

(86.9%) had another psychiatric diagnosis, while 13 (13.1%) had no other psychiatric diagnosis. In the comparison of the two groups, statistical significance was established by the χ^2 test for categorical data, while the two-tailed Student *t* test was used for comparison of means with interval data. The results showed that the prevalence of concomitant psychiatric disorders was high, being personality disorders the most prevalent diagnoses ($n = 68$, 68.7%), and among them the antisocial personality disorder ($n = 39$, 39.4%). Those patients with a concomitant psychiatric disorder were more likely to have a diagnosis of abuse or dependence of other psychoactive substances, both when admitted into the MMP (O.R. = 7.95; C.I. (95%): 2.25–28.06; $p < 0.002$) and after 12 months of follow-up (O.R. = 4.11; C.I. (95%): 1.23–13.70; $p < 0.05$). They also had a worse heroin use outcome (O.R. = 4.63; C.I. (95%): 1.19–18.03; $p < 0.05$). No significant differences between the two groups were seen in treatment retention rates; 67% of the 99 patients were still in treatment after 12 months of follow-up. These data suggest that among our patients, psychiatric comorbidity did not seem to influence treatment outcome, although it was related with a higher rate of abuse or dependence of psychoactive substances.

AIDS — THE PSYCHOLOGICAL IMPACT OF AN OFFICIAL ANNOUNCEMENT OF A SURGEON GETTING INFECTED WITH HIV DURING SURGERY IN A GENERAL HOSPITAL

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An orthopedic surgeon was accidentally infected with the HIV virus probably during surgery. A public announcement was made both by the surgeon and the head of the hospital. Due to the gravity of the situation arising from this announcement, a crisis team (medical and administrative) was set up to address the issue. The anticipated consequences of this situation led to an initiative to conduct an epidemiologic study of the five thousands patients who have had a surgical intervention by the force mentioned surgeon.

In order to assess the psychological reaction of the lay public, the patients and their families, and of the medical community, their responses by way of letters, telephone calls or individual consultations were analysed. Preliminary results show good emotional stability both among the public and within the hospital community and indicated the importance of the role of General Practitioners providing primary care. It was also evident that infection transmitted by a surgeon to the patient overwhelmingly impressed the parties involved.

ALCOHOLIC DEPRESSIONS AND SUICIDE

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The task of the present study was to find out the main reasons and regularities of suicides appearing in alcoholic patients. We've been observing a group of '60 patients (aged 28–59) with alcoholism for 3–8 years; 35 of them with suicide attempts and 8 with completed suicide. In part of cases alcoholism was secondary to depression, and in the rest depression occurred as a reaction for unfavourable social and family situation. Suicidal behaviour appeared as a result of affective disorders among which dominated depression with anxiety that developed on alcoholic background. Suicides were registered more often in men than in women, the rate of suicides was maximal at 35–49 age group. 25% of patients repeated suicide because of hard economical situation and poor social support. More often suicide was done with drug over-dosage and by self-destructive acts.

Patients, who attempted suicide received qualified help, which included rehabilitative measures for elimination of depression, psychotherapeutic methods for self-esteem correction. It was very important to involve patient's family members into the process of treatment and rehabilitation to avoid primary and repeated suicides.

Hence, family psychotherapy, social rehabilitation and changing the system of values are very important in suicides prevention in patients with alcoholism.

P2. Affective disorders, suicide, antidepressants and mood stabilisers; Health Service Research

MAJOR DEPRESSION, VIRAL REACTIVATION AND IMMUNE SYSTEM

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The hypothesis that the Central Nervous System (CNS) plays a role on the modulation of immune responses is widespread, albeit incompletely documented. Authoritative and recent contributions (N. Engl. J. Med. 1993, 329:1246–53; Clin. Micr. Rev. 1994, 7: 200–212) has shown that psychological stress can cause suppression of immunesurveillance with consequent reactivation of latent Herpesviruses (HHV-6, CMV, EBV...) an event helpful in understanding the pathogenesis of Chronic Fatigue Syndrome (CFS) and related disorders.

On this rationale 17 patients with major depression (MD), according to the criteria DMS4, have been enrolled to establish the possible correlation with immune system disorders and reactivation of latent viruses. A complete hematological profile and a throughout immunological study were obtained for the subjects enrolled.

Direct virological identification for HHV-6 and EBV has been performed by lymphocyte culture and by polymerase chain reaction. CMV has been grown on MRC-5 cell line and confirmed by IFA. Antibodies against HHV-6, CMV, EBV, HBV, HCV, HIV were detected utilising routinely available commercial kits. Patients depression was measured with Hamilton test. A homogeneous group of healthy subjects, matched for sex and age, acted as control.

The obtained results clearly demonstrate among our psychiatric patients the existence of a well defined subgroup (41%) characterized by active viral multiplication and/or significantly elevated antibody titers.

Interestingly EBV and HHV-6 were the viruses most commonly detected in culture, a result indicating active replication and not simply a latent state. In this subgroup of patients with active infection a significant degree of immunodeficiency was observed, but this parameter was not *per se* sufficient to predict viral reactivation. Other viruses, among those investigated, do not seem to play a role being their detection merely casual. CMV and HCV were detected only in one patient respectively.

The data reported suggest a possible modification in the cytokines

network, and further studies are planned to monitor these important molecules in psychiatric patients.

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PROBLEMS IN RECOGNIZING PSYCHIATRIC DIFFICULTIES IN A FRENCH OVERSEAS DEPARTMENT: GUADELOUPE

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Based on an experience in Guadeloupe, and on research for a doctoral thesis, the authors will present problems related to recognizing psychiatric difficulties which practitioners have encountered in a West Indian world, constructed under two influences: one being metropolitan and Cartesian, and the other being African predominated by magic.

By applying semiological knowledge derived from the French nosography, certain pathologies are easily recognized with the same frequency as found on the mainland, whereas others seem to have different forms and modes of expression, such as masked-over depressions or delusional crises. We shall therefore distinguish between the pathologies which seem to be found in common in France, and by extension in Europe, and those which seem to be indigenous to West India where magic-religious thought is dominated by projective-persecutory mechanisms.

This will enable us to evaluate the place to be given to European psychiatry, and its future in a French department which belongs to the European Community.

INFLUENCE OF MEALS ON THE BIOAVAILABILITY AND SIDE EFFECTS OF CARBAMAZEPINE

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The study was conducted to investigate the influence of meals on the bioavailability and the side effects of carbamazepine (CBZ).

Method: A sample of 9 probands (5 female, 4 male, age: 23–35 years) were taking a standard or retard tablet (600 mg) in a randomized cross-over design either 5 hours before or after a standardized breakfast. Serum and urine were collected over 1 week and the concentration of CBZ and the metabolites were determined with HPLC. Pharmacokinetic parameters (AUC, C_{max}, T_{max}) were calculated.

Results: The results show a significant lower maximum of the CBZ serum levels of the retard versus the standard formulation. After intake of meals the retard is significantly higher versus "no breakfast". Bioavailability and recovery are comparable for standard-, retard formulation and the modes of administration.

Conclusion: The results show a significant influence of meals on the pharmacokinetic parameters of CBZ and should be considered when applying this medication.

[1] Neuvonen PJ: Bioavailability and central side effects of different carbamazepine tablets. *Int Clin Pharmacol* 23, 1985: 226–232

THERAPY-RESPONSE AND COMORBIDITY IN PATIENTS WITH THERAPY-RESISTANT DEPRESSION

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30 patients with therapy-resistant depression who had attended the Vienna outpatient-clinic for therapy-resistant depression in the period of April 1993 to August 1994 for the first time, were followed

up 3 months later and efficacy of therapy strategies were evaluated with HAMD and CGI.

At 3-months-follow-up 6 patients (20%) showed a full response (HAMD after 3 months < 6), 8 patients (26.7%) showed a partial response and 13 patients (43.3%) did not respond at all.

(3 patients (10%) were not followed-up and could therefore not be classified).

Independent of their assignment to one of the responder groups, TRD patients presented with following diagnosis of comorbidity:

As comorbidity on axis I (DSM-III-R) anxiety disorder was especially predominant (38.4%), followed by drug abuse by 23.1% of the patients.

Among personality disorders a predominance of dependent personality could be seen (42.8%), followed by avoidant personality by 28.6% of the patients.

A separate analysis of comorbidity characteristics of the two responder groups (non-responders and partial-/full-responders) did not show any statistically significant differences. This was done with reference to comorbidity on axis I and II.

INTRODUCING A COMPUTER DRIVEN CARE PROGRAMME APPROACH

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The drive to introduce systematised care programming has fostered increased computerisation and the development of specific software packages. These packages need to be practical, user friendly and to provide benefit to the professionals using them in terms of methods of working and data collection.

Method: A computerised care programme package was implemented as part of a randomised controlled trial evaluating intensive case management for the severely mentally ill. The software was tailored locally so that the categories of care reflected the task oriented activities of the mental health workers/case managers. The software forces users to write a structured care programme, to review their care plans and to confirm when tasks are completed. The prospective collection of activity data on computer enables rapid analysis of activity patterns. The reliability of this data was tested by comparison with case notes.

Results: Data obtained from the software has been successfully used to provide activity reports for managers (e.g. frequency, duration and nature of client contacts). Staff report that recording activity data in this way provides a helpful structure to guide their care programming, enables staff to evaluate their care patterns and promotes a greater clarity of thinking.

Conclusion: Despite a number of practical problems, a computer driven care programme approach is a usable clinical tool that also provides hard measures of mental health professionals' activity. It also enables model guidance and programme replication.

PATIENTS' VIEWS ABOUT THEIR PSYCHIATRIC CARE: A ONE YEAR FOLLOW UP STUDY

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Poor satisfaction and negative attitudes to psychiatric services and psychiatrists may unduly affect compliance, promptness in seeking help and the patient's understanding and retention of information. In an earlier questionnaire study of 137 acute psychiatric in-patients (Barker et al 1996, in press) we found that 61.2% were satisfied with