to stop the treatment. The further extention of this issue involves the wish to die and physician-assisted suicide. The physician-assisted suicide raises several ethical questions beside the conflicting roles of physicians in preseving life versus ending suffering. In the Hippocratic oath, physicians swear not to precribe a deadly drug or give advise to a patient that may cause death. Or, nowadays euthanasia and physician-assisted suicide have become sources of continuing controversy and are likely to be so far forseeable future.

Once a physician swears to keep the patient alive, is it ethical when he / she administers a lethal dose of medication or another agent to a hopelessly ill or injured patient?

The achivement of modern medicine in terms off technology and treatment, enable physicians to prolong life and to delay that even the presence of severly debilitating conditions. However, benefical medicine technology may be harmful when used as a life-sustaining measure, in terminally ill patients. Elderly people themselves often fear and believe a zealous aplication of that kind of life-sustaining procedures will just prolong their suffering.

What the physician should do? To undertake the treatment and the life-support systems or follow the ''do not resuscitate'' order?

S24.03

Sanctions and suicide in the elderly

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Objective: In the process of defining the most accurate and sensitive indicators for humanitarian conditions and impact of sanctions against FRY, the number of committed suicides was followed up with particular interest in group of people aged 60 and more.

Design: Retrospective Study used data from Municipal Statistical Office in 4 year period meaningful for certain changes in Yugoslavia (economic mismanagement, state break-up, war and economic sanctions).

Materials and Methods: The number of committed suicides obtained from records of Municipal Statistical Office was followed up. Statistical evaluation encompassed calculation by absolute and relative numbers, as well as suicidal trends in Belgrade. Age, gender and occupation were analyzed parameters.

Results: ''J curve'' obtained by analyzed data represented suicidal trends in Belgrade in period 1988-1992. The lowest point of ''J curve'' was in 1989. Relative number of elderly who committed suicide remained approximately the same.

Conclusion: In particular situation of established Sanctions against FRY, suicidal rate generally increased but the elderly wasn't the most vulnerable population.

S24.04

Quality of life in the elderly mentally ill and the right to dye with dignity

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There appeared serious ethical challenges for psychiatry: to cut mental health costs and to provide care to as many as possible. The psychiatrists have to face these challenges and treat the elderly with or without mental disorders, assuring them the best quality of life as it is possible.

Multiple loses in old age are important in decreasing of quality of life and increasing of mental health problems in the elderly. Suicide and attempted suicide are one of the major health problems in the world. We discuss about the wish of die in elderly persons and about 'the right to die'. We are questioning: whether it is natural for the elderly to wish to die, and whether the right to eventually kill oneself should be respected or whether suicidal intentions in old people are expressions of mental diseases.

To find predictors of suicide in old age is an urgent task for prevention. In more of the controlled studies depression and personality disorders are potentially important predictors of suicide in the elderly. The prevention of suicide in later life must account the educational program for primary care to enhance knowledge regarding the treatment of mental illnesses and recognize them. Thus we must use the newer antidepressants and community care to avoid the suicidal behaviour in the elderly, because the depression is under-diagnosed and often under-treated. We try to improve the quality of life of all elderly mentally ill patients, also solving the stigma and discrimination against the elderly with mental problems.

S25. Symposium: TREATING DEPRESSION IN SPECIAL POPULATION (In Memory of Manfred Ackenheil)

S25.01

Treating depression among HIV/AIDS patients: recent advances

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The number of persons affected with HIV/AIDS continues to increase dramatically. This epidemic, while being very devastating in Sub-Saharan Africa, is also rapidly spreading to other parts of the world; in particular, South East Asia. Recent data has shown that currently there are about 50 million people already suffering from AIDS. Of this number, one million alone are residents of the United States. It is, therefore, imperative that we advance the profession and field in all model and treatment approaches vis-à-vis psychiatric disorders and conditions that could affect people suffering from HIV/AIDS.

Among the illnesses affecting persons with HIV/AIDS, either independently or as a comorbid condition, mood disorders are very prominent. Major depression among them is oftenly observed in this patient population. In this presentation, focus will be given to the most advance methods of intervention for the treatment of HIV/AIDS patient who suffer from depression.

Educational Objectives:

At the end of this presentation, participants should be able to:

1. Recognize the symptoms of depression among HIV/AIDS patient.
2. Treat depression among HIV/AIDS population in accordance to the most far advance methods of intervention.
3. Help to prevent relapse and complications, including suicide, in the HIV/AIDS patient population.

Literature References

1 Fernandez F, Ruiz P, editors. Psychiatric Aspects of HIV/AIDS. Philadelphia, Pennsylvania: Lippincott Williams & Wilkins; 2006.
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