

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

were collected from 82 polysubstance dependent patients (53–64.6% — males and 29–35.4% females) admitted to the Drug Abuse Treatment Unit of the Hospital Clínico Universitario, in Valencia, Spain. Sociodemographic and substance use history data were obtained with a 53-item structured questionnaire that we designed and have used in previous studies. SCID-II interviews were performed by a trained researcher and findings were subsequently reviewed with two other psychiatrists. The results showed that 50 (61.0%) of the 82 patients met diagnostic criteria for at least one PD. Antisocial PD (ASPD) was most prevalent ( $n = 35$ , 42.7%), followed by borderline PD ( $n = 16$ , 19.5%), dependent PD ( $n = 9$ , 11.0%), paranoid PD ( $n = 9$ , 11.0%) and narcissistic PD ( $n = 7$ , 8.5%), although all diagnoses except for sadic PD were represented. Specifically, among those patients who met diagnostic criteria for ASPD current alcohol abuse or dependence ( $p < 0.005$ ) and current benzodiazepine abuse or dependence ( $p < 0.003$ ) was more prevalent than among those patients without ASPD. In addition, patients with ASPD referred a lower mean age of first alcohol ( $p < 0.04\%$ ), heroin ( $p < 0.001\%$ ) and cocaine ( $p < 0.002\%$ ) use. These data suggest that among our patients, prevalence of PD was high and ASPD was associated with overall worse clinical characteristics.

#### PATTERNS OF ATTACHMENT IN IRANIAN INFANTS

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Following a pilot study with a group of Iranian infant-mother pairs living in London, and as a part of bigger study on Iranian families the Strange Situation procedure was used to assess the attachment style of Iranian infants ( $n = 53$ , boys = 26, girls = 27, age range = 11–22, mean age = 16.1 months) to their mothers (mean age = 28.71 years). The sample was selected from Isfahan the second biggest city in Iran.

In line with our pilot study, the results suggest that there are important cultural differences in the distribution of infants within the attachment classification system. In this study there were no avoidant (A-type) infants. There were also some important differences between our sample and the original American study (Ainsworth et al. 1978). For example the Iranian sample were much more distressed during the separation episodes and searching behaviours were stronger than in their American counterparts. Presence of stranger helped the American infants to be comforted substantially more than Iranian infants. Although Iranian babies showed nearly the same amount of avoidant behaviour toward the stranger, but they showed much less avoidant behaviour toward their mothers in the reunion episodes than American babies.

We also have found strong correlations between Interactive behaviours (Proximity and contact seeking, Contact maintaining, Resistance, Avoidant, and Distance behaviours) in the reunion episodes and the infants temperament as measured by the Infants Characteristic Questionnaire (ICQ) particularly with Fussy-difficult and Unadaptable subgroups and the total score of ICQ items.

All of the infants had a sibling in the age range 4–6 years. Comparisons will be reported for the sibling pairs on measures of security and behaviours.

#### CHARACTERISTIC FEATURES OF DRUG ADDICTION IN ADOLESCENTS WITH BEHAVIOURAL DISORDERS (FOLLOW-UP STUDY)

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During 15 years we studied the development and course of drug

addiction in teenagers, who manifested different kinds of deviant behaviour (before the beginning of drug abuse) — 97 patients and a group of patients with drug addiction (130) who didn't have behavioural disorders before they began to abuse drugs. We used clinical and psychological investigation.

As the result of the research we established that the clinical manifestations of drug addiction in teenagers with previously existing behavioural disorders began 2.5 years earlier (average), physical and mental dependence developed faster, tolerance grew more intensively and the personality disorders were more serious. Combined abuse of different substances, most often — opiates with tranquilisers and alcohol, was twice more frequent in the patients of this group. Criminal activity, that indicates the level of social maladaptation, was much higher in the observed group. The clinical analysis of the behavioural deviations at the time of the beginning of drug abuse revealed that in 83.5% of cases they had pathologic nature (behavioural or conduct disorders).

The existing disorders and unfavourable microsocial environment caused more malignant course of drug addiction in the individuals with deviant behaviour in the premorbid period. The described characteristic features must be taken into account in the working out of the treatment and rehabilitation programs for this contingent of patients.

#### DETOXIFICATION IN MONOSUBSTANCE AND POLYSUBSTANCE DRUG-USERS

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In the last years the number of monosubstance heroin-users who entered a detoxification-program in our clinic continuously decreased. In 1995 only 29.8% of our patients used heroin exclusively. All other patients who enrolled the program showed a polysubstance drug-use-pattern including heroin, cocaine and/or benzodiazepines and/or alcohol. 77 patients (56 male: 21 female) entered since June 1995 a detoxification-program which involved a flexible reduction schedule of methadone. 23 (13:10) patients had used exclusively heroin (H), 27 (22:5) heroin and cocaine (H + C), 21 (15:6) heroin, cocaine and benzodiazepines (H + C + B) and 6 (6:0) heroin plus alcohol (H + A). 10 of 21 female patients who entered the program had used exclusively heroin compared to 13 out of 65 male patients. With increasing age the number of patients who used exclusively heroin decreases where as polysubstance drug abuse increases. Only 7% of the (H + C + B)-group were younger than 26 years, compared to 34% in the (H)-group. In contrary only 8% of the patients older than 35 years belong to the H-group compared to 24% who consumed H + C + B.

Polysubstance drug-users needed longer treatment for detoxification. Whereas only 17% of the (H)-users stayed longer than our 21-day-standard-detoxification program required, 27% of the polysubstance drug-users did not complete detoxification on time. Whereas monosubstance heroin users complained mainly about vegetative symptoms during detoxification in polysubstance drug-users (H + C + B) craving and general weakness were recorded as the most predominant symptoms. The patients of the (H + A)-group were older compared to the other groups. None of them completed the program. This may implicate the need for a special program for this patients.

Our data show that polysubstance drug-abuse patterns increase the risk of unfavorable outcome of withdrawal treatment and emphasizes the need for substance-specific treatment in detoxification.