

to engage and do not respond to interventions within the normal time limits. The complexity and range of their difficulties often overwhelm the service and lead to burn-out. Important issues for their families have included coming to terms with massive losses, survivor guilt and loss of valued family roles. Severe war related experiences have left a legacy of mental health sequelae, including a depressive withdrawal of parents from their children's psychological and social needs.

The proposed symposium offers a forum for exchange of ideas. Guidelines for good practice will be offered based on the author's clinical experiences in Britain working within a mainstream District service as well as offering consultations on ethnic minority issues throughout London and the South East.

### PSYCHIATRIC MORBIDITY FOLLOWING SPONTANEOUS ABORTION (MISCARRIAGE) IN CHINESE WOMEN — A PILOT STUDY

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Spontaneous abortion is a common complication of pregnancy and studies among Caucasian women show high level of psychiatric morbidity among those who miscarry [1]. In Chinese culture, procreation is regarded as one of women's primary roles. Thus, pregnancy failure constitutes a particularly stressful event for Chinese women. The objective of our study is to determine the incidence of psychiatric morbidity following spontaneous abortion in Chinese women using a prospective design.

Demographic, obstetric and baseline psychometric data were collected from sixty Chinese women (aged 21–47) on the first two days after miscarriage. Six weeks following spontaneous abortion, they were interviewed by one of the authors (DTSL) with the Structured Clinical Interview for DSM-IV. Six (10%) subjects suffered from major depressive disorder, a rate eleven times higher than the general population (0.86%, age-matched). One subject (1.66%) suffered from post-traumatic stress disorder and another subject (1.66%) suffered from generalized anxiety disorder NOS. Post-abort psychiatric morbidity is significantly associated with past psychiatric history (Fisher's exact test,  $p < 0.005$ ), GHQ-30 status on day 1 (Fisher's exact test,  $p < 0.02$ ), somatic complaints during pregnancy (Chi-square/exact test,  $p < 0.05$ ), absence of contraception among unplanned pregnancies (Fisher's exact test,  $p < 0.01$ ) and perceived lack of support from husband (Chi-square/exact test,  $p < 0.002$ ).

[1] Friedman, T., Gath, D. The psychiatric consequences of spontaneous abortion. *British Journal of Psychiatry* 155: 810–813.

### TEMPERAMENT AND PSYCHOPATHOLOGY IN CHILDHOOD PSYCHIATRIC DISORDERS

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Multifactorial etiologies of psychiatric illness consider intrinsic causes of illness as very important part of disorders, frequently mentioned as temperament. The aim of present paper was investigate the part of temperament in childhood mental disorders. The temperament variant's incidence was also studied in small part of Estonian population of medical nurses, students and one sport club participants. For analysis were used material of children treated in Tartu Psychiatric Hospital in 1994 with childhood psychiatric disorders. Childhood mental disorders were diagnosed by ICD-10 version criteria. The children's temperaments were evaluated by expert opinion using all materials — doctors' examinations, parents

description and teachers characteristics to child behavior. The Hippocratic terminology and I. Pavlov principles of nervous process's strength, balance and mobility were applied. For healthy person's temperament evaluation the questionnaires (J. Liivamägi, 1995) were utilized. Children inpatients ( $n = 100$ ) were divided into four groups: 18 percent sanguinic, 13 percent phlegmatic, 25 percent choleric and most of them 44 percent melancholic ( $p < 0.02$ ). Sample of participated medical staff and sport club's participants ( $n = 150$ , 50 male and 100 female) temperament distributions were following — 31 percent sanguinic, 25 percent phlegmatic, 33 percent choleric and merely 11 percent with melancholic temperament. In children's inpatient's population there were fourfold increase part of individuals with melancholic temperament and nearly double less patients with phlegmatic temperament ( $p < 0.001$ ). Our materials demonstrate frequent incidence of melancholic temperament in population of children contracted to mental pathology. Also we have get impression that phlegmatic temperament occurred less in inpatients group. These biological differences in vulnerability and resistance to childhood mental illness may be useful taken into consideration for planning prophylactic measures.

### ALCOHOLISM AND DEPRESSION IN WOMEN

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While co-existence between depression and alcoholism in women appears to be frequent, the nature of this relationship is far from clear.

Our aim was to evaluate the evolution and the treatment outcome of depressed alcoholic women.

The study was performed on a sample of 35 women subjects randomly selected from alcoholic women admitted to a psychiatric clinic. The control group included 35 non alcoholic women. The psychological test used to measure depression was the Beck Depression Inventory (BDI), applied shortly after admission and after 3 and 6 weeks.

All alcoholic women with episode of major depression were treated with 210 mg Thymelit (Lofepamine) and 600 mg Carbamazepine.

Our results suggest that the presence of depression influence the drinking behavior in women and is highly predictive of suicide attempts.

A specification of the nature and prevalence of depression in women alcoholics has important therapeutic and prognostic implications.

### PERSONALITY DISORDERS IN A SAMPLE OF SPANISH DRUG DEPENDENT PATIENTS ADMITTED FOR INPATIENT DETOXIFICATION

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The relationship between personality disorders (PDs) and substance use disorders has been subjects of considerable research. However, standardized measurement instruments have not been used in many of the studies assessing PDs in substance abusing patients. The present study is the first one conducted in Spain on drug dependent patients using the Spanish version of the Structured Clinical Interview for DSM-III-R personality disorders (SCID-II), recently validated in our University. We investigated the prevalence of the different PDs, as well as the variables associated with each specific PD. Data