

P01.167**STAGE OF CHANGE IN ANOREXIA AND BULIMIA NERVOSA. CLINICAL AND THERAPEUTICAL IMPLICATIONS**

F. Fernández-Aranda^{1*}, V. Turón¹, I. Sánchez¹, M. Viñuales¹, M.J. Ramos¹, J. Vallejo¹, M. Katzman². ¹*Unit of Eating Disorders, Department of Psychiatry, University Hospital of Bellvitge, Barcelona, Spain*

²*The Maudsley Hospital, Institute of Psychiatry, London, UK*

The purpose of the present study was to determine the motivational stage of Anorexia and Bulimia nervosa patients and to assess the relationship between this topic and clinical or symptomatological variables.

Method: 347 patients with Eating Disorder (136 AN; 211 BN), who consecutively sought treatment at our Unit, participated in the present study. The whole Ss fulfilled DSM-IV criteria for such pathologies, and were female. The age of the sample ranged between 16–37 years.

Assessment: Measures used were Eating Attitudes Test (EAT-40), Eating Disorders Inventory (EDI), Bulimic Investigatory Test Edinburgh (BITE), Body Shape Questionnaire (BSQ) and Beck Depression Inventory (BDI), and Analogical visual scale of motivational stage as well as clinical and psychopathological relevant variables.

Results: Our results indicated higher motivation for change in BN than in AN patients (84.3% vs. 74%). Greater motivation was positively associated with older patients ($p < .05$), lower Body Mass Index (BMI), longer duration of illness ($p < .05$) and higher body dissatisfaction ($p < .03$).

Conclusions: Patients with AN presented greater resistance to change than BN. Furthermore, younger patients and therefore lower duration of illness may be associated with greater resistance to change, and also with poorer prognosis.

Supported by Spanish Government (FIS) and European Union (Framework-V)

P01.168**FIRST MAJOR DEPRESSIVE EPISODE AMONG SUICIDE ATTEMPTERS IN HUNGARY**

J. Balázs^{1*}, I. Bitter², Y. Lecrubier³, N. Csiszér⁴, J. Koszták⁴. ¹*Vadaskert Hosp., Budapest;* ²*Semmelweis Univ., Budapest;*

⁴*Elisabeth Hosp., Budapest, Hungary*

³*Hôpital de la Salpêtrière, Paris, France*

The aim of this study was to investigate the prevalence of affective disorders especially the rate of first major depressive episode among suicide attempters.

Methods: Using a structured interview determining 16 Axis I psychiatric diagnoses defined by the DSM-IV (Mini International Neuropsychiatric Interview) and a semistructured interview collecting background information, the authors examined 100 consecutive suicide attempters, aged 18–65 in Budapest.

Results: Eighty-eight percent of the attempters had one or more current diagnoses on Axis I. The most frequent current diagnosis was major depressive episode (MDE) (69%) followed by generalized anxiety disorder (62%), substance dependence and abuse (53%). More than one-third (35%) of patients with current MDE belonged to the bipolar group and 79.2% of them got the bipolar II diagnosis. Among suicide attempters with current MDE, 60% had their first episode. Eighty-six percent of all current disorders was diagnosed together with current MDE. The diagnosis of current MDE was significantly and positively related to the number of

suicide attempts. The diagnosis of past MDE was not significantly related to the number of suicide attempts.

Conclusions: These results support previous studies showing high rates of mental disorders, especially MDE among suicide attempters. Bipolar (particularly bipolar II) patients are overrepresented among the subjects. The presence of current MDE was significantly higher among repeaters than first attempters. To our knowledge, this is the first study in which the rate of first MDE was found as high as 60% among suicide attempters.

P01.169**REHABILITATION OF REFUGEES AND FORCED MIGRANTS WITH SOCIAL-STRESS DISORDERS IN RUSSIA**

E.N. Prokudina^{1*}, V.N. Prokudin^{1,2}, A.P. Muzychenko³. ¹*Memb. of Civ. Assist. Comm. for Refugees and Forced Migr.;* ²*Doc. Dep. Psychiat. Rus. Med. Univ.;* ³*Ch. Dep. Psych. of Rus. St. Med. Un. Moscow, Russia*

Since 1990 in Moscow the first Russian public charity organization which assist to refugees and forced migrants have started to work. After the desintegration of Soviet Union the migration on the postsoviet area turned into suffering of million people. Socio-psychological situation, which gradually was developing in Russia for last 10 years had brought the fundamental breakage in public consciousness and vital orientation of hundred millions people. Mass manifestation of psychoemotional tension and psychological disadaptation in the ethnic Russian in former republics of Soviet Union became natural experimental model of Social-Stress Disorders (SSD) - variant of posttraumatic stress disorders when enormous mass of civil population are involved). Likewise the typical posttraumatic stress disorders the SSD appear in majority of people as result of the revolutional changes in entrenched massive consciousness and way of life. In 1994 the group of medico-psychological help began to act in Civic Assistance Committee (therapeutist and psychiatrist) with the aim to improve the refugees' and forced migrants' psychosocial rehabilitation. We present here the psychopathological analysis of 1245 migrants from Chechnya, Tadzhikistan, Abchazia, Azerbaidjan. It was shown that: 12% of refugees and forced migrants suffered from pre-disease reactions with emotional tension, obsessive reminiscences about tragic events during civil war or pogrom; 18% - affective-shock reactions (in anamnesis) with disturbances of consciousness; 31% - psychoadaptive states with neurasthenical, hysterical reactions; 39% - pathological personality development or psychosomatic disorders. Nozologically all above mentioned groups of patients were determined as SSD. In treatment of those patients the combination of different kind of psychotherapy (rational, suggestive, behavioral) and varied psychopharmacotherapy (valium, phenazepam, clonazepam, alprazolam, coxal, zolof, neuleptil, melleril, nootropil) was the most effective.

P01.170**A FACTOR ANALYSIS OF SIGNS AND SYMPTOMS OF THE MANIC EPISODE WITH BECH-RAFAELSEN MANIA AND MELANCHOLIA SCALES**

A. Rossi^{1*}, E. Daneluzzo, L. Arduini¹, O. Rinaldi¹, M. Di Domenico, C. Petrucci. *Dept. of Clinical Psychology at 'Villa Serena Medical Center' (PE);* ¹*University of L'Aquila (AQ), Italy*

Background: Even though the two phases of bipolar disorder in their classical expression consist of retarded depression and euphoric mania, manic and depressed states are often not mutually exclusive. Several factor analyses of signs and symptoms of mania