of Diseases (ICD-10), published by the World Health Organization (WHO) in 1992, was introduced as a new classificatory approach for worldwide use. This classification differs considerably from ICD-9 and follows the principle of descriptive operational diagnosis in view of psychopathological, time- and course-related diagnostic criteria. By now ICD-10 has been officially introduced in many countries of the world. On this background WHO is performing a transcultural survey to compare the frequency of ICD-10 psychiatric diagnoses between different countries of the world. In addition to epidemiological aspects a major interest is to find out whether the diagnostic categories of ICD-10 chapter V (F) are sufficiently covering all relevant psychiatric diagnoses in different countries or whether in some fields revisions are necessary. Another goal will be to determine those diagnoses which apparently are not used at all or only very rarely. The Department of Psychiatry at Lübeck Medical University is the coordinating centre for this study on behalf of WHO. 25 Departments of Psychiatry and Psychosomatic Medicine in German-speaking countries and 13 WHO centres worldwide are asked to participate in this study. So far, data from 6519 patients in Germany could be obtained. First analysis of data shows that the 10 most frequently used diagnoses cover 66% of all cases. Alcohol dependency (F10.2), paranoid schizophrenia (F20.0) and depressive reaction (F43.2) are the most common diagnoses which lead to hospital admission. The results are discussed against the background of psychopathology, epidemiological aspects and transcultural differences.

THE SYSTEM OF MENTAL SELF-REGULATION

A.K. Napreyenko, K.A. Petrov. *Department of Psychiatry, Ukrainian National Medical University, Shevchenko Blv, 13, 252004, Kiev, Ukraine*

The system comprises 112 diagnostical, therapeutic and physical exercises. There are chapters for all main categories of psychic and somatic diseases. The system is published as a manual for the patient self-psychotherapeutic exercises under physician supervision. The system effectiveness is determined by simultaneous health rendering influence upon all links of somatic-psychic-social complex ("vicious circle"). A total 916 patients have been treated with the use of the system personality features and human reserve capabilities are being activated. The patients physical functioning, interpersonal relationships and social status had improved.

THE VERSATILE LEARNING EXPERIENCE OF AN ACCIDENT AND EMERGENCY SENIOR REGISTRAR FROM THE MENTAL HEALTH SERVICE

T. O'Sullivan.

Aim: The aim of this presentation is to describe an accident and emergency senior registrar's six week secondment to a psychiatric team. As part of the higher training programme in accident and emergency (A & E) it is essential for the senior registrar to have placement in the various hospital specialities. It is the aim of the A & E medical staff to be as efficient and clinically expert in the most versatile way possible.

Result: 1 It was felt adequate knowledge of a formal psychiatric history and mental state examination was acquired.

2 The benefits of liaison psychiatry and other psychiatric subspecialities was seen.

3 Working knowledge of the long term care of psychiatric patients and service delivery was acquired.

Conclusion: The promotion of liaison across hospital specialities. The opportunity of various placements for not only A & E senior registrars but other senior registrars to have various speciality placements to improve their clinical ability and skills.

PSYCHOTROPIC DRUG CONSUMPTION RELATED TO SLEEP COMPLAINTS IN A REPRESENTATIVE FRENCH SAMPLE

M.M. Ohayon, M. Caulet. *Centre de Recherche Philippe Pinel de Montréal, Montréal, Québec, Canada*

The use of psychotropic drugs to treat sleep complaints is a widespread phenomenon in the general population. In a study conducted on a large representative sample of the non-institutionalized population of France, 15 years of age and older (n = 5,622, 80.7% of contacted stratified sample), we explored the prevalence of psychotropic drug consumption in relation to sleep complaints. Telephone interviews were performed by 16 lay interviewers using the knowledge based system Eval for sleep disorders and psychiatric diagnoses.

Results showed that 9.9% [95% CI: 9.1% à 10.7%] of the sample currently used a sleep-enhancing medication. This rate was higher in women (12.7% vs. 6.8%; $p < 0.0001$) and elderly. While relatively uncommon among young subjects, consumption increased considerably beginning at the age of 35 years, and affected 24.3% of "young old" subjects (between 65 and 74 years of age) and 32.8% of "old old" subjects ($\geq$ 75 years of age). Anxiolytics were the most commonly reported sleep-enhancing drugs (49.8%) followed by hypnotics (37.9%). The chronic use (at least one year) of these drugs was frequent in "old old" subjects (92.6% and 80.2%, respectively) and "young old" subjects (74% and 78%, respectively). General practitioners were the most common prescribers (over 80% for each class of drug).

Rate of drug consumption for sleep complaints is very high in France compared to other European Countries. These data underline the importance of educating physicians about consequences of long-term utilization of psychotropic drugs in the treatment of insomnia complaints.

CAN WE EXAMINE UNDERGRADUATE CLINICAL ABILITY: RESULTS FROM A CONFIRMATORY FACTOR ANALYSIS

S.B.G. Park, C. Duggan. *University Department of Psychiatry, Duncan Macmillan Hse, Porchester Rd, Nottingham NG3 6AA*

Medical student assessment during their psychiatry attachment in Nottingham was based on three grades received as part of their ward attachment and on the marks achieved in an examination with four components. Both clinical and knowledge components to both sets of grades were identified and aggregated to give an overall clinical and knowledge grade. As part of our assessment of the performance of the clinical component of the exam, when it was changed from a traditional case based presentation to two examiners to an OSCE, the results from six cohorts of medical students (n = 139) were examined by confirmatory factor analysis. The initial model failed to confirm the existence of separate clinical and knowledge components to the assessment (Chi-square 21.4 df 8, $p = 0.006$). However, a two factor model which specified an exam based factor and a ward based factor gave much better fit indices (Chi-square 17.4 df 13, $p = 0.18$). The results do not support our ability to determine separately clinical and knowledge based ability as part of our medical student assessment. Medical students are now given a single ward based grade, though both clinical and written components remain to the exam.