

Poster Presentations

P1. Children and adolescents; liaison and consultation psychiatry; disorders of reproduction; alcohol and drug use–misuse

RISK AND PROTECTIVE FACTORS FOR MENTAL HEALTH IN ADOLESCENCE

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Objective: A five-year follow-up study was conducted to examine risk and protective factors of mental health and their relation to psychiatric disorders in young adulthood.

Methods: Subjects were 707 adolescents aged 16–19 years at the baseline examination in 1990. The self-administered questionnaire included a set of scales designed to assess e.g. defense styles, life events, trait anxiety, trait depression, coherence of future, future fears and expectations, self-esteem, somatic symptoms and different psychosocial factors. In the follow-up examination in 1995, a two-stage design was applied. At stage 1, a new self-administered questionnaire was mailed to all subjects. The questionnaire repeated the scales from the baseline examination and included a 36-item version of the General Health Questionnaire (GHQ). At stage 2, subjects who had a score of 5 or more in GHQ were asked to participate in the SCAN interviews (Schedules for Clinical Assessment in Neuro-psychiatry). 651-subjects (92%) returned the questionnaire. 199 subjects (30%) scored above the cut-off point, of whom 139 volunteered for the interviews. In addition, a random sample ($n = 40$) of individuals scoring below the cut-off point were interviewed. Diagnoses according to DSM IV and ICD-10 criteria will be derived from the SCAN 2 computer program. Analyses will focus on (1) psychological factors predicting current mental disorders as determined by GHQ-36 and SCAN-interview, (2) psychosocial antecedents for depression in adolescence, and (3) the stability of psychopathology between adolescence and young adulthood. The results which we will present from this study will hopefully aid in developing strategies for prevention and early intervention of mental health disorders in adolescence and early adulthood.

AGE PATHOMORPHOSIS OF ALCOHOLISM CLINICAL SYMPTOMS, CURRENTS AND OUTCOMES

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359 male persons suffering from alcoholism were investigated. It is characteristic for teenagers (22.3% sick people) being exposed to alcohol early; the quick formation of the abstinent syndrome; the long course with clearly seen somato-vegetative disorder and basically

complicated alcohol intoxication forms, with acute development of psychosis (alcohol deliriums).

Alcoholism of middle-age (63.4%) sick people has often a moderate development with the basically high tolerance and late disappearance of vomiting. They have an abstinent syndrome with a predominant psycho-pathological deviations and a grate number of acute and long lasting alcohol psychosis. The changes of personality are with an inclination to alcoholic humour, underestimation of the danger of the illness and reflection of alcohol dominance.

Symptoms of alcoholism of the old age (14.3%) are: being early exposed to alcohol, the increasing of tolerance and a slow drop of it; gradual declining of vomiting; hard development of abstinent syndrome, frequent use of poorly made alcohol, early appearance of psycho-organic syndrome, often met suicides, acute and long lasting psychosis where delirium overcomes hallucinations.

CLONIDINE ABUSE — RISK IN THE PSYCHIATRIC POPULATION?

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Introduction: On the basis of clinical experience clonidine has not been suggested to be a drug which produces a state of dependence. However, there has lately been an increasing number of reports on clonidine abuse in polydrug users. These reports deserve careful attention on the background of widespread use of clonidine for psychiatric disorders, e.g. childhood hyperactivity, nicotine, alcohol and opiate withdrawal syndromes.

Case History: We recently were confronted with a 52-year old woman who admitted to abuse of diazepam (40–60 mg daily) in combination with clonidine (average dose between 2 and 4 mg daily) but no other concomitant medication over the past years. To the best of our knowledge this was the first documented case of clonidine abuse in a non-opioid dependent patient.

Discussion: In a comprehensive review of the literature we compare the pattern of clonidine abuse in our patient with those in previous reports. The stated reasons for clonidine abuse are summarized and possible risk factors are pointed out. We assess implications for the management of detoxification, withdrawal symptoms and rehabilitation.

Conclusion: Clonidine's side effects including significant influence on central nervous system function require its judicious use in the psychiatric population. We suggest that clonidine use–abuse should probably receive a closer look in patients with psychiatric disorders as well as in those with the potential for illicit drug use.

PROSPECTIVE STUDY OF MATERNITY BLUES AND POSTPARTUM DEPRESSION

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Pregnancy is a critical period for women because of its physical, biological and psychological changes. Several studies talk about pregnancy as a time in which sadness and anxiety are more frequent,

mostly in the first days after the childbirth. This anxiety could be a natural adaptative mechanism for partum and maternity. In the other hand its well known the relation between depression and pregnancy. In this way, there is a clinical syndrome called Maternity Blues (MB) characterized by a mild depressive mood, temporary, lasting for very few hours to some days and it normally appears between the third and tenth day postpartum day. Revised authors determine its frequency between 50% and 80%. Another more severe syndrome is the postpartum depression shown around the sixth week after childbirth. It possibly has some common factors with MB that could allow us to detect earlier, in this one, those factors that may cause the previous one. The objective of this study is to analyze which are those common factors in order to a better and earlier treatment of postpartum depression.

Methods: Present study tries to evaluate anxiety and depression levels using the Zung's Depression Scale and STAI Scale both in the selfmade mode, in a group of 200 women hospitalized in the Hospital Universitario de Valladolid in the Obstetric Unit. It is a test-retest prospective study in the third day and the third month postpartum. We also analyze 13 factors related to both states.

Results: Up to now we only have the information obtained from the first test: 92% of patients show pathological levels in the Zung's Depression Scale, 18% in the severe range. 98% of patients show normal levels in the STAI Scale for anxiety. More related factors are: age (medium range: 20 to 30 years), first childbirth, unwanted pregnancy and the existence of personal history of psychiatric pathology.

Conclusions: Even the study is not completed we see that most of patients show a mild depression but there are not significant differences between analyzed factors. According to this we could infer that MB would be a normal feature in the early puerperium. Anyway MB demand a selection or restriction of the diagnostic criteria for depressive patters regarding to temporary and/or severity criteria, according to lasting and intensity of symptoms. Only 2% of patients show pathological anxiety, so perhaps we're using very strict criteria or depressive symptoms mask the anxious ones. There are, however, significant differences between several factors as mentioned above.

ADH/ALDH2 AND DRD2 GENE PCR POLYMORPHISM IN ALCOHOL POLYNESIAN USERS

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Alcohol metabolizing hepatic enzymes have various activity depending on their isoenzyme forms and are genetic targets of susceptibility for alcoholism. It could explain a protective effect of the ADH/ALDH genes (Thomasson et al., 1991; Kono et al., 1995) to safeguard against dependance as it has already been demonstrated in the Polynesian sample (Marshall & Chambers, 1994). In order to examine this hypothesis, we selected a sample in a small isolated archipelago, the French Polynesia, where we could identify racial admixture.

We report here an association with ADH/ALDH and DRD2 polymorphism genes study in three groups (pure polynesian, polynesian/asian, polynesian/caucasian) of severe alcoholics (n = 43) and controls (n = 39) from French Polynesia matched with respect to their ethnical origin.

DEPRESSIVE DISORDERS AMONG OUTPATIENTS WITH GLAUCOMA

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It has been suggested that the topical beta blocking drugs employed to treat glaucoma may cause depression and preliminary research has suggested a high rate of depressive disorder among glaucoma patients.

Consecutive patients attending the Glaucoma Outpatient Clinic of the Royal Victorian Eye and Ear Hospital, aged 65 and over, were interviewed by one rater using the Geriatric Mental Status schedule (GMS). The data were processed by the AGE-CAT computer programme in order to yield psychiatric diagnoses of eight syndromes at six levels of confidence. In stage 2 of the analysis a main psychiatric diagnosis was produced where appropriate.

One hundred and eighteen consecutive attenders were interviewed and thirty-three percent met AGE-CAT criteria for depressive disorder at a confidence level of three and above (a level which would usually be felt by psychiatrists to justify treatment for depression). These levels are similar to the 27% frequency of depressive caseness among elderly medical and surgical patients interviewed with the GMS at the Royal Melbourne Hospital, but three times the rate found in the general Liverpool community using the instrument and twice as high as the rates found in the Australian city of Hobart using the same interview techniques. There was absolutely no association between depressive disorder and the use of beta blocking ocular drops and the sample has had considerable statistical power to detect such a difference if indeed there was one.

We conclude that older glaucoma patients are at significant risk of depression which occurs at a rate at least twice that of the general community and at a rate comparable to that seen in elderly patients admitted to a general hospital for medical and surgical treatment. The concomitant use of ocular beta blocking drugs does not appear to confer any increased risk of depressive disorder.

REGULATION OF THE BRAIN CATECHOLAMINE SYSTEM FUNCTIONS AS A BASIS FOR THE PHARMACOLOGICAL TREATMENT OF ALCOHOLISM

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The results of experimental and clinico-biochemical studies show the major role of specific disturbances of the brain catecholamine (CA) system functions in alcohol dependence development. Due to intimate interaction of neurochemical processes CA neurotransmission may be influenced in different ways, for instance: the effect on receptors, enzymes and CA reuptake; the effect via neuropeptides, neurohormones and other neurotransmitter systems (5-HT and GABA), etc.

The pharmacological means of the CA system functions regulation, that have proved to be most effective in our studies, are as follows: (a) low doses of DA receptor agonists (apomorphine and bromocriptine), (b) neuropeptides (cholecystokinin), (c) serotonergic antidepressants, and (d) plant extracts. Cholecystokinin was most effective when used for the treatment of alcohol withdrawal syndrome, and apomorphine, bromocriptine, serotonergic antidepressants and some plant extracts, for arresting the pathological craving for alcohol and relapse prevention.

In all cases, the clinical improvement correlated with CA turnover normalization.