

P03.382**COERCION AND WARD RESOURCES**

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Objective: To investigate coercion in the treatment of patients measured as physical restraint (beltfixation), in correlation with diagnoses and social data.

Method: A retrospective investigation of physical restraint on two psychiatric departments in Ringkøbing County, Denmark by help of case notes. Investigation years: 1994, 1995 and 1996. One of the departments with possibilities for intensified observation had single bedrooms. The other department had a separate ward for intensive observation, treatment and care. The rooms there had more than one bed.

Results: The department with the possibilities for intensified observation had less beltfixation but most patients were restrained for more than 24 hours. In the period from 4 pm till midnight most fixations occurred in the evening. In the period less nurses were on duty compared to the periode 8 am till 4 pm. The patients with schizophrenia, Acute Psychoses and Affective Disorder had the highest frequency of fixation and those patients were represented with the highest number. Most of the patients undergoing beltfixations belonged to the social group with none education.

Conclusion: Physical surroundings seems to have an influence on the number and duration of fixations. Diagnoses and social status seems also to be correlated to the number and duration of fixation.

P03.383**ORGANIC ASTHENIC DISORDER AND SUCCESSFUL EDUCATION OF PRELIMINARY SCHOOLCHILDREN**

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The problem of mental health of the first-year pupils is associated with their adaptation to school functioning and success in learning. The latest data are evidence of the fact that 20–40% of preliminary pupils manifested signs of maladjustment. The work was ground up the multidisciplinary approach in examination of 120 first-year pupils having academic difficulties and behavioral deviations. Criteria of including were the presence of cerebral asthenia radical in the form of physical and mental weakness, emaciation; somatic, vegetative and cognitive component in psychic status. Disorders were analyzed according to the ICD-10 paragraphs. The reason of all disorders concerned the antenatal brain damages. Criteria for excluding were non-organic disorders. The results of multifactor clinical and electrophysiological estimation revealed that cerebral asthenia disorders were presented by two syndromes: asthenic-hyperdynamical (AHRD) (61.6%) and asthenic-hypodynamical (AHD) (38.4%). The comorbidity of asthenia and hyperkinetic behavioral disorder (F90.1) was observed in the frame of AHRD type; asthenia and social-anxiety disorder (F93.2) – in the frame of AHD type. During the first psychological estimation by WISC-R the general data looked like low and located between low norm and border level (IQ 70...96). Children with hyperkinetic disorders had the worse results. After the treatment and psychological management during the second psychological estimation the results of 67.9% of pupils had medium IQ indexes (90...106) that was evidence of reversibility of cerebral asthenia disorders and necessity of their preschool medical-psychological correction.

P03.384**ABOUT CONCEPTION OF DISSOCIAL DEVELOPMENT IN CHILDHOOD**

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The school maladjustment, due to increasing of the prevalence of the phenomena at secondary schools, turned to be a serious problem that attracted attention of various professionals in the fields of psychiatry, psychology, pathopsychology, pedagogy and social work last years. For a period of four years a multidisciplinary team investigated 316 pupils of preliminary school in the age of 6...8 with the sings of academic failure and social disfunctioning because of various types of disontogenese. The group of 96 school children was elected on the foundation of the deep multidisciplinary diagnosis. Their maladjustment was determined by psychogenic conditions. The set of diagnostic methods and tests that were notable for reliability and validity and included clinic-psychological, psychopathological, paraclinic researches and analysis of anamnestic data was used in the work. Psychic disontogenese that was determined by deprived conditions in the families with disordered psychological health and manifested by chronic psychogenic atmosphere could be defined as a different group of so called family and pedagogical neglecting. This group was characterized by failed psychological development of psychogenic derivation with delaying in formation of the highest personal structures and mild cognitive defect. The maladjustment disorders performed the constellation of mainly nonpathologic disorders of psychological development that could be defined as "dissocial development in childhood". Such definition corresponded to the category F60.2 (ICD-10) "Dissocial personality disorder" that characterized failed psychic development in adulthood. The analysis of the results showed that complicity of the problem require the multilevel approaches, that could be provided efficiently and successfully in the frame of multidisciplinary cooperation of different professionals that occupied in the field of child mental health.

P03.385**DEPRESSIVE DISORDERS AT ADOLESCENTS WITHIN PENITENTIARY MALADJUSTMENT**

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The prevalence of neurotic depressive reactions at adolescents during their adaptation under penitentiary conditions made it necessary to expose and prevent it timely. 22 adolescents (16–18 year old) being inpatient at penitentiary hospital were examined by clinical-psychopathological methods. Under the personally difficult psychotraumatic situation of conviction they demonstrated adaptation disorders that were manifested through depressive reactions. All adolescents were divided into two groups. The disorders of adaptation of 15 youngsters were defined only by emotional deviations and 7 of them had autoaggressive behavior in the structure of depressive syndrome. The results of exams displayed that 9 of the first group manifested inconstant low mood with inclination to it improving and optimistic estimation of future. They shut themselves off, performed uninitiative, touchiness, or demonstrative behavior in order to attract attention and find out a sympathy. Anxiety, disturbance for the future, expectation of vulnerability from other people were the main signs at 6 cases. Uneasy mood that often caused a melancholy and was combined with intellectual difficulties, ideas of small self-value, unsuccess, lack of perspective were observed at the second group. The result we received showed that uneasy and anxiety component in depressive affect caused

heavier adaptation disorders with autoaggressive behavior. It is very perspective to use a cognitive behavioral therapy in the foundation of prevention of such disorders.

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HEBOID SYNDROME OF RESIDUAL-ORGANIC GENESIS AT PRELIMINARY PUPILS

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Heboid syndrome, being one of the list psychopathologic symthomo-complex is diagnosis at adolescent as a rule. Pathomorphose of mental diseases in now days led to significant rejuvenation of this syndrome. The early diagnostic and medical, psychological and pedagogical management of such children is going to be very actual, because of their aggressive and antidisiplinary behavior led to social disadaptation and affects the further personal development. There were examined 34 children (7–10 years old) with early Heboid syndrome of residual organic genesis that were inpatients at child mental wards. The investigation has been conducted by a set of methods (clinical-anamnestic, clinical-psychopathological, neurological and electrophysiological ones). The results showed that deviant behavior of examined group was explained by polymorph pathologic enforcement and perversion of drives that was associated with decompensation of organic symptoms at second critical period of age. Rudimental-aggressive drives were characterized by tendency to torment pets, offend those who is weak, and get pleasure while doing this. Such children often performed aggressive fantasies that manifested in games and pictures. Some of them had inclination for vagrancy (18), stealing (13) or dispose for pyromania (12). In this age most of pupils demonstrated episodes of abuse. School refuse, behavioral and hyperkinetic deviation defined the school maladjustment, where they distinguished by impulsiveness, irritability, conflicts that is the evidence of emotional disorders. So, Heboid syndrome at preliminary pupils within decompensation of residual-organic pathology exposed through dissocial behavior and allow to take them to "risk group" on abuse and delinquency. This problem needs further complex research.

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DYNAMIC OF PSUCHOMOTOR DISORDERS OF RESIDUAL ORGANIC GENESIS

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The problem of residual organic (RO) cerebral disorders in childhood and adolescents is still rather actual. It is associated with their high prevalence, with different approaches to diagnosis, wide specter of pathogenic factors and multiple clinical manifestations. The structure of RO psychosyndrome (F07.9) in childhood besides the other includes psychomotor disorders as the result of failed development of motor function (F82). The aim of investigation was to reveal appropriate and dynamic of psychomotor disorders in RO psychosyndrome in childhood. 48 children in the age of 1...15 with RO psychosyndrome were examined by clinical, psychological and electrophysiological methods. The criteria for exams were psychomotor disorders of organic genesis. One of the early manifestation (in the age up to 5) were some delay in formation of stato-kinetic functions, motor disability. Later tics, hyperactivity, dreamwalking and dreamtalking joined in 16 cases. At the age of 6...8 12 children showed-spelling and reed disability, epileptic paroxysms as simple and complex episodes were revealed

in 8 cases. at first group (18) all disorders were associated with decompensation of organic psychosyndrome at age crisis period. Polymorph and liability of symptoms were marked. At second group (20) different types of motor deviations were enforced and led to epileptic episodes. At the dynamic observation we revealed two variants of psychomotor disorders within RO psychosyndrome in childhood and adolescents. First was displayed by reactions of decompensation and the second was progredient with complicated and enforcing of disorders. Such dynamic approaches could be used for investigations of other variants of RO psychosyndrome in childhood.

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RSYCHOPHYSICAL MALDEVELOPMENT AS THE REASON OF DEVIANT BEHAVIOR IN CHILDHOOD

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The data of special literature evident that bad somathic health and organic damages of brain could be one of the reason of disordered behavior, or biological ground of deviation. 124 children in the age of 6–7 with the minimal brain dysfunction were exposed to clinical-psychopathological examination that showed significant particularities at early stages of their ontogenesis. They manifested weakness, nervous, uneasiness, with bad memory and attention. Headache caused by high brain hypertension marked at 43 cases (34.7%). They hardly stayed heat, stuff, riding transport. 78 (62.9%) showed impulsiveness, irritability, insomnia, indefinite fears, tics and other neurotic and neurotic-like disorders. Hyperdynamic syndrome, perversion of drive, weak attention, unmanagment behavior that come to deviant one (antidisiplinary, asocial, delinquent) appeared in more difficult cases 96 (77.4%). Processes of development and education damaged, reactions of negativism appeared. Particularities of development of the child with bad biologic ground determined the necessity of preventive emotional and secondary behavioral deviations, that manifested as various types of deviations. Complex appearance with joined efforts of physicians, teachers, psychologists, social workers and parents could be thought as an optimal variant of correction. So, the system of complex medical-social-psychological measures at the states of disordered psychophysical development can affect not single functions but social and common maladjustment and be a prevention of deviant form of behavior in child and adolescent.

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INDIVIDUAL SOCIAL AND LABOUR LONG-TERM PROGNOSIS IN ATTACK FORM SCHZOPHRENIA

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Clinical and epidemiologic study of social and labour adaptation was performed in 245 patients with attack form of schizophrenia lasting over 25 years. In terms of social adaptation, on the 20th year 41.2% of the patients were highly adapted, 35.9% had lower adaptation level, and 22.9% were disadapted. Hereditary, genetic, clinical and environmental factors (a total of 16 variables in 79 positions) were tested as putative predictors. Most of these were shown to have different statistical values and correlation with prognosis that implies the necessity of individual approach to probabilistic social and labour prognosing based on the parameters accounted. Then, a clinico-epidemiologic research method combined with a multi-dimensional analysis was applied in patients suffering from attack-like schizophrenia. This made it possible to distinguish the most informative criteria for a long-term social and