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Comparative study of psychotherapy effectiveness of acute life-events depression, acute and posttraumatic stress disorders in men and women

R. Tukaev*. *Moscow Research Institute of Psychiatry, Ministry of Health, Russia*

We have carried out comparative study of men and women psychotherapy effectiveness in cases of: 1) acute depressive disorders connected to ordinary life events (relatives death, loneliness, spouses divorce); 2) acute stress responses caused by disaster, violence (including sexual abuse in women); posttraumatic stressful disorders. Psychotherapy was based on: individual psychological consultation, group study of post-stress disorders mechanisms, group and individual hypnotherapy. We have utilized the unisystem criteria estimation of high and average psychotherapy effectiveness for sex and age measures.

The women's psychotherapy has shown sufficient effectiveness, but authentic differences between groups haven't revealed. The men's psychotherapy has shown tendencies to authentic differences of acute depressive disorders (high effectiveness dominance) and posttraumatic stressful disorders (average effectiveness dominance) and authentic age differences in the given effectiveness groups.

The obtained data specify psychosocial and psychobiological sexual differences of the posttraumatic stress disorder etiopathogenesis and require the further research.

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Psychosocial consequences of the 1998 Landslide in Sarno, Italy

R. Malafronte*, F. Catapano, P. Cozzolino, L. Magliano, M. Maj. *Department of Psychiatry, University of Naples SUN, Italy*

Objective: This community study assessed the psychosocial consequences of the landslide which occurred in Sarno, South of Italy, in May 1998, and the prevalence of post-traumatic stress disorder (PTSD) in the exposed population.

Method: A random sample (n = 272) of the population living in the highest risk area of Sarno, and a control group recruited in a small town situated near the disaster area, but not affected by the event, were assessed 1 year after the disaster by: a) a socio-demographic form; b) a schedule on the psychosocial consequences of the event; c) the 30-item General Health Questionnaire (GHQ-30); d) the Self Rating Scale for Post-Traumatic Stress Disorder (SRS-PTSD).

Results: 27.6% of the subjects recruited in Sarno met the DSM-IV criteria for PTSD. 59% of the subjects recruited in Sarno and 35% of the control group were identified as "probable cases" by the GHQ-30 (p<0.0001). Subjects recruited in Sarno had significantly higher scores on the four GHQ-30 subscales identified by factor analysis (anxiety/insomnia, self-efficacy, depression, reduction in social activities).

Conclusions: This study confirms the negative impact of a natural disaster on the mental health of affected individuals. The persistence of such high levels of psychiatric morbidity in the population 12 months after the event suggests that the psychosocial impact of the event is not time-limited. The results emphasises the need for preventive interventions, both immediately after the catastrophic event and in the long term.

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PTSD and psychosis

N. Bjelica*, S. Slovakovic, M. Preradovic, Z. Spiric, R. Samardzic. *Military Medical Academy, Department of Psychiatry, Belgrade, Yugoslavia*

While we were working with the patients with PTSD symptoms we noticed in some cases a psychotic decompensation. We had about ten such cases, but we described three that we followed for many years (one was followed for ten years). In the period of maturation (between nineteen and twenty one) all of them where in the war and had a serious psychic traumas that caused the symptoms of PTSD from all tree clusters. After a few years some patient develop psychotic reaction. The leading symptoms were: depression, paranoid ideas, and acoustic hallucinations. Psychotic decompensations didn't last long, and after the administration of antipsychotic drugs all patients had a complete remission.

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Psychological status of torture survivors in course of time passed after torture

S. Popovic¹*, E. Music¹, L. Saraba². ¹*Department of Psychiatry, Psychiatric Clinic, Sarajevo;* ²*Center for Torture Victims, Sarajevo, Bosnia & Herzegovina*

Objectives: Comparing results of two groups of clients admitted in different time periods passed after the survived torture.

Method: SCL 90-R scale and sociodemographic questionnaire were applied on two groups of new admitted clients. One group was admitted in years 1997/1998 and second group in years 1999/2000. Purpose was to determine if there are differences in sociodemographic picture and level of psychopathology between these two groups.

Summary of the results obtained: Results show that there are some differences in sociodemographic picture of two groups and that there are higher values of presence of psychopathological symptoms in the second group.

Conclusion: Factor of time is influencing the psychopathological status of torture victims together with some other social factors.

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Identifying psychological symptoms and coping mechanisms of torture victims

A. Kucukalic*, A. Bravo-Mehmedbasic, E. Music. *Department of Psychiatry, Psychiatric Clinic, Sarajevo, Bosnia & Herzegovina*

Objectives: Identification of psychological symptoms and coping mechanisms of torture victims.

Methods: The study includes 108 clients using SCL 90-R scale (comprising 90 items and for stress coping strategies we used Coping Scale).

Summary of the results obtained: Together with some basic sociodemographic characteristics results show the most frequently present psychological symptoms (anxiety, somatisation, depression, obsessive-compulsive symptoms). Clients used both positive and some less mature mechanisms of coping with torture. The most frequent mechanisms registered in our patients were seeking social support, distancing from problems, self-control and accepting of responsibility.

Conclusions: Torture as one of the most traumatic experiences causes a lot of psychopathological symptoms and changes in coping mechanisms.