

THE LONG-TERM IMPACT OF THE PHYSICAL, EMOTIONAL AND SEXUAL ABUSE OF CHILDREN: A COMMUNITY STUDY

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The associations between giving a history either of physical, or emotional, or sexual abuse in children and a range of mental health, interpersonal, and sexual problems in adult life were examined in a community sample of women. Abuse was defined to establish groups giving histories of unequivocal victimization. A history of any form of abuse was associated with increased rates of psychopathology, sexual difficulties, decreased self-esteem, and interpersonal problems. The similarities between the three forms of abuse in terms of their association with negative adult outcomes was more apparent than any differences, though there was a trend for sexual abuse to be particularly associated to sexual problems, emotional abuse to low self-esteem, and physical abuse to marital breakdown. Abuse of all types was more frequent in those from disturbed and disrupted family backgrounds. The background factors associated with reports of abuse were themselves often associated to the same range of negative adult outcomes as for abuse. Logistic regressions indicated that some, though not all, of the apparent associations between abuse and adult problems was accounted for by this matrix of childhood disadvantage from which abuse so often emerged.

BIOLOGICAL INVESTIGATIONS IN OCD AND TOURETTE SYNDROME

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A high prevalence of obsessions and compulsions is recognized in patients with Tourette-syndrome (TS). A comparison of a group of patients with TS and another with OCD, using the DSM III-R criteria showed significantly higher scores in obsessions and compulsions than a control group. However, it was possible to show specific differences of obsessive compulsive symptoms in OCD and in Tourette syndrome [1]. This investigation was repeated in other groups of GTS- and OCD patients. The results of the cross-validation will be presented. Moreover, we performed neuroendocrinological tests in both groups of patients. Since in OCD an alteration of the serotonergic neurotransmission is likely, we performed the fenfluramine-test in both groups of patients. Own investigations have shown, that in TS the growth hormone response to clonidine is blunted, these results pointing to a disturbance in the noradrenergic neurotransmission in GTS [2]. Therefore we compared the clonidine-test in 10 patients with OCD and 10 patients with TS. The results of the psychopathologic and neuroendocrine investigations, pointing to a psychopathological and pathophysiological difference between OCD and GTS will be presented. Moreover, some recent immunological data point to parallels between GTS and Chorea Sydenham. These results will be shown.

- [1] Müller, A. Putz, A. Straube, N. Kathmann: Obsessive compulsive disorders and Gilles-de-la-Tourette-Syndrome. *Differential diagnosis of organic and psychic obsessions and compulsions. Nervenarzt* 66: 372–378, 1995.
- [2] Müller, A. Putz, U. Klages, E. Hofschuster, A. Straube and M. Ackenheil: Blunted growth hormone response to clonidine in Gilles-de-la-Tourette-Syndrome. *Psychoneuroendocrinology* 19: 335–341, 1994.

SACCADIC EYE MOVEMENTS IN GILLES-DE-LA-TOURETTE-SYNDROME

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Gilles-de-la-Tourette's syndrome (GTS) is presumed to be an inherited disorder whose pathophysiology is still unclear. An involvement of the basal ganglia is suspected. Beside vocal tics, one of the main symptoms is the presence of motor tics. As eye movements are a specialized part of the motor system, we investigated whether they deviated in some way in GTS patients. It is known that in other diseases of the basal ganglia, such as Parkinson's disease (PD) and Huntington's disease, there are typical oculomotor symptoms, especially in the control of voluntary saccades. To study the control of saccades in GTS, different paradigms were used to elicit saccades, which were either externally triggered and visually guided or internally triggered and without visual target. GTS patients (n = 10) showed an increase of the saccade latency, especially in the internally guided saccades; an highly impaired performance of sequences of memory-guided saccades and a reduction of the peak velocity in the antisaccades. Overall the results were similar to those described with similar paradigms in PD patients.

This suggests that the cortex, especially the frontal cortex, is not activated in the normal way by ascending loops from the basal ganglia to the thalamus and the frontal cortex. The general function of the frontal cortex — frontal eye field, prefrontal cortex — does not seem to be impaired, because the performance of memory-guided saccades and the effect of a fixation target on saccadic latency ("gap effect") were normal.

DEPRESSIVE DISTURBANCES AS A CONSEQUENCE OF CEREBROVASCULARE DISEASE

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Our study covered a group of 160 patients with cerebrovascular disorders. According to GHQ and Hamilton scale for depression, a prevalence of 35–60% of medium to severe depression which lasted for 6 months to one year, was established. In our study we have seen a significant correlation to previous personal history. Subcortical atrophy and lesion of the basal ganglia of the left cerebral hemisphere. Only 50% of the patients with high score of GHQ were given antidepressive drugs and the remaining patients received combined therapy. Contrary to depressive disorders, mania is very rarely seen in cerebrovascular disorders. The clinical features and response to standard therapy are not different than in manic states in endogenous psychoses. There is a strong interaction with lesions of the limbic system of the right hemisphere. Predisposing factors in mania are especially the genetic component, subcortical atrophy, dysfunction of the frontal lobe and the length of hospitalization with good neurologic status. This last factor has a significant role in depressive disorders as well.

The authors underly the significance of the follow-up of the patients after the cerebrovascular insult in view of an increased incidence of affective disorders after 6 months. In view of this, a better cooperation between the neurologist and the general practitioner is needed.

FREQUENCY OF ICD-10 PSYCHIATRIC DIAGNOSES — AN INTERNATIONAL SURVEY

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Chapter V of the Tenth Revision of the International Classification

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

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The system comprises 112 diagnostic, 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

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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 sub-specialities 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

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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 (≥ 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

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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.