

P02.260**DELIVERING AID TO THE VICTIMS OF MAN-CAUSED DISASTERS AND ACTS OF TERRORISM**

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As result of three man-caused disasters (257 perished and 74 injured people) and one act of terrorism explosion equal to 1500 kg of trotyl, which killed 19 and seriously injured 121 people), 2,394 people including 403 children asked for psychological and psychiatric aid (PPA) and received it. The PPA delivered to the victims of such emergencies (E) complied with the following principles: efficiency; individual character, i.e. its conditionality with a concrete E; scientific validity; differentiality; anonymity; mediatedness at the initial stages due to psychiatry stigmatization; aid step-like organization and delivery; collaboration of all local forces administered by different authorities, their maximum use; reasonable co-operation of the local psychiatric service with the Center; close collaboration between the psychiatric service and the administration of the subject of the Russian Federation (the Region). The following forces were involved in the PPA organization and delivery: operational psychological and psychiatric reaction group of the Governor of the Region, psychologists of both the psychiatric service and the secondary school system, outpatient psychiatric therapists, day-time and inpatient psychiatric facilities. The mental disorders were diagnosed within the framework of non-psychotic psychogenic.

P02.261**LONG-TERM TRENDS OF SYMPTOMS AND OF DISABILITY IN SCHIZOPHRENIA AND RELATED DISORDERS**

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Few studies describe the long-term course of schizophrenia in well-defined cohorts of patients with recent illness onset. This paper presents the overall trend of schizophrenia in a 16-year follow-up study of patients and explores the predictive value of several variables measured at the time of inclusion in the study. The sample of 60 patients with a recent onset of a non-affective psychosis was first assessed in 1978–1980. Data from the last follow-up are used to rate the overall trend of (i) psychotic symptoms and of (ii) social disability. The associations of these trends with several predictor variables (age at onset, gender, marital status, education level, family history for mental illness, type of illness onset, personality assets) are explored by cross-tabulation (with calculation of the relative risk) and by a logistic regression model. The predominant pattern for psychotic symptoms is improvement (55% of the subjects), while the predominant pattern for social disability is deterioration (45% of the subjects). However, a significant proportion of patients who showed a trend of symptom improvement still exhibited severe symptoms at the last follow-up. A trend of improvement of psychotic symptoms was correlated significantly with a negative family history for severe psychiatric disorder and with an acute type of illness onset. A trend of improvement of social disability was correlated significantly with gender, marital status, presence of personality assets, and type of illness onset. Psychotic symptoms and social disability are relatively autonomous descriptors of the course of schizophrenia. A speculative hypothesis is that symptom course is more closely related to innate factors, while social disability is contingent upon the acquired level of personal and social competence at the time of illness onset.

P02.262**PREVALENCE OF PERSONALITY DISORDERS AMONG ALCOHOLIC PATIENTS**

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Background: Personality disorders (PD's) have always been an important factor in our understanding of addiction. Many empirical studies were performed on the prevalence of personality disorders in alcoholics (Naeau L. et al., 1999; van den Brink W., 1995) and it was assumed that inpatients have a higher prevalence of PD's than outpatients (Verheul R. et al., 1995).

Methods: 34 randomly assigned inpatients who met diagnostic criteria for alcohol addiction according ICD - 10 (F.10.2) were evaluated for the Axis II comorbidity at our Dept. of Psychiatry during the years 1993–1999. In 29 out of 34 patients PD's were diagnosed using SIDP - R (the Structured Interview for Personality Disorders - Revised). All the female patients (100%) and 76% of male patients met diagnostic criteria for at least one PD. The most frequent were cluster "B" PD's (55%), cluster "C" PD's were less frequent (34%) and cluster "A" PD's were diagnosed in 11% of patients. The mean number of hospitalization in our group of patients with PD's was 4.1, the highest rate was found in alcoholics with histrionic PD (9 hospitalizations) and patients with passive-aggressive and borderline PD's were treated 4 times as inpatients during 1993–1999.

Conclusions: PD's were commonly diagnosed in our sample of alcoholics (F 10.2). PD's were more frequent among women (100% treatment-seeking female patients). A limitation of this study is that it was done on inpatients sample therefore these results may not be generalizable to non-treatment seeking alcoholics.

P02.263**DO AMITRIPTYLINE AND CITALOPRAM DIFFER IN THE EFFECT ON MEMBRANE CHARACTERISTICS OF RAT CARDIOMYOCYTES IN CULTURE?**

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The most serious side effect of tricyclic antidepressants (TCA) is their potential cardiotoxicity. In contrast to TCA, selective serotonine reuptake inhibitors (SSRI) are believed to be less dangerous in the treatment of depressive disorder for their relative lack of effect on cardiovascular function. Thus, we investigated the effect of amitriptyline (TCA) and citalopram (SSRI) on membrane electrophysiology in rat cardiomyocytes in tissue culture. The whole-cell configuration patch clamp technique was used. Both amitriptyline and citalopram exhibited the concentration-dependent prolongation of action potential duration (APD), the inhibition of action potential amplitude (APA), the decrease in action potential upstroke velocity (V_{max}). Amitriptyline and citalopram caused the concentration-dependent inhibition of the fast inward sodium current (I_{Na}). Amitriptyline seems to be more effective in inhibition of I_{Na} in comparison to citalopram. Both drugs exhibited the concentration-dependent inhibition of the L-type calcium current (I_{Ca}). Citalopram is comparable to amitriptyline in the effect on I_{Ca} . These observations led us to conclude that amitriptyline and citalopram are potent drugs to cause the concentration-dependent prolongation of APD and the concentration-dependent inhibition of I_{Na} and I_{Ca} . Due to this, we suggest that both drugs might exhibit the characteristics of I and IV type antiarrhythmics. Furthermore,

according to the clinical data, citalopram in contrast to amitriptyline does not become proarrhythmic even under hypoxic conditions of cardiac tissue. However, there are very promising but still little clinical and therapeutical data evaluating the safety and a contingent antiarrhythmic effect of citalopram in patients with serious heart disease including post-myocardial infarction.

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ANTIDEPRESSANT THERAPY AND HEART ELECTRIC FIELD: QUANTITATIVE ASPECTS

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Some antidepressant drugs influence the ECG parameters, especially the tricyclic (TCA) ones (prolongation of intraventricular conduction - Quinidine-like effect). The aim of this work was to compare the effect of TCA (Amitriptylin, Dosulepin), the inhibitors of SSRI (specific serotonin re-uptake inhibitors - Citalopram) and Lithium on the heart electrical field parameters in ambulatory patients with depression in remission (HAMD less than 10). The electrocardiologic parameters (ECG, VCG, Body surface mapping - BSM) have been measured by diagnostic system Cardiac 128.1. Twenty nine parameters were measured and statistically evaluated. The duration of therapy was 4–7 weeks (TCA, Citalopram) and 1–22 years in lithium patients (depression prophylaxis). Daily doses (mg): TCA 50–250, Citalopram 20–80, Li serum levels 0.66 + 0.08 meq/l. In the group of patients on TCA the tachycardia and the decrease of depolarization rate was observed. Citalopram did not provoke tachycardia but the rate of repolarization was slightly decreased. The effect of Lithium was similar as in Citalopram patients. We conclude that TCA provoked tachycardia in all patients (anticholinergic and alfa-adrenergic effect), while both in Citalopram and in Lithium patients this effect was absent except of small quinidine-like effect.

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EFFICACY AND TOLERABILITY OF REBOXETINE USED BY ELDERLY DEPRESSED PATIENTS

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Objectives: To assess clinical efficacy and tolerability of reboxetine, a unique selective noradrenaline reuptake inhibitor, in the treatment of depressed patients in an open-label, non-comparative naturalistic study in depressed elderly patients in the psychiatric setting in Spain.

Design and Methods: Outpatients older than 65 years with a diagnosis of major depression according to DSM-IV were included in this open-label, non comparative study. Patients received an average daily dose of 7.4 mg of reboxetine divided in two doses. Clinical efficacy was assessed after 1, 2, 4, 6 and 8 weeks of treatment by the HAMD17 and CGI (severity, improvement and therapeutic index) scales. Tolerability was assessed by registering treatment-emergent adverse events.

Results: A total of 280 patients were included in the study. The age interval was 65 to 86 years. Sixty five percent of the patients were women. At inclusion, 25.5% of the patients had a diagnosis of major depressive disorder, single episode, while 74.5% had a recurrent episode. The mean HAMD17 score was 24.5. Forty percent of the patients had a total HAMD17 at inclusion higher than 26. The mean HAMD17 (LOCF) at week 8 was 7.04. Based on the HAMD17, 78.5% of the patients were in remission (HAMD <

10) after 8 weeks. Reboxetine was well tolerated. Any treatment-emergent adverse event were reported by 29.5% of the patients at week 1, and after 2 months of treatment, the incidence decreased to 10.8%. The most common adverse events (all reported with an incidence lower than 5%) were dry mouth, constipation and somnolence.

Conclusion: Despite the methodological limitations, the results of this naturalistic study are consistent with the results of randomized, double blind studies of reboxetine, where it proves to be a safe and effective antidepressant in an elderly population.

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WHY IS LENGTH OF STAY IN PSYCHIATRIC CLINICS EXPONENTIALLY DISTRIBUTED? AN ANALYSIS OF CONTRIBUTING FACTORS

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Objectives: Direct illness costs in psychiatry are strongly related to the length of inpatient stay (LOS). Prior studies have shown that LOS depends upon many factors, however there is no systematic work on their interrelation and relative contribution.

Methods: A detailed statistical analysis of the factors explaining LOS for n = 4706 consecutive admissions to the Psychiatric Hospital of the University of Tübingen is presented.

Results: The distribution of LOS follows an exponential decay function, rather than a normal distribution, suggesting an essentially risk-based process. Cox Regression indicates that the probability of discharge and hence LOS is modulated by a number of illness-related and other factors, and their relationship is explored.

Conclusion: In contrast to a widely held belief, LOS data are not normally distributed and may not be described by mean values, such as used by German Public Health for reimbursement and for comparison of services. LOS in psychiatry seems actually governed by a risk-based process. Many factors contribute to it, many of them have non-trivial effects and are interrelated with other measures.

As a tool in quality management, LOS data for psychiatric hospitals might be routinely analyzed and the effects of non-illness-related factors minimized.

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UNIMPAIRED PERCEPTION, BUT IMPAIRED WORKING MEMORY AND MOTOR RETARDATION IN BORDERLINE PATIENTS

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Objectives: Deviant behavior in borderline patients may be due to a disturbance of processes occurring before action, such as impaired perception or inability to maintain relevant information in the working memory. The present study was aimed to assess stimulus perception, working memory and initiation of reaction in 22 borderline patients compared to 25 age- and education-matched controls.

Methods: A visual backward masking paradigm was used to test perceptual speed and accuracy, and a series of visual and auditory delayed-matching to sample (DMS) tasks of graded difficulty to test working memory. Detailed psychometric scores were acquired and correlated with the results.

Results: In the backward masking experiment, patients required equal SOAs as controls to perceive the target, but were significantly slower to react. In the DMS experiment, the patients under all conditions produced more errors than controls, mainly false alarms