

SES08.03**APPLICATION OF QUALITY OF LIFE MEASURES TO ALCOHOL MISUSERS**

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In spite of the obvious gross impairment of life style in alcoholics there have been very few studies of Quality of Life (QoL) in chronic alcoholics. In the absence of a specific alcoholism-related QoL measure we have used generic instruments and specific instruments for selected symptoms characteristic of alcoholism to assess QoL in alcoholics both in relapse and remission.

QoL measures indicate a poorer quality of life in female compared to male alcoholics: Both groups show improvement with abstinence although after three months, values are significantly below normative controls. Using the Rotterdam Cancer Symptom Checklist, alcoholics show very high scores in both physiological and psychological domains significantly greater than patients with advanced malignant disease.

Application of the generic EuroQuol 50 instrument independently comparing patient and physician-rated scores in alcoholics, the latter rated significantly lower (worse) scores indicating that the patients perception of impaired QoL was better than that of their attendants. Use of symptom-specific QoL measures highlight the markedly impaired sleep of alcoholics which may persist after many months abstinence and can act as a trigger for relapse.

These studies indicate the value of QoL measurements in alcoholism as predictors and indicators of relapse and the identified future research avenues.

SES08.04**QUALITY OF LIFE IN INSTITUTIONALIZED ALCOHOLICS WITH PSYCHIATRIC COMORBIDITY**

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Quality of life, QoL, is decreased both in psychiatric patients and alcoholics. The aim of the present study is to measure QoL in an alcoholic population in relation to psychiatric comorbidity, severity of dependence, social stability, gender and coercive or voluntarily treatment.

104 alcoholics, 73 men and 21 women, were treated at the Karlsvik Rehabilitation Centre in November 1990 to December 1992. 58 were coercively treated and 44 voluntarily treated. QoL was measured with the Kajandi interview, which has known reliability and validity. Special scores related to QoL during drinking have been developed within the project. QoL rates were repeated at the 1-year follow-up. Psychiatric comorbidity was measured with SCID-interviews and Severity of dependence with the Alcohol Use Inventory.

The mean QoL score was 2.78 + 0.91 (SD) during abstinence and 2.70 + 0.91 during drinking (normal values are 3–4). 19 subjects reported higher scores during drinking and 25 during abstinence.

Gender, psychiatric comorbidity in general and personality disorders did not influence on QoL.

It is concluded that QoL is decreased in institutionalized alcoholics. Separate measures for abstinence and drinking conditions are recommended.

SES08.05**QUALITY OF LIFE, DRINKING AND SMOKING IN ALCOHOLICS 7 YEARS AFTER TREATMENT**

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Quality of life (QOL) is a new concept taking into account patients' personal appraisal of their living conditions. In a follow-up study, we re-examined 151 alcoholics 7 years after their index treatment and four years after an first follow-up. Aside from sociodemographic variables such as partnership, job, income and housing situation quality of life (QOL) was assessed in 124 former patients using the "Munich Life-quality Dimension List" (MLDL; Bullinger et al. 1991; von Steinbüchel et al., 1996) comprising somatic aspects, psychic aspects, social life, every day life.

76 (61.3%) patients reported abstinence for 4 years prior to the interview, whereas 48 (38.7%) were drinking. QOL was significantly better in abstainers in the overall score, somatic aspects, psychic aspects and in every day life. The difference in "social life" was not significant, yet it showed a tendency towards better QOL in abstainers. Resumers were more often unemployed, showed more vocational changes and had lower incomes. They also needed more medical and psychosocial treatment. 90% of abstainers did not need any treatment at all in the follow up period. There were significantly less smokers in the abstaining group (25%) than in the drinking group (56%), indicating, that in the long run there is no shift from alcohol dependence into nicotine dependence.

In conclusion, abstinence seems to promote and enhance quality of life, social adjustment and health status of former alcohol dependent patients. On the other hand, vocational changes and unemployment, a reduction of income and financial problems seem to covary with relapses to heavy drinking.

S23. Transcranial magnetic stimulation in depressive disorders: new developments

Chair: L. Grunhaus (IL)

S23.01**CHANGES IN GENE EXPRESSION DURING TMS**

T.E. Schlaepfer

No abstract was available at the time of printing.

S23.02**REVEALING ABNORMALITIES IN CORTICAL EXCITABILITY IN DEPRESSIVE DISORDERS WITH TMS**

F. Maeda

No abstract was available at the time of printing.

S23.03**FUNCTIONAL NEUROIMAGING DURING TMS**

K.P. Ebmeier

No abstract was available at the time of printing.