

244 patients from the war-affected areas of the Republic of Croatia. The subjects were exposed to war stress during the second half of 1991 and the first half of 1992. All subjects have been sent as PTSD and the final diagnoses were established according to DSM-IV-criteria and using the structured clinical interview for the evaluation of PTSD. We have examined a total of 244 refugees, 18 (7.40%) females and 226 (92.6%) males. All subjects were between 20–60 yrs of age. Most subjects belonged to the younger age groups 20–40 yrs of age. PTSD alone was diagnosed in 123 (51%), PTSD and alcoholism in 14 (5.70%), PTSD and alcohol abuse in 10 (4.10%), alcoholism alone in 59 (23.70%), alcohol abuse alone in 14 (5.70%), combined addiction to alcohol and anxiolytics in 2 (0.80%), exhaustion of the adaptive capabilities in 10 (5.10%) and the chronic psychoorganic syndrome in 2 (0.80%) of subjects.

COMPARATIVE ROC-ANALYSIS OF THE SIDAM, THE MMSE AND THE ADAS

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Differentiation of dementia and depression in clinical routine requires standardized instruments with high sensitivity and specificity that can be applied in a reasonable amount of time. Short assessment scales might have a lower diagnostic accuracy, whereas more comprehensive instruments might have higher sensitivity and specificity, but are more time consuming.

The aim of the present study was to compare the diagnostic accuracy of instruments with different length by ROC-analysis.

The Mini Mental State Examination (MMSE, Folstein et al. 1975) is a short scale that can be completed in a few minutes. The Structured Interview for the diagnosis of dementia of the Alzheimer type, Multi-infarct dementia and dementias of other etiology according to ICD-10 and DSM-III-R (SIDAM, Zaudig et al. 1990) can be applied in about 25 minutes, while the Alzheimer's disease assessment scale (ADAS, Rosen et al. 1984) needs more than an hour. These scales were administered to 144 inpatients of a university psychiatric clinic (71 with dementia of the Alzheimer type, 73 with major depression). Diagnostic accuracy of the scores, i.e. sensitivity and specificity over the whole range of possible cutoff-points, was measured by the area under the ROC-curve.

Although the MMSE is much shorter, diagnostic accuracy of the SIDAM and the MMSE were equivalent. Both tests performed better than the ADAS in differentiating dementia from depression. Further analysis of the SIDAM revealed, that the SIDAM sum score, covering a whole range of cognitive tasks, better distinguished depression from dementia than any subscore of a single cognitive area, like memory or orientation.

Further assessment should examine, whether comprehensive instruments are preferable to short scales in the staging of dementia.

HOW DOES A TEACHING PROGRAMME ALTER GENERAL PRACTITIONERS VIEWS AND KNOWLEDGE ABOUT DEPRESSION IN THE ELDERLY

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General Practitioners have a central role to play in the management of depression in their older patients. However studies suggest that they tend to underdiagnose and undermanage depression in this age group. Continuing Medical Education is an important part of helping GPs keep up to date and improving their practice. This study evaluated the effect of a short postgraduate training course on the management of depression in the elderly. GPs from two catchment areas attended the

courses and their views and knowledge about depression in the elderly were evaluated one month before and six weeks after the course. Following the course there were significant improvements in the GPs' knowledge about antidepressant and psychological treatments. This study highlights some of the problems of "evidence based teaching" but also suggests that old age psychiatrists have an important role to play in the education of their GP colleagues.

THE APPLICATION OF THE EXISTING ETIOPATHOLOGICAL CONCEPTS ON AN OCD CASE

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The integral etiological OCD concept, about which Freud was informing, includes ethological factors, and the of constitutional predisposition, the interaction of instincts with early life experiences (traumas, fantasies late specific defences and object relations), environmental triggers. Neurochemical and neuroanatomical researches, as well as detailed questioning of the family of this patient have given a current contribution to this concept.

This model is illustrated on the patient of the OCD chronic course (the ritual of washing), whose therapy is on. Diagnostics is established with a psychiatric and psychological examination, by the use of the YBOCS and MOCI, as well as neurophysiological research.

It is concluded that, although the psychodynamic model is the most acceptable explanation of the phenomena of this disorder, the response to the cognitive-behavioral therapy and pharmacotherapy is in favour with the neurobiological model.

CLINICAL DIAGNOSIS AND STANDARDIZED EVALUATION OF BORDERLINE PERSONALITY WITH ICD 10: A COMPARATIVE STUDY

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A sample of 69 patients considered by French clinicians as suffering from a borderline personality disorder was evaluated with ICD 10, using the International Personality Disorder Examination.

First, global descriptive analysis elicited the main socio-demographic and clinical characteristics of the sample.

After diagnostic evaluation, the standardized diagnosis matched with the clinical one, for one patient out of two (n1 = 34).

The results of the evaluation of the 34 patients diagnosed as borderline both by clinicians and ICD 10 were compared to those of the rest of the sample (n2 = 35).

The setting up of dimensional mean profiles with IPDE enabled to describe some significant differences between the two sub-groups, especially in terms of height of profiles and Borderline personality co-diagnoses. In particular, dimensional scores of Dependent, Histrionic, Dyssocial and Impulsive personality disorder co-diagnoses seem to be significantly different between the two sub-groups.

ATTEMPTED SUICIDE IN CHINESE ELDERLY

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Little known about suicide or attempted suicide in Chinese elderly. Fifty-five patients aged 65 and over referred to the Psychiatric Unit of Prince of Wales Hospital for attempted suicide between July 1990 and December 1992 were studied. The author reviewed the information in the datasheet and the case notes of the study subjects and recorded the demographic data, the psychiatric diagnoses, the past psychiatric and medical history and the details of the suicidal attempt. The rate