

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

C. Danzi, E. Gottwald, B. Mangweth, G. Kemmler, W. Biebl.
Department of Psychosomatics, University Hospitals of Innsbruck, Anichstr. 35, A-6020 Innsbruck, Austria

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

W. Dengler¹, G. Wiedemann¹, P. Pauli². ¹ *Department of Psychiatry and Psychotherapy, Osianderstr. 24, D-72076 Tübingen, Germany;* ² *Institute of Medical Psychology and Behavioral Neurobiology, University of Tübingen, Osianderstr. 24, D-72076 Tübingen, Germany*

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 were 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"

P. Dubelle. *Hôpital d'Instruction des Armées Bégin, Service Psychiatrie, 69 Avenue de Paris, 94160 Saint-Mandé, France*

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 dès 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

Mavis Evans, Maggie Hammond, K.C.M. Wilson, M. Lye, J.R.M. Copeland. *Department of Psychiatry, Royal Liverpool University Hospital, Liverpool L69 3BX, UK; Department of Geriatric Medicine, Royal Liverpool University Hospital, Liverpool L69 3BX, UK*

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 ($p <$

0.05), increasing response by a factor of 2.7. There was a trend for antidepressant response in all groups to increase as duration of treatment lengthened, suggesting that the physically ill elderly may take longer to respond to antidepressants than the physically well. Those patients with concomitant cerebrovascular disease also showed a significantly greater response to active treatment ($p = 0.05$), more marked in those with serious physical illness as well ($p = 0.02$), suggesting the need for further research in this area.

GENERALISED ANXIETY DISORDER IN CHRONIC FATIGUE SYNDROME (CFS) AND FIBROMYALGIA (FM)

B. Fischler, R. Cluydts, V. De Gucht, L. Kaufman, K. De Meirleir.
Department of Psychiatry, Academisch Ziekenhuis, Vrije Universiteit Brussel, Laarbeeklaan 101, B-1090, Brussels, Belgium

Objectives: 1) compare psychopathology between CFS and medical controls

2) compare psychopathology between CFS with and without FM

Results: A structured psychiatric interview (DSM-III-R), part of a global psychopathological approach, revealed higher prevalence rates of current and lifetime psychiatric disorders and a higher degree of psychiatric comorbidity in the chronic fatigue syndrome (CFS) compared to a medical control group. Contrasting with previous studies, was the finding of a very high prevalence of generalised anxiety disorder (GAD) in CFS, characterised by an early onset and a high rate of psychiatric comorbidity. A significantly higher prevalence was also found for the somatisation disorder (SD) in the CFS group. CFS patients with SD have a longer illness duration and a higher rate of psychiatric comorbidity.

No differences in psychopathology were observed between CFS patients with or without FM.

Conclusions: GAD is very prevalent in CFS and FM. It is hypothesised that GAD represents a risk factor for the development of CFS. Findings about SD are in accordance with the suggestion of Hickie et al to isolate chronic fatigued subjects with SD from CFS.

POSTTRAUMATIC STRESS DISORDER AND WORK ABILITY

V. Folnegović-Šmalc, N. Mimica, Z. Folnegović. *University Department of Psychiatry, Psychiatric Hospital Vrapče, Bolnička cesta 32, HR-10090 Zagreb, Croatia*

The aim of this study was to evaluate the work ability of persons with posttraumatic stress disorder (PTSD). The study comprised 64 patients (diagnosed according to DSM-IV and ICD-10), 44 males and 20 females, age between 25 to 50 years. All 44 men were active before the illness occurred, namely 31 was employed, 11 were peasants and 2 of them were free-lances. Before the treatment free-lances were working in spite of having symptoms, all peasants were passive, and among the employees only two of them were still working actively. After the psychopharmacotherapy and two-months of cognitive-behavioral therapy 9 employees returned to work, but not a single peasant. Before developing PTSD all women were successful housewives (not a single one was employed), but during the illness all of them became totally passive. This study demonstrates that the persons with PTSD show significant work disability in highly percentage. Also it was noticed that the persons in which the symptoms of the disorder had disappeared often remained passive, and didn't return back to their previous job. It is concluded that PTSD presents also a significant social problem.

IMMIGRATION RELATED PSYCHOLOGICAL DISTRESS SYNDROME ASSOCIATED WITH LONELINESS

S. Safro, A. Ponizovsky, Y. Ginath, M. Ritsner. *Talbieh Mental Health Center, 18 Disraeli Str, 91044, Jerusalem, Israel*

Levels of perceived loneliness and psychological distress were investigated among 966 adult immigrants from the former Soviet Union to Israel. Perceived Loneliness Index and Brief Symptom Inventory (BSI) were employed as measures of loneliness and psychological distress concerning preimmigration as well as postimmigration periods. On average, the prevalence rate of the perceived loneliness was doubled through immigration: from 18% to 36%. The BSI dimensions' scores were much higher for the lonely group compared to the nonlonely in both immigration stages. We divided all respondents into four groups: *permanently lonely* — those who reported loneliness prior to as well as after immigration; *recent lonely* — those reporting loneliness only after immigration; *former lonely* — those reporting "loss" of loneliness after immigration, and *never lonely* — those who did not report loneliness neither before or after immigration. Never lonely immigrants were overrepresented (61%) and former lonely — were underrepresented (3%) in our sample. Among current lonely immigrants 15% were permanently lonely and 21% were recent lonely. Both loneliness and psychological distress significantly increased after immigration but the relationship between these parameters was different in the distinct groups. Multiple regression and factor analyses allowed to establish the immigration related syndromes: psychological distress syndrome associated with loneliness, and general anxiety syndrome not related to loneliness and psychological distress.

THE APPLICATION OF THE INTERNET TO SUPPORT CARERS OF DEMENTIA PATIENTS

R.J. Harvey. *Dementia Research Group, The National Hospital for Neurology and Neurosurgery, Queen Square, London WC1N 3BG*

Introduction: The Internet is a global communications and data network which is expanding rapidly. By establishing an e-mail mailing list and World Wide Web (WWW) pages we have been able to demonstrate that this technology is applicable and acceptable to carers of dementia patients.

Methodology: To examine the potential of the Internet for supporting dementia carers an e-mail mailing list was established. Additionally WWW pages were designed to provide accessible and useful information, with links to other sites on the network of interest to dementia carers. The mailing list and the web pages were advertised widely on the Internet via other mailing lists and search databases. People joining the e-mail list were asked to complete a questionnaire, and web pages accesses were automatically counted.

Results: After 9 months of operation 166 people had joined the mailing list. Members were drawn from the UK, Europe, USA, Australia and the Far East. One third were family caregivers with the remainder being professionals, educators and students. A large volume of lively discussion developed with several messages per day being distributed. Our presentation will provide examples of the threads of discussion that developed. More than 500 accesses per month were recorded for the Web pages, and we will present examples of our web pages and of the type of information available on the Internet.

Conclusions: We have demonstrated that the Internet is a place where dementia carers can look for, and find, support. Our e-mail and web pages are popular and offer considerable opportunities for further research and development.