

laboratory under polysomnographic control at baseline and at the end of the treatment period. Statistical analysis of the CGI score values revealed a larger improvement of the erectile dysfunction under moclobemide medication compared to placebo. However, this therapeutic efficacy had no correlate on the neurophysiological level: No alterations of nocturnal erections became apparent under treatment in both groups. The medication was well tolerated, and no clinically relevant adverse effects occurred. Our findings support the hypothesis that moclobemide has a specific effect on erectile dysfunction. Thus, depressive men complaining of erectile difficulties as well as patients suffering from psychogenic erectile dysfunction without depression might benefit from moclobemide.

FC01.04

FAMILY FUNCTIONING IN THE FAMILIES OF PATIENTS WITH BIPOLAR AND SUBSTANCE USE DISORDERS

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a) Objective: Several studies have shown familial dysfunction to be associated with psychiatric illnesses such as schizophrenia and major depression. However, the few studies which have assessed family functioning in bipolar and substance use disorders have revealed contradictory findings, particularly for bipolar disorder. The aim of the present study was to determine whether families of origin or families of procreation of patients with bipolar disorder, alcohol and drug dependence were more disengaged and more rigid than those of healthy subjects.

b) Method: Our sample included 100 bipolar patients, 60 patients with alcohol dependence and 60 patients with drug dependence as well as 60 healthy subjects recruited for an epidemiologic family study in Lausanne and Geneva. Diagnoses were made according to a best-estimate procedure based on a semi-structured interview, medical records and family history information. Family functioning was assessed using the Family Adaptability and Cohesion Evaluation Scales III (FACES III).

c) Results: Multiple regression models revealed the families of origin of the clinical groups to be more disengaged (low cohesion) than the families of healthy controls, whereas no significant differences were found across groups for families of procreation. With respect to rigidity (low adaptability), families of origin or procreation did not differ across groups.

d) Conclusion: Our data support an association between familial dysfunction and bipolar and substance use disorders with respect to the family of origin, but not for the family of procreation. This suggests there may be different familial dynamics across family types.

FC01.05

INCESTUOUS RELATIONSHIPS IN CZECH FAMILIES

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(a) The author analyses the results of retrospective study of child sexual abuse completed on a representative sample of the Czech adult population in 1998. (b) Czech adaptation of "Childhood experiences" questionnaire. The self-completion document was completed by a random stratified sample of 1112 women and men in the age of 18–45 years in the presence of the interviewer. The questionnaire included 32 items related to experiences of sexual victimisation in the childhood. (c) 26% of all sexually abused

respondents were abused by their relatives. 27% of them were sexually abused by their cousins, 22% by their uncles, 14% of them by their stepfather, 7% by their father, 11% by a brother or stepbrother, 4% by a sister, 3% by their mother or stepmother. (d) The author will discuss main differences in forms, frequency, duration, shortterm and long term effects, disclosure, attitudes towards parents and management between intrafamilial sexual abuse and extrafamilial sexual abuse. The results will be compared with a methodologically identical study completed in the United Kingdom in 1995.

FC01.06

PROGNOSTIC SIGNIFICANCE OF CHILDHOOD EXTERNALISING SYMPTOMS

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Background: Externalising symptoms in childhood are a risk factor for the development of antisocial behaviour in adulthood, but the precise nature of this relationship has not been fully described.

Material and Method: A random community sample (n = 200) of 8–11 year children were explored with CBCL and several other instruments. Ten years later they were localised and examined for Axis I (K-SADS) and Axis II (SCID-II) life-time disorders.

Main Findings: A specific relationship was found between externalising factor scores and the development of personality disorder and substance abuse. A discussion will follow on the significance of these association in relation to preventive action.

ML01. Main Lecture 1

Chair: N. Sartorius (CH)

ML01.01

PUTTING MENTAL HEALTH ON THE EUROPEAN AGENDA

J. Eskola

No abstract was available at the time of printing.

PS01. Treatment update 2000 – affective disorders

Chair: M. Maj (I)

PS01.01

PHARMACOLOGICAL AND NON-PHARMACOLOGICAL APPROACHES IN THE MANAGEMENT OF RECURRENT MAJOR DEPRESSIONS

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There is increasing awareness of the clinical challenge entailed by recurrent depression. The therapeutic strategies available are reviewed with special reference to sequential treatment (pharmacotherapy for acute treatment followed by cognitive behavioural psychotherapy for residual symptoms of depression). There is evidence, in fact, that even highly successful drug treatment is likely