

on 'Overall Quality of Life and General Health' and on 22 out of the 24 facets of QOL (e.g., 'Pain and Discomfort', 'Negative Feelings', 'Mobility', 'Activities of Daily Living'). Compared with the other groups, the QOL of the CFS patients appeared to be similar to the QOL of RA patients and substantially lower than the QOL reported by the random sample and the elderly persons, sarcoidosis and psoriasis groups.

S43-5

QUALITY OF LIFE AMONG ISRAELI ARABS AND ISRAELI JEWS

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The WHOQOL-100 is a self-report questionnaire measuring subjective quality of life. The instrument has been developed collaboratively in 15 different academic centers in diverse cultural settings. The instrument has 100 items divided into 6 broad content domains which are further subdivided into 25 facets representing 24 different areas of life and one general facet (general satisfaction with quality of life). The present study was part of the validation of the WHOQOL-100 in Israel. 97 Israeli Jews (Group I) and 95 Israeli Arabs (Group II) matched for age, income, education and gender were administered the WHOQOL-100 in Hebrew and Arabic respectively. Results showed that on the general facet there was no significant difference between the two groups. However regarding the content domains, Group I scored higher than Group II on five of the six domains. The results are discussed in terms of a minority group confronting a continuous complex political situation.

FC44. Drug and alcohol abuse

Chairs: K Tómasson (IS), R Vrasti (RO)

FC44-1

MDMA-USERS IN A SPECIALISED ADOLESCENT PSYCHIATRIC OUT-PATIENT SERVICE

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Introduction: The abuse of stimulant and so-called designer drugs has increased dramatically throughout Europe in the last decade. Firstly these drugs such as MDMA ("Ecstasy") were regarded as a fashion, meanwhile they play a central role in addiction behaviour in the age group of 12–25 year old persons and they are not restricted to the rave- and techno-scene anymore.

Project: To assess the need of health care and the psychiatric and somatic problems of regular MDMA-users the Dept. of Child and Adolescent Psychiatry of the Medical University of Lübeck, Germany installed an interdisciplinary out-patient service in January 1997.

Methods: The subjects that required psychiatric service were interviewed according to ICD-10, examined physically and neurologically and underwent (neuro-)psychological testing.

Results: None of the adolescents seeking specific help for MDMA-related problems took the substance alone, most often it was combined with Cannabis, LSD and Amphetamines. As it was expected the number of adolescents that reported drug-related problems in the out-patient dept. increased tenfold. A significant number of patients reported "early" symptoms such as loss of

memory, attention deficit and sleep disturbances due to MDMA-intake.

Discussion: In the scientific literature about MDMA there seems to be a gap between clinical reports of severe psychiatric health risks such as psychosis or paranoia and epidemiological evidence of hundreds of thousands of regular users on the continent and the U.K., that seem to have no health problems. This may be an artefact as the typical adolescent MDMA-user does not seek help from regular clinical psychiatric services nor from the drug counselling agencies that focus on alcohol or heroine addicts. Therefore a specific offer to this population seems to be needed and has to be furthermore evaluated.

FC44-2

SOCIODEMOGRAPHIC AND PSYCHOPATHOLOGIC VARIABLES AT THE CHILDREN AND YOUTH WITH THE SUBSTANCE USE

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The goal of the work is recording as the known as still identifiable variable psychopathologic phenomons of the developing dependence on the psychoactive substances at the children and young people in Slovakia. We present the computed use of the multifactorial analysis of the psychopathologic phenomons of the 97 pedopsychiatric patients 12–18 years old in the various stages of the children's and young people's life with the dependence on the psychoactive substances.

FC44-3

HOMELESS ALCOHOLICS PREVALENCE OF PSYCHIATRIC COMORBIDITY AND OUTCOME OF DRINKING

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Objective: To study in a nation-wide treatment seeking sample of alcoholics, the prevalence of having been homeless, its association with psychiatric comorbidity, and course of drinking over the subsequent 28 months.

Methods: A sample of alcoholics and other substance abusers seeking treatment (N = 249 men, 102 women) under medical supervision in Iceland from December 1991 to September 1992 was interviewed with the Diagnostic Interview Schedule, as well as with an alcohol history instrument. Follow-up was conducted at 16 and 28 months.

Results: The prevalence of having been homeless at least once was 25%, there of 11% more than twice. The latter were younger compared with those never homeless (35 vs. 43 years,) had an earlier age at onset (16 vs. 27 years) and had been significantly more often admitted for detoxification. The prevalence of polysubstance abuse was 22% among those who had never been homeless, while it was 48% among those homeless at least once, and 71% among those homeless more than twice ($p < 0.001$). The prevalence of affective disorders, panic disorder/agoraphobia, other anxiety disorders, and antisocial personality disorder among the homeless were 43%, 56%, 82%, and 52%, respectively compared with 30%, 31%, 55%, and 20% among those who had never lost their home. In the homeless group 10% remained sober through the follow-up period compared with 18% of those never homeless. But none of those homeless more than twice was able to stay sober through the follow-up period.

Conclusion: Homelessness is associated with an early age at onset of alcoholism, frequent admissions for detoxification, high prevalence of psychiatric comorbidity. Proper detection of psychiatric comorbidity and intensive treatment of alcoholics with early onset is needed

FC44-4

DUAL DIAGNOSIS: A SURVEY IN PARIS AREA

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Comorbidity between addictive behavior (concerning alcohol or other drugs) and mental illness, also called "dual diagnosis", has been a major subject of research in the USA during the last decade. Figures reported for addictive behavior prevalence among patients treated for mental illness have been estimated between 20 and 75%. In schizophrenic patients, addiction is a source of treatment resistance and increases the use of health care resources.

This study is an extension of the survey on drug addiction performed by the SESI (Statistical Department of Ministry of Health) in November 1996.

428 dual diagnosis patients, reported by 34 sector community mental health teams, were studied in terms of diagnosis and treatment. Schizophrenia appear as the most frequent diagnosis (44%), followed by personality disorders (34%), and affective disorders (22%).

Dual diagnosis patients, when hospitalized, have longer and more frequent stay. Implications of these results in terms of treatment are discussed

FC44-5

DETERMINANTS OF REPORTED AMNESIA FOR THE OFFENCE IN 246 DEFENDANTS

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Introduction: Inability to remember the circumstances of the offence is frequently claimed by defendants in court and may be difficult to evaluate by the psychiatric expert for its subjective nature.

Methods: Data from psychiatric examinations of 246 defendants were analysed to detect parameters that influence the ability to remember the offence. Bivariate correlations were supplemented by logistic regression analysis to determine the relative contribution of alcohol, crime category and other possibly intervening variables on memory loss.

Results: 28.9% of the population claimed partial amnesia for the circumstances of the crime, 10.2% reported full amnesia. Alcohol intoxication which was present in 65.9% of defendants showed an influence of memory impairment that increased with level of intoxication, but other variables, notably the type of offence, also influenced the occurrence of memory loss. Logistic regression analysis revealed that different parameters influence the two types of amnesia: Partial amnesia was significantly predicted by alcohol intoxication at the time of the offence (odds ratio 2.7, $p = 0.01$) and independently by a diagnosis of alcohol dependency (odds ratio 2.0 $p = 0.04$). Reported complete amnesia was best predicted by a violent crime (odds ratio 5.05, $p = 0.03$) but only marginally by alcohol intoxication at the time of offence (odds ratio 2.95, $p = 0.07$).

Conclusions: We conclude that there might be different mechanisms leading to partial and complete reported amnesia respectively. Whereas partial amnesia was mainly explained by alcohol intoxication at the time of the crime and a diagnosis of alcoholism, total amnesia was primarily predicted by presence of a crime of violence and only weakly related to alcohol intoxication. Thus total amnesia may be a more complex phenomenon with psychological and intentional factors contributing.

FC44-6

CROSS-CULTURAL COMPARISON OF LAY VERSUS PROFESSIONAL CONCEPTS OF ALCOHOL USE. A NINE-CULTURE STUDY

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There is a great deal of data recognizing that cultural factors play an important role in assessment, diagnostic, and therapy of mental disorders. WHO/NIH Joint Project on Diagnosis and Classification of mental Disorders, Alcohol- and Drug-Related Problems aimed to explore those cultural factors relevant for identification and description of substance use disorders and the extension to which cultural factors may influence the assessment process, bridging the "gulf" between lay and professional concepts of illness.

The underlying assumption in this study is that lay concept of illness and health occur within a particular culture that fundamentally are rooted in beliefs, attitudes, and actions surrounding illness and healing. Cross-Cultural Applicability Research (CAR) Study was devoted to provide ethnographical evidence about applicability of words, terms and concepts used in WHO assessment instruments for alcohol use and related problems (CIDI and SCAN).

Nine centers from different culture, language and religious have been participated in the CAR study: Ankara (Turkey), Athens (Greece), Bagalore (India), Flagstaff-Arizona (USA), Ibadan (Nigeria), Jebel (Romania), Mexico City (Mexico), Santander (Spain), and Seoul (Korea). This study used the data obtaining from two ethnographic studies: key informant interview and focus group. Both were designated to elicit more expanded information about cultural constituencies of concepts and terms already used in the diagnosis of alcohol use disorders.

The paper built an appropriate frame toward "demistification" of the diagnostic process of alcoholism and its item criteria. Each diagnostic category (harmful use, abuse and dependency syndrome, withdrawal state) and item criterion (tolerance, loss of control, craving, progressive neglect, time spent, etc) is put face-to-face with lay meaning in these nine cultures, highlighting the cultural appropriateness of each of them and shaping an dialogue. The importance for assessment process is discussed in the end.

FC44-7

DOES PSYCHIATRIC MORBIDITY HAVE A ROLE IN INCREASING SMOKING LEVELS IN THE COMMUNITY?

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Background: The proportion of smokers has decreased by 40% over the past 20 years but 27% of the British population still smoke and they are more likely to be nicotine dependent. Psychiatric morbidity in nicotine dependent smokers is associated with failure to cease smoking in smokers' clinics. Could psychiatric morbidity which is common in the general population, such as anxiety and