

PERSONALITY AND SELF ESTEEM IN AFFECTIVE DISORDERS

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The personality model by C.R. Cloninger hypothesized 4 temperament (Novelty Seeking, Harm Avoidance, Reward Dependence, Persistence) and 3 character dimensions (Self-Directedness, Cooperativeness, Self-Transcendence). Former studies have shown differences in personality and self-esteem between bipolar and recurrent unipolar depressed patients in remission. To our knowledge there are no results published so far regarding Cloninger's personality model and its relation to self-esteem in these patient groups.

Our sample consisted of 20 bipolar patients, 20 recurrent unipolar depressed patients and 20 healthy controls (all groups matched for age and sex). Patients were diagnosed in consensus by two experienced psychiatrists according to DSM-IV based on personal interviews, case reports and SADS-L Controls were psychiatrically screened, individuals with first degree relatives affected by psychiatric disorders were excluded. The Temperament and Character Inventory (TCI, C.R. Cloninger, 1993) was used for classification according to Cloninger's personality model. The Rosenberg Self-esteem Scale (M. Rosenberg, 1965) measured self-esteem. Both scales were administered in remission.

With regard to differences between the two patient groups preliminary results of 13 bipolar patients and 10 unipolar patients showed significantly higher scores in the TCI subscale for Persistence in bipolar patients ($p < 0.01$) and a trend to higher scores in Harm Avoidance in unipolar patients ($p = 0.0525$). In addition we found a trend toward lower self-esteem in unipolar patients compared to bipolar patients ($p = 0.0884$). These and further results will be presented.

Results of our study seem to confirm the hypothesis of differences in personality traits between bipolar and unipolar patients and will provide more information about the relation of self-esteem and TCI values.

HEAVY PSYCHIATRIC SERVICE USERS AND THE COMMUNITY CARE PROGRAMME

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Objectives. To identify a group of patients with multiple admissions to a psychiatric hospital, and evaluate the extent of effective psychiatric treatment, clear discharge plans and the presence of a Care Programme approach aimed at managing this vulnerable group of patients.

Methods. The hospital Patient Administration System (PAS) was used to identify all patients admitted seven or more times to the Psychiatric wing of St. James's Hospital, Leeds over a three year period. Administrative indices of hospital contact were recorded, and case notes reviewed to identify primary diagnosis, past psychiatric treatment, current hospital contact and the presence in the records of a clear treatment plan and follow-up as recorded in the last discharge summary, or in a formal Care Programme.

Results. 44 patients who had been admitted 7 or more times made up only 2% of all patients admitted in the three year (2200) yet accounted for 7% of all inpatient days, accounting for 2305 days in hospital between them. Multiple or mixed diagnoses were found in 56%. They spent 18 days in hospital on average compared to a mean of 27 days for admissions to the rest of the unit. Only 34% had been under the care of one consultant.

Conclusions. Administrative systems should be put in place to identify patients with multiple admissions, particularly when these admissions are for short periods of time, or under the care of a number of different consultants. Consistent follow-up needs to be arranged, with a clear Care Programme approach being adopted to offer effective treatment to this vulnerable and high-service utilising group of patients.

THE EFFECTS OF ZIPRASIDONE ON STEADY-STATE LITHIUM LEVELS AND RENAL CLEARANCE OF LITHIUM

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Ziprasidone is a novel antipsychotic agent with combined antagonism at 5HT_{2A} and D₂ receptors. An open-label, randomised, placebo-controlled study was conducted to assess ziprasidone's potential to alter the renal clearance and steady-state levels of lithium. A total of 25 healthy male volunteers received oral lithium carbonate (450 mg) twice daily on days 1 to 14, and once in the morning on day 15. Subjects received either ziprasidone 20 mg twice-daily on days 9 to 11 followed by 40 mg twice-daily on days 12 to 15 ($n = 12$), or placebo twice-daily ($n = 13$). Ziprasidone and placebo were administered 2 hours prior to lithium dosing.

Concomitant ziprasidone administration for 7 days was associated with a 0.066 mEq/L (14%) increase in steady-state lithium levels compared with an increase of 0.057 mEq/L (11%) in the placebo group. Renal clearance of lithium decreased by 0.089 L/h (5%) in the ziprasidone group and decreased by 0.151 L/h (10.5%) in the placebo group. These differences between the two groups were neither statistically nor clinically significant. There were no serious or untoward adverse events observed in this study.

PSYCHOSOCIAL CARE FROM THE PATIENT'S PERSPECTIVE

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In psychic illness the patient's perspective is a very important element which, however, is still underestimated. Considering the patient's viewpoint will increase compliance and thus improve treatment. Aiming at quality management by integrating the patient's personal opinion and experience into therapeutic approaches, we interviewed 60 patients of 3 diagnostic groups (affective disorders, schizophrenia, alcohol and drug dependence) on their quantitative as well as qualitative experience with psychosocial institutions. The patients were interviewed individually using a semi-standardized interview. Statistical analysis was performed by SPSS; however, our main interest was devoted to qualitative aspects.

Results: While most of the patients with affective disorders are limited to traditional institutions (i.e. out-patient treatment by psychiatrists and inpatient care in hospital) without requiring further forms of treatment, many schizophrenic patients additionally benefit from 'complementary institutions'. Alcohol and drug addicts have evaluated different forms of psychotherapy as well as semi-professional services.

In summary, the majority of our patients assess the network of psychosocial care in Germany as comprehensive, sophisticated and efficient and thus profit from the variety of different professional and semi-professional services. Nevertheless, our patients offer a multi-