

FC19 *Environmental psychiatry***PSYCHOTRAUMATIC REACTIONS OF INVALIDS**

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The field of interest includes invalids reoperatively treated two years after being wounded, with average invalidity of 82%. 24 invalids aged 19 to 47 were included. The acquired invalidity influenced change in physical identity which in turn affected their personal, family, professional and social lives. The main aim was to examine the presence and level of psychotraumatic reactions.

Psychiatric interview, the structured clinical interview for PTSD, impact event scale IES (Horowitz), EPQ and GHQ-20 were used

50% of cases showed PTSD had been overcome; 25% registered PTSD correlating with actual worse status on GHQ and high neuroticism on EPQ. No significant difference appeared to relate to heavy or light invalidity; invalids not satisfying PTSD criteria but showing some symptoms of psychotraumatism on the IES scale, in 70% of cases manifest the avoiding syndrome. The results indicated a relatively low level of actual psychotraumatism which does not correlate with high levels of invalidity. The redefinition of whether the physical scheme leading to subsequent psychological elaboration following psychological confrontation with traumatogenic content has been avoided is still to be addressed.

FC21 *Environmental psychiatry***PERSONALITY TRAITS AND THE COURSE OF SCHIZOPHRENIA**

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The study aimed at a search for stable personality factors associated with the course of schizophrenia. Two groups of patients in the states of remission were studied: in Germany (47 patients) and in Georgia (35 patients). These groups were matched with respect to the age and gender of patients, age of onset, duration of illness and its clinical picture. The methods included clinical scales AMDP, SANS (Andreasen, 1982), InSka (Mundt et al., 1985) personality questionnaires FPI-A (Fahrenburg et al., 1978), FSKN (Deusinger, 1986), IPC (Krampen, 1981). The patterns of social functioning and of the course of illness were followed up. The study revealed that in both cultural samples one and the same group of personality characteristics were significantly associated with the type of outcome. So, the worse outcome correlated high scores in Depressivity, Inhibition, Self-criticism and low rates in Self-concept scale. These features were close to the premorbid predictors of outcome delineated by North American authors (McGlashan, 1988). Discussion will touch the issues of premorbid personality and morbid changes in regard to the course of schizophrenia.

FC20 *Environmental psychiatry***A CULTURE-SENSITIVE SCREEN FOR NEURASTHENIA**

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Neurasthenia (NS) is frequently unrecognised in primary care and has a varying, culturally determined clinical presentation. The purpose of this work was to construct a screen for NS that would take into account its cultural underpinnings and allow its better recognition. A screening questionnaire was constructed on the basis of the ICD-10-DCR criteria for NS. Each of the 7 symptoms of NS is rated on a five-point Likert scale from 0 to 4. In order to screen positive for NS, patients had to get a score of at least 3 on both irritability and fatigue/exhaustion/weakness, which were identified in previous research as being particularly important in the clinical presentation of NS in Yugoslavia. The questionnaire was administered to 102 patients who were attending a primary care clinic, and a structured clinical interview was subsequently conducted to ascertain whether an ICD-10-DCR diagnosis of NS could be made. Sixty-eight patients screened positive for NS, while a psychiatrist confirmed a diagnosis of NS in 59 (87%) of them. No patient who screened negative for NS subsequently received this diagnosis. The sensitivity of the screen for diagnosing NS was 1, specificity 0.79, positive predictive value 0.87 and negative predictive value 1. The screen for NS is suitable for identifying patients in Yugoslav primary care who should then undergo a thorough diagnostic work-up for NS. A screen for NS based on its specific features in other countries could be constructed following the same principles.

FC22 *Environmental psychiatry***THE COMPUTERIZED DOMINIC FOR CHILDREN 6 TO 11**

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The use of computers in the field of adult psychopathology is becoming mainstream. As for children, a new generation of computerized instruments to assess psychopathology is being developed. Assessment of the children themselves is vital since parents and teachers, even if they know the children well, tend to perceive the behavior problems rather than the anxious or depressive aspects of the child's inner world. The Interactive Dominic depicts the behaviors and reactions of a child named Dominic in a variety of situations illustrating symptoms of psychopathology as well as socially approved behaviors. A voice-over asks the child to choose how s/he would react if s/he were Dominic. The picture format and short duration (approximately 15 minutes) creates a simple environment that the child manipulates interactively. The child's choices are recorded and automatically analyzed by the computer. The Interactive Dominic screens for seven most frequent disorders in children aged 6 to 11 years using precise DSM-IV-based criteria. Reliability and validity data gathered in Montreal-area schools and analyzed using the Kappa and ICC statistics show good psychometric properties for the instrument. Caucasian, Afro-American and Asian versions have been made for boys and girls respectively.