

(Somatization $r = 0.89$). We found a high agreement between our culture-specific and the international scales. The high agreement between culture-specific and internationally used depression scales justifies the subsumption of culture-specific symptoms of depression under the category depression. Internationally used scales proved to be applicable, provided that they are carefully translated according to scientific translation methods, but they should be complemented with a culture specific instrument.

PSYCHOLOGICAL AUTOPSY IN PSYCHIATRIC PATIENTS WHO ATTEMPT DELIBERATE SELF-HARM (PRELIMINARY RESULTS)

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Prediction of suicide is complex and unreliable. Two groups with an increased risk of suicide, are those who have previously attempted deliberate self harm (DSH) and patients with a psychiatric illness. Recent local research has shown that previously identified factors predictive of deliberate self-harm (DSH) did not attain statistical significance in these groups.

This study aims to identify any undisclosed or unrecorded factors relevant to episodes of DSH in psychiatric patients. All adult psychiatric patients attempting DSH and subsequently admitted to a medical in-patient unit are recruited to the study.

Following the episode of self-harm the investigator convenes a meeting with the Mental Health Professionals involved in that patient's care. Using a semi-structured interview the investigator attempts to establish retrospectively any factors which may have contributed to the episode of DSH. Information gathered includes demographic variables, the team's working diagnosis, physical illness, current drug and alcohol use, life events, interruption in treatment, the teams estimation of why the patient attempted DSH, family and social support and previous DSH. The investigator also interviews alternate patients using a semi-structured interview and validated questionnaires are used to assess drug and alcohol use, life events and suicidal intent.

Results of 41 episodes involving 28 patients will be presented. Eighteen women (64%) and ten men (38%) make up the sample. The mean age is 38 years with a range of 16 to 72 yrs, the mode age being 50 yrs. 75% of patients had previously taken overdoses and 50% of patients had superficially cut themselves. The commonest diagnosis was depression (36%). Alcohol dependency was diagnosed in 18% and drug use identified in fewer patients. Diagnostic uncertainty was present in 36% of patients and was identified as a contributory factor to the DSH in 21%. There was a history of non-compliance with medication in 68% and non-attendance in 65% of patients. Difficulty engaging the patient was a contributory factor to the DSH in 54% of the patients.

The patients studied have different characteristics to previous studies of patients who attempted DSH, no doubt because they are all patients who are known to the psychiatric services. The patients in this study are older than those in other studies and the majority have good family and social support. The results to date demonstrate that previously unidentified factors may be important in predicting which psychiatric patients attempt DSH. Diagnostic uncertainty and difficulty in engaging patients in treatment with repeated non-attendance may act as predictive factors in identifying psychiatric patients who go on to attempt DSH.

ARE WOMEN WITH SEVERE BLUES AT INCREASED RISK OF POSTPARTUM DEPRESSION?

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Postpartum blues are traditionally thought to be benign and self-limiting. There are reports in the literature of associations with postnatal depression (PND) but there was no study which prospectively controlled for the presence or absence of blues.

103 primiparous women with severe postpartum blues and their controls with no blues matched for age, marital status and social class were followed for 6 months postpartum in order to determine the relationship between blues and postnatal depression.

The women were recruited at 30+ weeks gestation and completed a baseline Edinburgh Postnatal Depression Scale (EPDS). Following delivery, they were assigned to subject (severe blues) or control (no blues) on the basis of scores on the Blues Questionnaire completed on the 3rd and 5th postpartum days. Both groups completed monthly postal EPDS and at the end of the protocol, the Schedule for Schizophrenia and Affective Disorders was administered to high scorers and a 1, in 5 sample of low scorers. Diagnoses were made according to Research Diagnostic Criteria.

Results: The six month period prevalence of depression in subjects was 40.8% ($n = 42$) and 10.7% ($n = 11$) in controls ($X^2 = 24.4$, $p < 0.001$). Subjects with postpartum depressive episodes were significantly more likely to have an illness which onset in the first 2 weeks postpartum than controls (Fishers exact test, $p < 0.01$) and to have a major rather than minor depression (Fishers exact test, $p < 0.05$).

Conclusions: Women with severe blues are at increased risk of a subsequent depressive episode. This finding has implications for the aetiology of some postnatal depressions. In addition the identification of an at risk group has implications for clinical practice.

DISTURBANCES OF PERCEPTION IN DEPRESSIVE DISORDERS

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This paper attempts to give a survey of the disturbed perception in depressive disorders. Introductory remarks consider the problems of this task that arise from the missing consistent definition of perception and the manifold classifications of affective disorders.

Phenomenology and anthropological interpretations of the disturbed time- and space-experience are the main topic of this paper that presents results of clinical psychopathological research as well as of experimental studies.

Among the alterations of the subjective time-experience — directly reported by only few patients — disturbances of "erlebnisimmanente" time and reference to the future (according to Straus and v. Gebattel) are of special importance. Up to now studies on the time estimation of depressive patients that can be located at the interface between phenomenologically deducible subjective and experimentally determinable objective time-experience have shown different results. Recent findings are the underestimation of prospective time intervals and the overestimation of retrospectively estimated intervals.

Detailed description and analysis of the disturbed space experience goes back to Tellenbach, who demonstrates applicable structures for this as well as consequences for the existential determination of life. Experimental investigations as well as systematic clinical studies concerning this phenomenon and its longer term stability are almost completely missing.

From the acoustical field the following findings are demonstrated and discussed: elevated click thresholds in auditory signal detection, changed ear asymmetry in dichotic click detection and differences in dichotic listening asymmetries according to symptomatology.

The most important results from the so far investigated optical perceptual disturbances in depressive disorders are: breakdown of perceptual defence in the form of greater access to emotionally unpleasant stimuli referring to the tachistoscopic recognition of neutral/unpleasant words, impairments at near-distance assessments, disturbances in recognition and discrimination of facial emotions — especially concerning the perception of emotional chimeric faces.

The discussion of the reported results gives special attention to their diagnostic value and calls for clinical and experimental procedures first of all at continuing the differentiated and by means of replications studies substantiated apprehension of perceptual disturbances.

PSYCHOLOGICAL AUTOPSY STUDY OF SUICIDE IN HIGH RISK OCCUPATIONAL GROUPS

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Data from the Office of Population Censuses and Surveys between 1979–1990 suggest that certain occupational groups are at higher risk of death from suicide than other causes, compared to the general population. This study has been carried out to examine the factors associated with suicide in two of these groups, medical practitioners and farmers. A consecutive series of suicide deaths in farmers and doctors from 1991–1993 has been examined in detail using coroners' Notes of Evidence, general practice records and, where possible, interviews with surviving relatives. The overall aim of the study is to identify possible preventive strategies for the future and to describe the needs of bereaved relatives.

The methodological issues involved in performing psychological autopsy studies will of this kind be discussed.

Results: The results suggest that, when full information is available, most suicides in these two groups occur in the context of multiple personal and work related problems. Occupation related stress is rarely the only important factor. There are high rates of depression in both groups and treatment for this may have been compromised by unwillingness to seek help in the farmers and medical status in doctors. Easy availability of a lethal method is an important factor in both groups although shotgun related deaths among farmers were less frequent that expected.

Possible preventive strategies will be discussed with emphasis on education of people in high risk occupational groups as well as health professionals.

TRENDS IN SUICIDE IN NORTHERN IRELAND 1922–1992

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Objectives: Suicide is now a major public health issue and concern is growing at the rise in the rate of suicide, particularly in young men. Northern Ireland has a small, reasonably static population which has high levels of unemployment and has endured a quarter of a century of civil unrest. This study looks at the changes in the rate of suicide and in the methods used over a long period.

Methods: Suicide data were obtained from the office of the Registrar General of Birth, Marriages and Deaths in Belfast.

Summary: Suicide is increasing, particularly, in young men. Men prefer more violent measures. There appears to be a link with unemployment, but not with civil unrest.

Conclusions: The rise in the rate of suicide may not be halted in the absence of changes of a political or social nature.

PROLONGED DEPRESSION: COPING STYLES AND THERAPY OUTCOME

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The objective of the study was to explore coping styles in patients with prolonged depression exceeding 6 months duration related to marital conflicts. Since male patients with this kind of mental pathology were quite rare our investigation included as subjects 30 female out-patients with mild or moderate depressive episode (F32.0 or F32.1), dysthymia (F34.1) or prolonged depressive reaction (F43.21) diagnosed according to ICD 10 criteria. Mood disturbances appeared in all cases as a result of protracted marital conflict: severe arguments, separation or divorce due to husband's infidelity, alcohol abuse with or without violence. Russian version of J. Amerikhan's "Coping Strategy Indicator" (CSI) performed by the authors of presentation was applied for coping styles assessment at the baseline and after two months therapy. Psychopathology ratings were conducted alongside utilizing Kellner's Symptom Questionnaire (SQ). Low scores on "Problem Solving" and "Avoidance" scales in addition to very high scores of "Seeking Support" scale were found in the initial investigation. These peculiarities of three basic coping modes disclosed in our sample were suggested to be responsible for maladaptive nature and excessive duration of psychic reactions to stressful life-events. However, the signs of clinical improvement after two months of cognitive-behavioural intervention reflected in decrease of SQ scores corresponded with changes in CSI scores: increase in "Problem Solving" and/or "Avoidance" scales. The obtained findings support the opinion of coping process importance in onset and preservation of the so-called "psychogenous" mental pathology as well as for its treatment.

SUICIDE IN GREECE: REGIONAL DISTRIBUTION AND RELATIONSHIP TO SOCIOECONOMIC DEVELOPMENT

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This study aimed to demonstrate the distribution pattern of suicides across the 52 prefectures of Greece and to investigate the possible relationship of suicide rates to socioeconomic factors. The total of 4,403 suicides recorded in Greece from 1980 to 1991 were analysed according to sex, age group and place of residence. Age- and sex-specific suicide rates were calculated for each prefecture separately. Age-standardised suicide rates exhibit a wide regional variation across Greece with differing patterns for males and females.

The possible relationship of the regional age-standardised rates to socioeconomic development was investigated using the General Index of Development (GID) as a measure of socioeconomic growth. The GID is calculated from parameters reflecting population growth, general infrastructure, economic well-being and productivity.

Regional suicide rates were found to be negatively correlated to the GID. Thus, suicide rates are high in underdeveloped prefectures and decrease significantly in prefectures of higher socioeconomic development. As demonstrated in previous studies, the psychiatric services available in each prefecture strongly correlate with the GID, a finding which might contribute to the above phenomenon.