation terms and the reduction of morbidity rate and also the number of persons, released from the service because of illness.

P03.428
COMPARISON OF PERSONALITY BETWEEN JAPANESE MAJOR DEPRESSIVE AND BIPOLAR PATIENTS BY THE MUNICH PERSONALITY TEST

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Introduction: No established results has not been proposed regarding a comparison of premorbid personality between unipolar and bipolar depressive patients. The present study aimed to investigate

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