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PSYCHIATRIC CONSULTATIONS IN BIALYSTOK GENERAL HOSPITAL

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Since 1990 internists in the General University Hospital in Bialystok have completed "The Psychiatric Consultation Request" (PCR) to refer patients for psychiatric consultation. The questionnaire is a modification of "The Psychiatric Consultation Checklist" by J. Zigun.

This study concerns 1420 PCRs completed between 1990 and 1994 representing 6.2% of all patients hospitalized during this period in the Departments of Internal Diseases in the GH. It was noted that the number of consultations increased gradually reflecting a continuous rise in demand for psychiatric consultations. The consultations were more common for women than men and the most common causes for consultation were neurotic symptoms and the most common psychopathological symptoms were sleep disorders (62%), depressive mood (55%), anxiety (36%). The most common expectation of internists for psychiatric consultation was the beginning of psychopharmacological treatment for patients.

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THE STATUS OF PSYCHIATRIC CONSULTATION IN POLAND

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140 general hospitals (GH) in Poland were sent questionnaires to find out how psychiatrists were employed in GHs, the demand for psychiatric consultation, number of consultations, qualification for consultation (liaison psychiatry of consultants) and any problems which make the work of the consultant difficult. The questions also asked the main reason for psychiatric consultation and the number of wards of hospitals where the number of consultations were highest. Almost half the hospitals replied. Their responses indicate that only 30 percent employ psychiatrists, mostly for two-three hours a day, and rarely full-time. The highest number of psychiatric consultations is in internal wards. The directors of GH estimated there is a high demand for these consultations. The results also showed that more than half of all consultants have over ten years of consulting practice. Over 80 percent are psychiatry specialists. Half of them had no training in consultation-liaison psychiatry. Thus, it is necessary to create and implement a post-graduate training programme in consultation-liaison psychiatry, as part of psychiatry specialisation.

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PHARMACOTHERAPY OF CRAVING FOR ALCOHOL

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The Kindling theory of craving for alcohol, plus clinical descriptions of paroxysmal craving syndrome, require direct evidence of a craving during the course of pharmacotherapy. This involved using topographic mapping of EEG with special attention to slow wave delta-activity. The procedure provides the possibility of lowering the threshold for delta-activity, to make it detectable at any intensity level. 40 alcoholic patients with exacerbated craving, and free of withdrawal symptoms were studied both before treatment and after five days on carbamazepine medication. The comparison group consisted of ten alcoholic patients, with no clinical signs of craving. Six healthy controls were also studied. Each patient was given olfactory stimuli - non-specific (deodorant) and specific (alcohol). The results showed significantly more pronounced delta-activity, mostly in the parietal parts of the brain cortex, in patients with exacerbated craving. This was sharply amplified when alcohol stimuli were given, and was not observed in the other groups.

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VEGETATIVE REGULATION CHANGES IN DEPRESSIVE TREATMENT

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The study examined 20 men with depression of different nosology and a comparative control group, to assess regulatory possibilities in the vegetative nervous system. Histogram distributions of R-R intervals in ECH-taping were analysed under a course of amitriptylin medication. Depression manifestation is characterised by the morning-evening gradient inversion in the vegetation regulation process, and also by express changes in its absolute indices. A tendency to normalisation of the morning-evening gradient was observed at the initial stage of the therapy process. However, the absolute indices showed increasing tachycardia. At the end of week three of the treatment, tachycardia remained (less expressed in the morning, but increased in the evening hours), and morning/evening gradient inversion emerged. By the end of the treatment, tachycardia had been reduced, but the inversion remained. Therefore, although the depression symptoms are curable under amitriptylin medication, there is no normalisation in the considered indices, especially in the evening hours.