

practical psychiatric information. The World Wide Web is an Internet facility that creates world-encircling information bridges; already it is well on its way to uniting medical and scientific communities worldwide. According to some, the Web is the greatest advance in information transfer since the invention of the printing press. Others believe that the advent of electronic scientific publishing will change the way that science gets done [1]. Through the Internet, not only doctors and scientists, but also lay press and news agencies, have access to a growing body of information on health and disease, of variable quantity, level and relevance [2]. A policy is therefore needed for medical sites on the Internet, which recognises the responsibility attached to being able to distribute enormous quantities of information. Web sites maintained by universities, institutes and scientific and medical societies have the potential for being prime sources of hard scientific and medical research data. Via SIPonline, monthly updates of psychiatric news are available, free of charge. All scientific news is peer reviewed and archived. The experience of six months will be discussed.

- [1] R. LaPorte, E. Marler, S. Akazawa et al.: The death of biomedical journals. *BMJ* 1995; 310: 1387–1389.
 [2] E. Coiera: The Internet's challenge to health care provision. *BMJ* 1996; 312: 3–4.

ALTERATIONS IN IMMUNOLOGICAL INDICES IN DEPRESSION

A. Sluzewska, J.K. Rybakowski, M. Sobieska, E. Bosmans.
Department of Adult Psychiatry, K. Marcinkowski University of Medical Sciences, Szpitalna St. 27, 60-572 Poznan, Poland;
Department of Immunology, K. Marcinkowski University of Medical Sciences, Szpitalna St. 27, 60-572 Poznan, Poland; Eurogenetics, Transportstraat 4, B-3980 Tessenderlo, Belgium

The purpose of this study was to investigate concentrations of three positive acute phase proteins (apps): C-reactive protein (CRP), AGP, alpha-1-antichymotrypsin (ACT) and interleukin-6 (IL-6), and soluble IL-6 receptor (sIL-6R). The study was performed in 60 major depressed (MD) inpatients during the acute episode and 20 age- and sex-matched controls. Diagnosis was assessed according to DSM IV and ICD-10 criteria: all patients were diagnosed as major depression, recurrent.

34 of them were qualified as refractory depression: during depressive episode studied, they had the history of failure of response to two adequate antidepressant treatments.

Subjects were drug free for at least 7 days before blood sampling. Concentration of apps were measured by rocket immunoelectrophoresis and reactivity coefficient (RC) of their microheterogeneity by crossed-affinity immunoelectrophoresis (CAIE) with free concanavaline A as a ligand. IL-6 and sIL-6R were estimated with sandwich enzyme-linked immunosorbent assay EIA (Eurogenetics).

Refractory depressed patients had longer duration of the illness and of the studied episode compared with responders to antidepressant treatment. They also had higher concentration of AGP, ACT, CRP, IL-6 and higher monocyte count. The changes in glycosylation of AGP and ACT expressed as values of reactivity coefficient, were also higher in refractory depression.

Our results may suggest an elevation of acute phase response in major depression, particularly evident in refractory depression.

DOES COMMUNITY PSYCHIATRY TREAT SEVERELY MENTALLY ILL?

Hans Jørgen Søgaard. *Institute of Basic Psychiatric Research, Dept. of Psychiatric Demography, Psychiatric Hospital in Århus, 8240 Risskov, Denmark*

Does the implementation of community psychiatry leads to neglect

of severely mentally ill in favour of the less severely ill? In Denmark this debate has been intensified because more counties has transferred responsibility for psychiatric patients from health to social welfare authorities. The present study took place in a region of Denmark where this change in responsibility took place. The aim of the study was then to investigate if the change in service was followed by neglect of the severely mentally ill.

The study was performed as a pre-post design comprising diagnostic criteria, social functioning and distress on relatives.

After change in service the cross-sectional study showed increases in number of non-psychotic patients (24%) and psychotics (106%). On a yearly basis the number of psychotic patients accepted for treatment was unchanged whereas the number of non-psychotic patients decreased by 36%. A logistic regression analysis of all screenings showed that psychopathology was the most significant predictor for being accepted for treatment whereas social strain was of less significance before as well as after the change in service. The number of patients with the lowest social functioning and the patients causing the severest distress on relatives showed a substantial decrease in number of patients accepted for treatment in the community psychiatric service.

MAJOR DEPRESSION ASSOCIATED WITH CUSHING'S DISEASE

N. Sonino, G.A. Fava, F. Fallo, A.R. Raffi, M. Boscaro. *Institute of Semeiotica Medica, University of Padova, via Ospedale 105, I-35128 Padova, Italy; Department of Psychology, University of Bologna, Bologna, Italy*

Depression is a common complication of Cushing's syndrome; in 50–70% of patients it fulfills the psychiatric diagnostic criteria for a major depressive disorder. It is not known whether patients with Cushing's disease and major depression show some clinical features that are distinctive compared to those who are not depressed. The presence of major depression according to DSM-IV criteria was investigated in 162 patients with pituitary-dependent Cushing's disease (mean age 37.5 ± 12.7 SD, 38 M/124 F). Major depression occurred in 88 (54%). Depression was significantly associated with older age ($p < 0.01$) and female sex ($p < 0.01$). Depressed patients displayed significantly higher pretreatment urinary cortisol levels compared to non depressed patients ($p < 0.001$), with no significant differences in plasma ACTH. Further, depression was significantly associated with relatively more severe clinical conditions, whereas there were no significant differences as to the type of pituitary lesion. Thus, patients with Cushing's disease and major depression appear to suffer from a more severe form of illness, both in terms of cortisol production and clinical presentation. Because of these connections, the presence of depression may have prognostic value in the course of Cushing's disease.

TREATMENT WITH TCA's — THE RELATIONSHIP BETWEEN THERAPEUTIC RESPONSE AND PLASMA LEVELS

V. Stoyanova, O. Mikova, D. Svinaroff. *First Psychiatric Clinic, Alexandrovska University Hospital, St. G. Sofiyski 1 Sofia, Bulgaria*

In present investigation 33 patients—27 women and 6 men were included with a depressive episode. They met DSM-III-R and ICD-10 criteria for unipolar or bipolar affective disorder. In the course of the treatment with TCA's (Amitriptyline-AMI and Imipramine-IMI) 2 patients became worse and one patient in non compliance. The remaining patients—24 women and 6 men were with mean age 45.08 (± 17.99) and 36.33 (± 16.50) years respectively. After a placebo period of one week the patients were randomly assigned to 2.5 mg/body weight AMI or IMI with a mean daily dose of 179.41 (± 56.07) mg.

for AMI and 173.21 (\pm 66.12) mg for IMI. Mean plasma steady states levels were 277.31 (\pm 127.94) μ g/L for AMI and 216.42 (\pm 129.48) μ g/L for IMI. Following a 4 weeks period of treatment 20 patients (67%) were responders-R-HDRS fall more than 50% and 10 (33%) were nonresponders-NR. 14 of 20 R had therapeutic plasma levels (pharmacokinetic R) and 6 of them had plasma level outside the established therapeutic range (pharmacokinetic NR) but 3 patients were within it (pharmacodynamic NR). Comparing the R and NR group within and outside the therapeutic range (for AMI-100–300 μ g/L and for IMI-170–300 μ g/L) we found $X^2 = 4.36$ and $p < 0.01$.

In conclusion there was a statistically significant relationship between clinical response and plasma levels of TCA's in the established therapeutic range.

ADMISSION TO THE PSYCHIATRIC WARD AFTER SUICIDE ATTEMPTS (ONE YEAR DATA ANALYSIS)

D. Survilaitė. *Vilnius University Psychiatric Clinic, Parko 15, 2048 Vilnius, Lithuania*

Today one of the most important psychiatric problems in Lithuania is the rapid increase of suicide rate. Starting increasing from 1990, in 1994 this rate was the greatest in Europe and probably in the whole world (45.8 per 100,000). This rate is much higher in Lithuania than in neighbour countries. Psychiatrists, psychologists, sociologists and others began to investigate the reasons of this phenomenon which are not discovered till now.

One of the main directions of scientific investigations in Vilnius university psychiatric clinic which is presented by the study's author is suicide risk, epidemiology, prevention and other problems. The suicide attempts are being started to investigate but these investigations are not completed yet. There are no special ward for treating crisis and depression in our clinic.

The aim of this study is to investigate how often the suicide attempters are admitted to the psychiatric ward, what the main diagnosis is they are suffering from, what the average of their age is. One year admission of the 60-bedded male ward for acute psychosis leaded by the author has been studied. The psychiatric ward serves a catchment area with a population of 81300. The data represents 1992 year. The following study will be continued.

In 1992 234 patients were admitted to the ward. 16 of them were the suicide attempters (6.84%). Each suicide attempter was subject to standard psychiatric interview, which included demographic information, presenting complaint, past psychiatric history, family history, history of previous deliberate self-harm, drug and alcohol use. The greatest number of suicide attempters were admitted in April and in November. Nobody suffered from schizophrenia. Most often the main diagnosis was adjustment disorder with depressed mood or with disturbance in conduct (12 cases), but organic brain syndrome as accompanying disease was found in 8 cases, caused by brain trauma, atherosclerosis, epilepsy and Pick's disease. Personality disorders were found in two cases. Only one patient suffered from MDP but even in this case the important symptoms of organic brain syndrome were found. Only two suicide attempters have not any accompanying diagnosis except from adjustment disorder but one of them was alcohol abused and the next one had the brain trauma in the past as well.

Most of admitted suicide attempters were between 23 and 30, the next increase was among patients 41–50. Repetition of the suicide attempts occurred among 9 (56.25%) patients, 4 suicide admitters were with alcohol intoxication. Most often patients tried to hang himself, some suicide attempts were combinative. Only in the families of two patients it had been committed suicides before.

Two cases of suicide attempts in the ward and one case of committed suicide is discussed in this paper.

Conclusions: 1. Suicide rate in Lithuania is increasing constantly

and in 1994 this rate was the greatest in Europe (45.8 per 100,000 inhabitants).

2. During one year 16 suicide attempters (6.84% of all admission) were admitted at one psychiatric ward of Vilnius university psychiatric clinic.

3. Although the main diagnosis of suicide attempters is adjustment disorder, organic brain syndrome was found in 50% cases. It may be suggested that organic brain syndrome decreased the possibility of patients to adjust to unfavorable social conditions.

4. Repetition of the suicide attempts occurred among 56.25% patients.

5. Only in the families of two patients it had been committed suicides before.

THE RELATIONSHIP BETWEEN VIOLENCE AND SELF-INJURY

M. Swinton, R. Hopkins. *Department of Psychiatry, Royal Liverpool University Hospital, Liverpool, L31 1HW, UK*

Previous studies have showed that self-injury and violence are related but have not assessed the strength of the relationship or whether it applies to all patients. This is an empirical study of the relationship between these two variables in female maximum security patients many of whom show high rates of these behaviours. The relationship between total self injury and total violence over the course of admission was assessed for 80 patients. In addition the temporal relationship between weekly rates of violence and self-injury for 5 personality disordered patients was assessed. There is a positive correlation between total episodes of self injury and violence for personality disordered but not for mentally ill in-patients. However variations in self-injury explain only a small part of the variation in violence. There is a correlation between weekly rates of self injury and violence for most of those personality disordered patients with many episodes of violence but the strength of the association varies from patient to patient. Self injury may be a useful risk marker for violence in some such patients. The association between the two behaviours in female personality disordered patients supports the model that these patients have an underlying liability to behavioural discontrol.

PSYCHIATRIC HOSPITAL IN NUCET — A EUROPEAN MODEL: THE REINTEGRATION OF THE ROMANIAN PSYCHIATRY IN THE EUROPEAN STANDARDS

Nicoleta Tataru. *The Neurological and Psychiatric Hospital in Oradea, Str. Spitalului 26, 3700 Oradea, Romania*

Nowadays the psychiatric attendance in the Psychiatric Hospital of Nucet is secured in accordance with the requirements and parameters of any civilized country. Before 1989 the hospital was a chronic illness hospital, comprising a TBC department and a neurosis one. The precarious hygienic conditions because of the lack of running-water, the scarce of care-staff and medicines as well as the great number of patients lead to an inefficient medical attendance, to a growing morbidity and mortality.

After 1990 with the help of the Evangelische Stiftung Alsterdorf, the hospital was entirely renovated and reorganized. First of all the care-staff's awareness and attitude towards the patients have been changed by means of special courses and a training period in Germany. The whole hospital structure has been changed by adding to the existing departments some new ones, such as the long-term psychosis, double-care psychosis, geriatric psychiatry, a rehabilitation department and a department for occupational therapy. By reactivating the department for occupational therapy, comprising several workshops and by moving the rehabilitation department outside the hospital, there has been a great gain in the rehabilitation and resocial-