

were treated with IPT and studied referring to outcome, therapy-focus and psychosocial variables.

Method: 12 HIV-positive and not severely handicapped males who had scores of $\geq 18\#$ on the Hamilton DRS ($/28\#$) were treated with IPT. Baseline and completion assessment by means of: HDRS, BDI, Self-Rating of Feelings (v. Zerssen), Questionnaire on Interpersonal Problems (Horowitz), FLL (Noack).

Results: 12 patients completed treatment within 16 to 20 sessions. 10 patients reached full remission ($\text{HDRS} \leq 8\#$) and 2 patients partial remission ($\geq 8\# \leq 10\#$). Role transition/conflict was the main problem area for 9 patients. During treatment dependent behavior (socially avoidant, insecure, submissive) changed towards independent. Main psychiatric comorbidity was drug abuse.

Conclusion: IPT is an effective short-term therapy for depressed HIV-positive patients. HIV-related role transition seems to be prominent problem area mainly contributing to onset of current depression. Proactivity is supported by IPT strategies.

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LOCUS OF CONTROL IN INSULIN-DEPENDENT DIABETIC PATIENTS

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Aim: To study the relationship between Health Locus of Control and factors affecting compliance to treatment among patients with insulin-dependent diabetes mellitus.

Method: Sixty-two insulin-dependent diabetic patients were studied. Exclusion criteria: chronic illnesses and do not have significant life events event for last six months. Instruments used: 1. Semistructured clinical interview. sociodemographic, clinical, treatment and course data of illness. 2. Questionnaire to evaluate factors affecting compliance to treatment. 3. Multidimensional Health Locus of Control (Wallston et al, 1976) to know beliefs towards control of illness.

Results: Patients showing higher score in internal control are patients who carried out blood sugar tests themselves, have more 1 dosage of insulin a day ($p < 0.01$) and diabetes is compensated. External control did not show any relationship with any of the items studied. However, casual control is higher among patients who did not carry out blood sugar tests themselves.

Conclusion: Patients showing higher internal control are more compliant to treatment, which should be taken into account to desing effective therapeutics measures.

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COPING STRATEGIES AMONG PATIENTS WITH DIABETES MELLITUS

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Aim: To identify coping strategies and relationship with affective disorders (depression and/or anxiety) among insulin-dependent diabetics.

Method: Sixty-two insulin-dependent diabetics (25 male, 27 female, mean age 22.8; s.d. 7.28) were studied. Exclusion criteria: chronic illness. COPE Questionnaire (Carver, Scheier, Weintraub, 1989) and Hospital Anxiety and Depression Scale (HAD, Zigmond and Snaith, 1983) were used.

Results: Positive reinterpretation and growth, planning and active coping were the most common. Mental and behavioral

disengagement and denial as ways of coping were less common. 19.4% showed anxiety and 16% borderline anxiety. 4.8% showed depressive symptoms. Positive reinterpretation is negatively correlated with depression and anxiety ($p < 0.01$) compared to as active coping with depression ($p < 0.05$). Behavioural disengagement is positively correlated with depression ($p < 0.01$).

Conclusion: Affective disorders in insulin-dependent diabetes mellitus can modify coping strategies from "more active to more passive" ways of coping with possible repercussions on course and treatment of illness.

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LONGITUDINAL STUDY OF THE PSYCHOSOCIAL ADJUSTMENT TO THE HIV INFECTION

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Introduction: The work of a consultation-liaison psychiatrist dealing with HIV infected patients is not only the treatment of the present psychopathology but also the improvement of the adjustment to the illness and the compliance to the antiretroviral treatment.

Objective: The purpose of our study is to observe the evolution of the adjustment to the illness of a sample of HIV positive patients referred to our consultation/liaison psychiatry unit after one year of follow-up.

Methods: We assessed the adjustment to the HIV infection by means of the Psychosocial Adjustment to Illness Scale (PAIS) from RL Derogatis when the patients came at the first time to our unit and one year later.

Results: Of the 55 patients assessed at baseline, only 24 (44%) could be re-assessed one year later.

After one year the total score in the PAIS was significantly better ($p = 0.01$). When analysing the subscales we observed a significant improvement in the following domains: health care orientation (section I), domestic environment (section III), sexual relationships (section IV), and psychological distress (section VII).

Neither medical variables (CD4 count, CDC stage, antiretroviral treatment) nor the psychiatric diagnosis at baseline seemed to be associated to a better or a worse development of the adjustment to the HIV infection after one year.

Conclusion: Our intervention programme for HIV positive patients, mainly the groupe psychotherapy seems to be useful in improving the adjustment to the illness in these patients. At the present state of the illness (it begins to be considered a chronic disease), more relevance should be given to the work of a consultation/liaison psychiatry unit in a multidisciplinary team attending HIV positive patients.

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PATIENTS WITH MODERATE CEREBRAL AND VASCULAR DISORDERS IN CENTRE OF SOCIAL CARE

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There is a high risk of cerebral and vascular pathology (atherosclerosis, hypertension disease) in aged persons and in persons in declining years. A study devoted to this kind of pathology revealing has been accomplished in the Centre of Social Care. 300 persons have been observed. They were in age from 46 to 85 years old. The features of moderate cerebral and vascular disorder