

of indicating has to follow certain pathways. In addition to the specific indication other stages in this process are distinguished. The *positive time indication* means the period within or after which a treatment should be started. The *negative time indication* aims at preventing unnecessary or disadvantageous continuation of psychotropic medication. The *hierarchical indication* may help the doctor in making an adequate choice between the next, often more serious therapeutic steps to take. A tentative psychopharmacotherapeutic standard was built up by matching the process of indicating with the different groups of psychotropic compounds: antipsychotics, antidepressants, hypnotics, anxiolytics and other sedatives. These psychopharmacotherapeutic guidelines were presented to the medical staff of the general hospital. In a survey two years later one hundred medical files were checked in order to determine if the above mentioned therapeutic guidelines were followed. The data of this survey are presented in this paper.

BIOCHEMICAL CORRELATES OF PERSONALITY DIMENSIONS IN HYPERTHYROID PATIENTS

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In contrast to psychodynamic interpretations within most of psychosomatic studies, the efforts to get insight into biochemical suppositions of personality dimensions of hyperthyroid patients have been, by far, less frequent. Also, there may be encountered various psychopathological manifestations in hyperthyreosis in correlation with neuroendocrine dysbalance. The aim of the study was to get insight into, by determination of thrombocyte monoamine oxydase (MAO) activity, possible biochemical correlates of personality dimensions of hyperthyroid patients. The experimental group consisted of 24 patients, in whom there was diagnosed Graves-type hyperthyroidism. Controls included 34 healthy subjects. For assessment of personality dimensions MMPI-201 test was applied. The MAO activity was determined by fluorimetric procedure (Krajl, 1965.). The obtained score personality profile of hyperthyroid patients corresponds to the profile of a healthy personality. The level increase of scores on the scales of hysteria (Hy), depression (D) and hypochondriasis (Hs) is interpreted as so-called "neurotic trend", i.e. neurotic level of organization of these personalities, with a marked tendency to react, in stress situations, by manifesting psychosomatic reactions. The study results confirm significantly low levels of the thrombocyte MAO activity in the patient group. Such finding indicates noradrenergic/serotonergic (NA/5-HT) dysbalance as a possible biochemical substrate of anxiety (the increase on the scale Hy suggests somatic correlates of anxiety) and depression (the elevated score of the scale D) in the patients. A negative correlation between the scale psychopathic deviate (Pd) and the MAO activity is interpreted within the context of so-called desinhibitory psychopathology, indicating the impaired modulatory (inhibitory) impact of the serotonergic system (the decreased thrombocyte MAO activity).

COMPARISON OF BLACK AND CAUCASIAN MALES ADMITTED TO A PSYCHIATRIC INTENSIVE THERAPY UNIT

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Aim: A review of admissions to the Psychiatric Intensive Therapy Unit (ITU) at the Royal London Hospital revealed that Black patients (Afro-Caribbean and African) were over-represented in comparison to Caucasian patients. We wished to examine differences in the indication for admission, past history and diagnosis between the ethnic groups.

Method: 43 Afro-Caribbean and 19 African males having their first admission to the ITU were identified from a central computer

record, these were matched for age (± 3 years), and sex to a similarly identified Caucasian group.

Results: Black men had significantly longer admissions to the ITU (mean 34 vs. 25 days), and on average the length of their admission to hospital was longer (229 vs. 132 days). Black patients were more likely to have had a diagnosis of schizophrenia (80% vs. 51%) and less likely to have a diagnosis of an affective illness. The incidence of past forensic histories (61%) and previous hospital admissions (71%) were identical. Violence as an indication for admission to the ITU was more frequently recorded in black patients, although the actual number of violent incidents during admission to the ITU were similar. There was a trend for more of the black group to be in the community at follow-up (75% vs. 59%, $p < 0.1$).

Conclusion: The excess of admissions amongst the Black patients may be partially explained by a larger proportion of this group having a diagnosis of schizophrenia (which was associated with longer admissions in both groups). The trend for more of the black patients to be in the community at follow up is consistent with other studies showing a more remitting course of psychotic illnesses in this group.

SEX OF PARENT TRANSMISSION EFFECT IN TOURETTE'S SYNDROME: AGE AT ONSET IN MATERNALLY TRANSMITTED CASES SUGGESTS A GENOMIC IMPRINTING EFFECT

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It has recently been suggested that parent of origin effects possibly caused by genomic imprinting influence the phenotypic expression of a number of heritable human disorders. To test this phenomenon in the Gilles de la Tourette Syndrome (GTS), 437 first degree relatives systematically ascertained through 57 probands were studied. Age at onset, age at diagnosis and phenotypic expressions as observed in the diagnosis of GTS, Chronic Motor Tics & Obsessive Compulsive Behaviours in the offspring of affected males were compared with that in the offspring of affected females. Of the 437 subjects, 16.7% had matrilineal inheritance and 13.9% had patrilineal inheritance, as determined by family history methodology. Chi-square analysis of the different phenotypic expressions and sex of the transmitting parent failed to provide evidence of significant group differences. There were no significant differences when age at diagnosis was compared. However, the maternally transmitted offsprings showed a significantly earlier age at onset. This points to parent of origin effect on the putative GTS gene(s) that could be explained by meiotic events or even intrauterine environmental influences. These findings may help to explain the hitherto conflicting reports about the nature of genetic transmission in GTS, and suggest a need to re-examine family data separately for maternally and paternally transmitted cases, taking into account the possible role of imprinting.

AUSTRALASIAN FIELD TRIALS OF THE DRAFT MULTI-AXIAL VERSION OF THE ICD-10 (MENTAL AND BEHAVIOURAL DISORDERS SECTION)

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Background: A number of versions of chapter V of ICD-10 are being prepared for use in different settings, including clinical practice,