

general. At the same time new imaging techniques and progress in genetics forced psychiatry into biological direction. The challenge today is to avoid reductionism and combine the best from both biological and social thinking.

P38. Prevention in psychiatry

P38.01

Generating prediction rules: dependence on the mathematical model

F.T.K. Schultze-Lutter*. *Central Institute of Mental Health, Mannheim, Germany*

An early detection of schizophrenia is not only complicated by the heterogeneous psychopathological clinical picture of the initial prodrome but also by a lack of knowledge about the most adequate analysis of the often binary data.

Therefore, eight nonparametric strategies for item selection and generation of prediction rules were compared: stepwise discrimination and regression analyses of variables and of variable clusters, a rough-sets approach, Search Partition Analysis, selection models based on common diagnostic accuracy measures and on positive diagnostic likelihood ratios.

Only marginal differences between classification rates of different methods showed. The highest percentage of correct classifications of 77.5% in a validation sample were found for the stepwise logistic regression model of clusters and the variable selection model according to diagnostic likelihood ratios. In all models, a core set of 7 variables all with a significant group difference in 2^2 - c^2 -testing was selected.

Furthermore as regards prediction of single patients, only 40% were correctly and 15% incorrectly classified by all models. Thus the correct individual prediction depends on the model in 45% of patients.

P39. Psycho-social factors and mental health (contd.)

P39.01

Social stresses in relation to psychiatric morbidity in menopause

A. El-Hinnawey¹*, A. Khafagi¹, M. Gawad². ¹*Hospital of Psychological Medicine, Safat, Kuwait*
²*Assiut University, Upper Egypt, Egypt*

Objectives: To explore the social factors related to psychiatric illness in menopausal women in Upper Egypt.

Method: 129 menopausal women suffering from anxiety or depression (Group A) were compared to 100 menopausal women attending the gynaecology out patient clinic (Group B), 51% of them showed manifestations of anxiety and/or depression.

Results: Several factors were detected.

1. Disturbed family life being widowed, divorced or not having living children ($P < 0.01$)
2. Living with children without the husband, with the husband without children or living alone ($P < 0.05$).
3. Life problems related to children, husband or other relatives considered as distressing ($P < 0.01$).
4. History of previous psychiatric illness ($P < 0.01$)
5. Negative attitude towards menopause ($P < 0.01$)

Conclusions: Life situation and social background is important psychiatric symptoms at the menopause.

P39.02

The comparative clinical analysis of endogenic psychoses in health resort conditions

T. Vyetrila*. *Ministry of Health, Psycho-Neurological Clinic, Yevpatoriya, Ukraine*

For the first time this work provides a clinical and clinicocatometrical comparative analysis of the typology and the course of schizophrenia, paranoid conditions and affective psychoses during the temporary migration to a health resort. The symptoms of a migration stress are revealed, as well as the dynamics of the course of the illness after the temporary migration stress and the dependence of the clinical picture of endogenic psychoses upon the climatic conditions, the social and psychological environment. The inclusion of the results of these analysis permits to put up a question about the treatment of patients predisposed to endogenic psychoses in sanatoria and health resorts. Due to this work, the prohibition to attend health resorts by mentally ill people, which existed in the previous years, has now been cancelled and such a category of patients has equal rights to take courses of treatment as well as other people. Thus, the limitation, which made such people feel their inferiority and suffer, is proved to be groundless.

P39.03

Coping patterns, health status and personality in burned adults

M. Willebrand¹*, M. Kildal², B. Gerdin², G. Andersson³, L. Ekselius¹. ¹*Uppsala University, Department of Neuroscience, Psychiatry*; ²*Uppsala University, Department of Surgical Sciences*; ³*Uppsala University, Department of Psychology, Sweden*

The aim was to explore coping patterns, health status and personality traits in burned adults. Subjects were 161 patients injured 1980–1995. Health status was measured with the Burn Specific Health Scale-Brief, personality traits with the Swedish universities Scales of Personality and coping with the Coping with Burns Questionnaire (CBQ). A cluster analysis of the CBQ resulted in three clusters: Extensive, Adaptive and Avoidant copers. The Extensive copers reported the highest coping use and intermediate ratings on health status and personality traits. The Adaptive copers reported low use of coping, but preferred Emotional support and Optimism/problem solving. They reported the highest health status and the lowest on Neuroticism and Aggressiveness. The Avoidant copers preferred Avoidance and had the lowest use of Emotional support and Optimism/problem solving. They reported the lowest health status and the highest ratings on Neuroticism and Aggressiveness. The groups did not differ regarding age, years since injury or burn severity. In sum, the CBQ identified three groups of copers. Those who preferred Avoidance and lacked adaptive strategies displayed more maladaptive personality traits and a poorer long-term outcome.

P39.04

Ten year follow up study quality of life people from FRY

G. Nikolic-Balkoski*, L. Leposavic, D. Duisin, J. Barisic-Rojnic, N. Laskovic. *CCS Institute for Psychiatry, Belgrade, Yugoslavia*

Behavior is determined by the interplay among a person's environment, life experiences and biological endowment.

Last ten years have been a period of great changes and significant and serious social movement, in which people from FRY experienced the consequences of civil war, economic blockade, NATO bombing and society changes (changes in governmental authority). There are very few investigations about the psychic health and the

quality of life among healthy population, who were not directly involved in civil war, nor were refugees.

Present study is just a pilot research. We followed and compared indicators of quality of life and psychic health during the period from 1990 (before the civil war) to 2000 year.

Data were taken from Statistical Yearbook of Yugoslavia, and some of them are the results of ten year following study and practice of psychiatrists, psychologists and social workers who are working at the Clinical Centre of Serbia, at Institute for Psychiatry.

All the results showed decreased level quality of life. That could be the consequence, not only of bad social and economic situation in the country, but also the result of decreasing and exhaustion of adaptive mechanism of people, under the circumstances of life uncertainty, politics instability, which long.

P39.05

Chernobyl's lessons for psychiatrists

V. Skavysht*. *Policlinic 6, Department of Psychiatry, Moscow, Russia*

I examined a selected group of the liquidators 213 men) who had worked at Chernobyl Atomic Electric Power Station within 1986–1987 during 7–60 days (the average index is 30 + 10,4 days). They all had a small doses of irradiation from 0,9 to 61,9 BER (0, 009 to 0,6 Grey). According to the criterion of availability or absence of the psychiatric pathology the two groups of men were determined. The first group was of 196 men with mental and behaviour disorders (92 %) and the control group was of 17 men (8 %). Different mental disorders were found in 196 patients (asthenic, dysthymic and psychovegetative conditions, psychoorganic syndrome). Various neurologic signals in the form of microsymptoms and more gross disorders (for example, reflex of Marinesku-Rodovich) were often met. Angiopathia of the retina was discovered in examining the cases and it amounted to 61,7 %.

The latter suggested by the obtained instrumental data (REG, SPECT and EEG). Clinical and statistical analysis of dynamics of the disorders indicate to multidimensionality of their pathogenesis. The role of low Radiation Doses, the Post-Traumatic Stress Disorders, the Alcohol Abuse and etc., is discussed. Since 1992 to 2000 my investigation included three stages. I managed to prove, basing on the materials of my candidate's thesis, that the outward prolonged gamma-radiation in the doses of 60 BER (0,6 Grey) is not pathogenic for the grown-up men Health, including their Mental Health.

P39.06

Epilepsy neurosurgery: a patient's perspective

K. Kaufman*. *UMDNJ-Robert Wood Johnson Medical School, New Brunswick, USA*

Contemplation of epilepsy neurosurgery for a patient with lifetime epilepsy poses difficult decisions and can be quite fearful. As neuropsychiatrists and epileptologists, we often do not appreciate the degree of our patients' concerns, especially whether quality of life (cognitive and psychosocial functioning) could be worsened by surgical complications. In this poem, a patient lyrically describes this dilemma.

P39.07

Feminine, sexual, and reproductive problems of women with mental illness

I. Savvidou*, V.P. Bozikas, A. Kafantari, S. Pitsavas, ?. Athanasios. *1st Department of Psychiatry, Aristotle University of Thessaloniki, Greece*

Objectives: The study of sexuality, feminine identification and reproductive matters, as perceived by women with major mental illness.

Method: 22 women were interviewed (15 with schizophrenia and other psychotic disorders, and 7 with affective disorders), with an open interview about feminine, sexual and maternity problems (sexuality, sexual relationships, appearance and aging, reproductive and health matters, contraception, pregnancy and psychiatric medication, fear of genetic transmission, thoughts about marriage and children).

Results: The consequences of mental illness in sexual relationships and marriage are devastating. Stigma and rejection affect those women who loose their partner. They feel guilt about the broken relationships; regret early prostitution, and fear disclosure of their diagnosis. Women who live alone express fear of intimacy not only in sexual, but also in social relationships. They feel unattractive, and frequently they give little attention to makeup or hair styling. They seem to avoid sexual contacts, new relationships and children, because they are afraid of the effects of medication and genetic transmission on their children's health. They also express fears that they will not be able to cope with these tasks.

Conclusions: Women with mental illness seem to be especially sensitive in the area of their feminine identification, particularly with regard to their appearance. They feel "invisible" as women, and avoid new relationships and children.

P39.08

Changes in patients' attitude due to changes in the psychiatry concept

D.M. Gerulaitiene*. *Kaunas Central Policlinic, Department of Psychiatry, Lithuania*

Recent decade of Lithuanian psychiatry is marked with diagnostic and treatment changes. After decentralisation, newly organised departments in policlinics took over the psychiatric treatment. New patients, who had not been in contact with the psychiatric care organisation before, did not notice the change; their requirements and expectations in treatment are different from those of the "chronic" patients, diagnosed and treated already in soviet times by the criteria of those days. The latter look with suspicion at the psychiatrists' efforts to alter medication and diagnoses, though in some cases the change of diagnosis may be of vital importance to the patients. Aspects of doctor-patient relation in the context of radically reversed psychiatric evaluation, hyper-medication and medical dependence, psychological well-being are being discussed.

Case analysis suggests an open dialogue in society about psychiatric diagnosis, devastating effects of oppressive settings in mental health policy to patients' psychic functioning, efforts at self-exploration would be helpful. Unfortunately psychiatric cases are being mentioned predominantly in relation to criminal activity in the mass media, augmenting negative and punitive attitudes towards patients in the society.