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COMPUTER CISTERNOGRAPHY, SURGEUS AND PSYCHIATRIC DISORDERS

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It has been found that neurotrauma and inflammation disorders (cerebral arachnoiditis) are frequent symptoms of epilepsy. The use of X-ray computer tomography (CT) in clinical practice has made it possible to monitor non-invasively various parts of the liquor system. The character of liquor dynamics in patients with severe epilepsy and psychic disorders has not yet been studied. Using cysternography (Omnipac) on 27 patients we compared clinical psychopathological and computer tomoography data. Using ICD-10 diagnostic criteria, symptomatic epilepsy, and organic disorders of the brain were found. Psychic disorders in 8 patients were diagnosed as phobia and obsessive phobia syndromes; depression in 15 patients and dysphoria in 4.

Results: 5 patients displayed no pathologic deviation, 10 displayed a decrease in liquor resorption, and 12 displayed a slight liquor production decrease. Drugs with dehydration effects and liquor production stimulation were used together with anticonvulsive and psychotropic drugs.

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THE PHARMACOTHERAPY OF ACUTE CONFUSED STATES

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Objective: to estimate combined pharmacotherapy of Acute Confused States-Delirious Syndrom (ACS-DS), the main hypothesis for which may lead to better results with the combined therapy of ACS-DS with haloperidol and mainserine than with monotherapy with klomethiazol. A group of 40 patients with ACS and DS with heterogenous ethiology were divided into two subgroups of 20 patients with no differences in sociodemographic, clinical or other characteristics. The first subgroup was treated with haloperidol with a dose of 2-6 mg/day and mianserine 30-60 mg/day and the second with klomethaisol with a dose of 300-900 mg/day. The treatment lasted from 5 to 10 days. The Acute Confused States Scale, Mini Mental Status and the Clinical Global Impression Scales were used for clinical evaluation. In both groups significant improvement was noticed but the outcome was considerably more favourable for the first one. The evaluation was made at base-line on the first day and then every second day. Besides the withdrawal of the main symptoms of ACS-DC, a greater occurrence of anxiety and reactive depression was noticed. The statistical analysis with instruments for evaluation and global clinical evaluation showed a statistically significant difference of $p<0.005$ in favour of the group with combined pharmacotherapy. More reliable improvement was obtained and risk of reactive depression and fear of repeated relapse reduced.

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ANXIOLYTIC AND MEMORY IMPROVING ACTIVITY OF MOCLOBEMIDE

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Moclobemide has been found to exert a positive effect on cognitive functions possessing antiamnesic properties and improving attention and memory. The anxiolytic effect of moclobemide was postulated mostly on the basis of its clinical effect in anxiety disorders. In this study, the anxiolytic effect of moclobemide and the influence of it on memory by anxiolytic but not sedative effect was studied. Male Wistar rats were used in this study. Moclobemid, 10mg/kg was administered p.o. 30 minutes before the test. In chronic experiments, moclobemide was administered to rats for 3 weeks. Anxiolytic effects were determined according to the Crowley "Two compartment exploratory test". Memory was measured by the maze test. The statistical significance of the results of the anxiolytic and memory trials were evaluated according to the 2-tailed Student "t" test. It was found that moclobemide had a remarkable anxiolytic effect, lasting in chronic experiments over 2 weeks. In memory experiments (food finding time in maze), moclobemide exerted a favourable effect only after a single administration and up to 2 weeks in chronic experiment. The anxiolytic activity of moclobemide shown in approach-avoidance behaviour may be associated with its clinical effect on social phobia.

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A MULTICENTRE NATURALISTIC LONG TERM STUDY OF ZOTEPINE

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Objective: to assess in this naturalistic, multicentre, multiple dose study the tolerance and safety of zotepine in the long-term treatment of schizophrenia. Patients were selected according to the DSM-III R criteria for the diagnosis of schizophrenia. All patients at baseline were required to have a score of 4 or more according to the Clinical Global Impression Severity Scale (CGI). The primary measure of efficacy was a change from baseline to endpoint in the Brief Psychiatric Rating Scale (BPRS). Patients received zotepine in the dose range 75-450mg daily in three divided doses. 255 patients entered the study which resulted in a total patients exposure to zotepine of 152.8 years. 97 patients continued to receive antipsychotics in addition to zotepine during the study and 78 patients started to receive antipsychotics.

A clinically relevant change in the mean BPRS total score was observed from 51.7 at baseline to 40.8 at endpoint. 220 patients reported 826 treatment emergent adverse events during the study. In general this study has shown that zotepine is a safe effective therapy for the treatment of schizophrenia which is well tolerated when prescribed chronically.

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