in the metropolitan area of the city of Milan, Italy were studied. Results showed that comorbidity for DSM III-R diagnoses was 92% with 31% and 70% of the subjects showing respectively Axis I & II psychiatric disorder. No statistically significant differences were found between HIV seropositive and HIV seronegative individuals with regard to psychiatric comorbidity. Further work should aim to clarify factors that are associated with psychiatric comorbidity and therapeutic compliance in individuals with a triple diagnosis of drug abuse, psychiatric disorder, and HIV infection.

PREVALENCE AND PROGNOSTIC VALUE OF ANXIETY AND DEPRESSION IN PATIENTS UNDERGOING CARDIAC SURGERY

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Anxiety and depression are controversial risk factors for cardiac disease. We performed a bicentric study in order to quantify anxiety and depression in patients 24 hours before cardiac surgery intervention, and relating them with post-operative complications.

Method: Our study included prospectively 154 patients (99 coronary disease, 55 valvular disease), addressed for programmed cardiac surgery. Anxiety and depression were assessed by two independant methods: The autoquestionnary Hospital Anxiety Depression Scale (HAD), and the subjective appreciation of the chief nurse and the physician (each quoting a rating scale from 0 to 10) the day before intervention. Post operative complications were notified: outcome, number of system failure, other somatic complications, psychiatric disorders.

Results: 48 (31%) patients were anxious using HAD, 71 (46%) using subjective scale. Thirteen (8%) patients suffered depression using HAD scale, 29 (19%) using analogic scale. Outcome ($p = 0.49$), number of system failure ($p = 0.14$) were not correlated to anxiety or depression scores. Other somatic and psychiatric complications were strongly related to anxiety ($p = 0.04$, $p = 0.006$) and depression ($p = 0.004$, $p = 0.0001$) using subjective analogic scale. These relations were independant from other classical risk factors in cardiac surgery. They were more significant for depression and for coronary artery disease patients. Analogic values quoted by physician and nurse were comparable.

Conclusion Anxiety and depression are present in between 30 and 50 percent of patients undergoing cardiac surgery. Evaluated by a subjective analogic scale, these troubles are related to more frequent post-operative complications.

MATERNAL THYROID PEROXIDASE ANTIBODIES DURING PREGNANCY: A MARKER OF IMPAIRED CHILD DEVELOPMENT?

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We recently described a 5 years follow-up study showing that children of women with antibodies against the enzyme thyroid peroxidase (TPO-Ab) but normal thyroid function during pregnancy are at particular risk for impaired development (after correction for confounding variables such as maternal educational level, maternal depression). However, these children were only assessed at the age of 5 years leaving the question open whether other (unknown) factors might influence the outcome of child-development during this period.

Therefore, in another sample, we assessed child development of 248 children at 9 months' postpartum by means of the Bayley Scales of Infant Development. There was a significant difference between scores of the Motor Scale of children of women who had elevated TPO-Ab titers during gestation ($n = 19$) and the scores of children of TPO-Ab negative mothers during gestation (Mean Difference: 11.5, 95% CI 3–19). Besides, children of TPO-Ab antibody positive women during gestation had lower (although not statistical significant) scores on the Mental Scale (Mean Difference: 5.9) and the Non-Verbal Scale (Mean Difference: 5.6). Moreover we found that the titer of TPO-Ab during gestation was of importance: only children of women who had elevated titers both at 12 and 32 weeks' gestation (the titer declining physiologically during gestation) had significant different scores. This study confirms our earlier findings that children of pregnant women who had elevated titers of TPO-Ab but have normal thyroid function are at risk for impaired development.

HOW DOES THE PATIENT'S DEPRESSION AFFECT THE SURGERY SITUATION?

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Materials and methods: The study was carried out in three primary health care centres in the Tampere (Finland) region. A total of some 2 500 adult (18–64 years) patients were given a depression screening instrument and a second, more general questionnaire. On the basis of their responses, those who returned the questionnaires ($n = 1643$) were divided into two groups, i.e. screening positive and screening negative. All those in the former group plus one in ten from the latter group were invited to take part in an interview. The researchers evaluated the respondents' ($n = 436$) depressiveness on the basis of a PSE interview (the most crucial measure), the Hamilton scale and DSM-III-R criteria. The doctor who had originally seen the patient in surgery was asked to submit his/her assessment.

Results: Although in their questionnaire responses the patients showed a high sensitivity to their depressive symptoms, these symptoms were rarely stated as reasons for visiting the doctor. If the patient said the reason for the visit was psychic, this had many effects upon the surgery situation. If the patient had undiagnosed depression, its main effect was that these patients felt they had not been properly understood by the doctor. The use of health services was not higher among the depressive patients, but they did use a greater number of prescribed (somatic and psychiatric) drugs.

Conclusions: Patients should be encouraged more openly to raise and discuss their psychic problems during surgery. Doctors should pay close attention to the process of communication with the patient; depression is often accompanied by a decline of cognitive skills. The needs of depressive patients remain unmet and their symptoms treated with the wrong kinds of medicine.

EVALUATION OF PSYCHIATRIC COMORBIDITY AMONG DRUG ADDICTS AT OUTPATIENT TREATMENT CENTRES: CLINICAL EXAMINATION AND ASSESSMENT BY STRUCTURED DIAGNOSTIC INTERVIEWS

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The study of comorbidity between drug dependence and other mental disorders is significantly affected by methodological biases. Nevertheless, a reliable psychopathological screening of drug addicts is of great relevance while planning treatments. We compare two sets of data in order to point out merits and disadvantages of different procedures for diagnostic evaluation.

Two systematic samples were drawn out from the population of clients attending the Italian National Health Service's Drug Dependence Units on a multi-centre national basis. Only subjects aged 18–60 fulfilling DSM III-R criteria for drug dependence (not primarily alcoholic) were recruited for the investigation. A sample of 317 clients was clinically evaluated by psychiatrists for current DSM III-R mental disorders during the routinaire practice of intake (sample 'A'). A further sample of 99 clients was recruited, but only 65 of these completed the CIDI 1.1 (sections B-C-D-E-F-G-H-K-M): interviews were administered by trained staff and DSM III-R diagnoses worked out by computer program (sample 'B'). Samples were fairly similar in demographics, history of drug addiction, and prevalence of HIV infection.

Psychiatric diagnosis was undetermined in 40/317 (12.6%) clients of sample A and in 34/99 (34.3%) of sample B, whilst some current psychiatric morbidity was ascertained in 83/317 (26.2%) and 21/99 (21.2%) of cases respectively. The current principal diagnosis was, of 83 comorbid cases in the sample 'A': Mood 52 (0.63), Anxiety 16 (0.19), Psychotic 8 (0.10), Other miscellaneous 7 (0.08); and, of 21 comorbid cases in the sample 'B': Anxiety 9 (0.43), Mood 8 (0.38), Other miscellaneous 4 (0.19).

The employment of the CIDI resulted in a better detection of Anxiety and Other miscellaneous disorders, but unfortunately the rates of drop-out were very high. Overt psychotic clients did not undergo the interview. In conclusion, a careful clinical evaluation of psychiatric morbidity is necessary and may be integrated by structured interviews, particularly for the assessment of lifetime disorders.

NEUROPHYSIOLOGICAL AND CLINICAL PARAMETERS IN DIFFERENTIATING FHP FROM FHN ALCOHOLICS

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Introduction: Several studies have shown that there might be a subgroup of alcoholics in which genetic factors play an important pathogenetic role.

Methods: We want to present preliminary data of clinical and neurophysiological items differentiating family history highly positive (FHP) from family history negative (FHN) alcoholics. Patients were included into the FHP group, when at least one first degree relative and one other relative met the criteria of alcoholism according to DSM III-R criteria.

Clinical data were obtained by a German version of the COGA (collaborative study of genetics of alcoholism) protocol. N1/P2 and P300 evoked potentials were recorded using an auditory oddball paradigm.

Hypothesis: We investigated 30 family history highly positive alcoholics and 30 family history negative alcoholics in order to test the following hypothesis:

1. In FHP patients, a more pronounced intensity dependence of the auditory evoked potentials (N1/P2) as compared to FHN can be observed. A pronounced intensity dependence is related to a low central serotonergic function, which is discussed as a genetically determined vulnerability factor for alcoholism.

2. FHP patients have a lower P300 amplitude compared to FHN alcoholics. This parameter has been shown to characterize sons of alcohol dependent fathers.

3. FHP patients have a higher incidence of antisocial personality disorders (DSM III R-personality disorder classification).

CANNABIS ET PSYCHOPATHOLOGIE PARMI LES JEUNES HOMMES TYPES DES TROUBLES MENTAUX AVEC LA CANNABIS POSITIVE DANS L'URINE

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Introduction: La CANNABIS, en dehors de l'alcool, est la drogue la plus ettenadue entre les jeunes. L'apparente douceur des ses effects et l'absence d'une dépendence physique immédiate l'ont donnée la considération d'un psychotrope de bas ou nul risque. Mais soit par l'existence de facteurs biochimiques cerebraux soit a une singuliére prédisposition psychologique, il semble que plus d'une fois la Cannabis a joué un grand rôle dans le déclachement des troubles psychopathologiques aigus.

Materiel et Méthode: Le Service de Psychiatrie de l'Hôpital Militar "Pagés", depuis le janvier 1.992 jusqu'au Septembre 1.995, s'est occupé de 1.391 consultations (jeunes hommes, age 19.3 ans; sigma 1.55; Erreur standard 0.07). On recherche la présence de drogues dans l'urine pourvu que l'anamnèse montre une conduite d'adiction et chaque fois que nous somme face á un trouble psychopathologique aigu. Avec ces deux critères nous avons tiré un total de 276 cas. Ces derniers sont étudiés moyennant l'hypotèse nule ou le Chi carré, les associations dont la Cannabis présente avec la psychopathologie (critéres ICD-10), la necessité d'une hospitalisation et la consommation d'autres drogues.

Résultats: Des 276 déterminationes réalisées, le 25.7% (± *2.63*) ont donné NEGATIF; dans le 34.4% (± *2.86*) la seul drogue trouveé a été la CANNABIS; dans le 21.7% (± *2.48*) la Cannabis s'associait à l'HEROÏNE et dans le 1.8% (± *0.80*) aussi à la COCAÏNE; comme uniques substances apparurent l'HEROÏNE dans les 13.8% (± *2.07*) et la COCAÏNE dans les 0.4% (± *0.36*) des cas. Toutes deux se sont trouvées dans le 2.2% (± *0.88*). Dans les 48 cas (17.4%; ± *2.28*) l'hospitalisation a eté necesaire. De ceux-ci, 22 cas (45.83%; *31.37–60.83*) ont la CANNABIS POSITIVE dans l'urine, présentant par order de fréquence un trouble PSYCHOTIQUE (F12.5) en 17 cas (35.42%; *22.16–50.54*), de la SCHIZOPHRÉNIE (F20) en 4 cas (8.33%; *2.32–19.98*) et de l'ANXIETÉ (F41) dans 1 cas (2.08; *0.05–11.07*).

Conclusions: Il est possible d'affirmer que parmis les jeunes hommes consommateurs de drogues, la CANNABIS seule ou associée est la plus frequement consommée (57.9%). Dans presque la moitié des cas on l'associe à d'étâts psychopathologiques aigus (45.83%) qui necessite une hospitalisation du sujet. Et, dans un peu plus d'un tiers (35.42%), elle est la responsable immédiate du trouble.

Les chiffres italiques répresentent l'erreur standard du pourcentage, avec $p < 0.05$ quand elles apparaissent précedées du signe ±; dans les autres cas ils répresentent le limit de confiance en toute sureté de 95% selon les Tables Scientifiques (Ed. Ciba-Geygy, 1.975).

SCHIZOAFFECTIVE DISORDERS WITH AND WITHOUT ONSET POSTPARTUM

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Aim of the study was to investigate the similarities and differences of schizoaffective psychoses with and without onset postpartum, with special reference to the question of nosological classification.

Methods: 30 female schizoaffective patients with onset of their illness postpartum and 60 female schizoaffective patients with onset at other times were compared regarding premorbid and sociodemographic features, long-term course and long-term outcome (on average 23.8 resp. 26.8 years after onset of illness).

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