of referrals for the elderly attempted suicide was 9.4% of the total referrals for attempted suicide for all ages. Drug overdose accounted for only 27.3% of cases whereas self-injury accounted for 72.7%. The most frequent way of self-injury was by swallowing corrosive or detergent (25.5%) followed by jumping from height (12.7%), cut wrist (9.1%), hanging (7.3%) and drowning (5.5%). Nearly half (49.1%) of the patients suffered from a mood disorder (27.3% major depression, 20% adjustment disorder with depressed mood and 1.8% dysthymia). Four patients had delusional disorder and 1 schizophrenia. Only 2 had dementia. However, 36.4% had no psychiatric illness. None of the group had an Axis II diagnosis. In our group of patients, the number of cases only dropped drastically after 85, suggesting that the risk of attempted suicide remains high after 75 in our local elderly.

Our study shows that attempted suicide in the elderly is a major health problem in Hong Kong and our findings will be further discussed in the light of differences with western studies.

QUALITY OF LIFE IN PATIENTS WITH EATING DISORDERS

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In a catamnestic study we assessed the eating behaviour, the quality of life, and changes in life style in female patients with eating disorders, discharged from our psychosomatic unit later than 1991 but at least six months ago. Patients meeting criteria for DSM-III-R anorexia nervosa or bulimia nervosa were sent a questionnaire including demographic questions and a modified version of the Lancashire Quality of Life Profile (Oliver et al., 1991) covering eating behaviour, family situation, partnership, sexuality, friendship, leisure, housing situation, work or education, financial situation, health, self-esteem. Results showed that the majority of patients reported improved eating behaviour. More than 50% reported positive changes in 'family situation', 'job or education', 'housing situation', and 'leisure time activities' compared with the time before their admission in our unit. 'Work and education' were the variables with the highest satisfaction score, social domains like family and friendship scored considerably lower. Our study suggests, that positive changes in occupation and family life favourably affect both general life satisfaction and eating behaviour.

RELATIONS BETWEEN EVENT-RELATED POTENTIALS AND SELF-REPORTING SCALES IN PANIC DISORDER

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A former study in 15 patients suffering from panic disorder had shown panic patients to have enhanced perceptual performance and increased late positive event-related potentials for body-related words, compared to neutral and pain-related words. Stimuli had been tachistoscopically presented [1]. The results of this study supported cognitive models of panic disorder suggesting panic attacks to result from catastrophic misinterpretation of bodily symptoms.

Now a number of self-reporting scales (BAI, BDI, BSQ, ACQ, STAI X1 and X2, CCL, SCL-90-R) were compared to event-related potentials in the same 15 panic patients. Interestingly a significant correlation was found between the score of the Body Sensation Questionnaire (BSQ) and the positive slow wave potentials at 700–800 ms after presentation of body-related words ($r = 0.54$; $p = 0.04$). This finding is a further hint at the importance of body-related stimuli in information processing in panic disorder. In general there where no or only weak correlations between scores and subscores of self-reporting scales and event-related potentials.

[1] Pauli P, Dengler W, Wiedemann G et al.: Behavioral and Neurophysiological Evidence for Altered Processing of Anxiety-Related Words in Panic Disorder (submitted).

NEVROSE TRAUMATIQUE ET "LIEN SOCIAL"

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Dans la névrose traumatique la mort devient le centre de la vie psychique du sujet; elle est là, logée en lui, totalement insolite, depuis le jour d'une rencontre fortuite où il s'est laissé surprendre et absorbé par elle. Présence tout-à-fait réelle, insistante et répétitive d'une mort figurée dans les reviviscences et cauchemars traumatiques, mais présence impensable car dépourvue de support aussi bien dans l'inconscient que dans le discours.

La mort dont il est question ici déroge à l'histoire du sujet autant qu'à l'ordre social; de son absence de représentation dépend toute forme de vie, individuelle et collective. C'est pourquoi la rencontre traumatique peut provoquer une rupture catastrophique du lien où s'inscrit le sujet dans l'ordre individuel, familial et social (celui des groupements sociaux — organisations et institutions — émanation de la civilisation).

Deux observations cliniques concernant des patients atteints de névrose traumatique se proposent d'illustrer la nature des enjeux psychologiques dés lors que la mort intervient dans le rapport que le sujet entretient avec les groupements sociaux; elles permettent également d'avancer l'hypothèse d'une relation d'exclusion mutuelle entre le maintien du lien dans l'ordre social et la présence d'images traumatiques. D'où la nécessité, dans la prise en charge de ces "patients traumatisés", d'une écoute et d'un travail de liaison relatifs à la dimension sociale et institutionnelle du sujet.

DIAGNOSIS AND TREATMENT OF DEPRESSION IN THE ELDERLY PHYSICALLY ILL

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A screening scale for identification of depression in the acutely ill geriatric medical patient (ELDRS) was developed. During validation studies prevalence of depression was found to be approximately 30%, and response to treatment in an open trial of fluoxetine was good. It was therefore felt appropriate to carry out a single centre double blind placebo controlled trial of fluoxetine treatment in the acutely ill elderly depressed patient. Admissions to the geriatric medical wards were screened with ELDRS. Those reaching cut-off on the screening scale were interviewed more fully using the GMS/AGECAT diagnostic system; case level of depression was the entry criteria. 84 patients were recruited to the study, 62 reached three weeks and entered the efficacy analysis, 42 completed the eight week trial period. Presence of physical illness, often severe and/or multiple, did not reduce the effectiveness of the medication which was well tolerated overall. Physical status was rated using Burvill's method, with serious illness defined as cardiac or respiratory disease rated moderate or severe, or known neoplasm, on entry to the trial. Although the fluoxetine group had a recovery rate increased above that of the placebo group by a factor of 1.8, numbers were not sufficient to reach significance. Those patients with serious physical illness who completed 5 or more weeks ($n = 37$) showed a significant improvement in mood with active treatment ($p <$

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