

**S24 Ethical aspects of psychiatric service and research****CASE REGISTERS, CONFIDENTIALITY AND THE SOCIAL RESPONSIBILITY OF THE PSYCHIATRIST**

P. Munk-Jørgensen. *Institute for Basic Psychiatric Research, Department of Psychiatric Demography, Psychiatric Hospital in Aarhus, Denmark.*

A high degree of coordination is an essential factor in modern psychiatric services. Hospital in-patient and out-patient treatment, CMHCs, and home visits must function as an integral whole. The efforts of the social authorities are also a substantial part of the rehabilitation of patients and must be integrated in the whole too. If treatment efficacy as well as responsibility for socioeconomic resources shall be considered in this complicated coordination of services, only one option remains - the application of person-identifiable recording. The Danish Psychiatric Case Register, operating as a computerized person-identifiable register since 1969 has documented that such a system can function without breaching confidentiality. Those psychiatric treatment systems that for various, often political, reasons do not use person-identifiable electronic recording must face and accept a less efficient service and probably a larger consumption of resources. Also this raises an ethical issue though of a different nature than for person-identifiable registers. The Danish system has made it possible to show clearly and inexpensively, through record-linkage for example, increasing standard mortality rates by suicide and rising crime rate among psychotics, trends that cannot be documented without registration. It can be said that one part of the social responsibility of the psychiatrists and the political decision-makers is to ensure that such trends can be shown quickly and at low cost.

**S25 Private practice****THE IMPORTANCE OF PRIVATE PRACTICE IN PSYCHIATRIC RESEARCH**

Hagop S. Akiskal, MD, University of California at San Diego and VA Medical Center, La Jolla, CA (USA)

**Objective:** To illustrate how private practice is necessary for clinical research.

**Method:** Naturalistically observed patients in private practice have provided the author ideas about the role of temperaments in the origin and classification of depression. These have been tested in Memphis, San Diego, Pisa, and Paris in over 1500 patients with the use of semistructured interviews and self-rated questionnaires.

**Results:** Dysthymic, cyclothymic, and hyperthymic temperaments have been shown to cluster, respectively, with double depressive, bipolar II, and bipolar III disorders. In particular our findings testify that bipolar II disorders constitute as much as 30-40 % of consecutive major depressives.

**Conclusion:** These findings have important clinical implications for diagnosis, treatment, and prognosis of mood disorders

**S25 Private practice****PRIVATE PSYCHIATRY: THE SITUATION IN EGYPT**

A. Okasha. *Akasha Hospital, Cairo, Egypt*

To the same extent that private medicine has always been an integral component of health care provision in Egypt so has private practice in psychiatry. Health insurance networks are covering a minority of the population, so that the majority of private practice users have to draw on their household budgets to afford private psychiatric care. The demographics of the Egyptian population can give some clues to the social strata that use the private sector whether on an out or an inpatient level. On the other hand, socioeconomic indicators are not the only factors that differentiate between users of the private sector and other health sectors. The nature of disease seems to orient the patient's family towards one service rather than the other. The majority of inpatients in state hospitals are chronic disabled mental patients ranging from chronic schizophrenia, dementia, organic brain syndrome and chronic mood disorders with the acute wards hosting patients with acute polymorphic psychotic disorders and acute mania. However, in private psychiatry we find a group of patients who suffer from disorders such as eating disorders, panic disorder, mood and subaffective states, psychotic depression and hypomania. On the other hand some private psychiatry facilities deal with long stay chronic schizophrenia, chronic depression and chronic personality disorder patients from the higher social strata of society who can afford keeping their patients away from the family. This paper will discuss the various variables that affect private practice in psychiatry in Egypt.

**S26 Stereotypes towards neuroleptics and compliance****Stereotypes towards neuroleptics and compliance**

Prof. Vallejo, chairman / E. Zbinden, co-chairman

One of the major difficulties of pharmacotherapy for schizophrenic patients is their low degree of compliance. Obviously this is not a characteristic specific to these patients. Numerous studies indicate that the public shows reserved or even hostile attitudes towards these drugs. Negative effects are often mentioned. These opinions are strongly correlated with attitudes of authoritarianism and social restriction (Cohen and Struening). More favourable attitudes are associated with a higher degree of compliance towards medication in general and with a greater proximity to psychiatry.

These results are confirmed by the choices made by the public as far as psychiatric treatments are concerned. Confronted with patent psychotic disorders, which from a psychiatric point of view are indications for pharmacotherapy, only few subjects choose pharmacological treatment. They might even prefer physical constraint. These findings show that more precise information is needed as well as a greater sensibilisation of the patients and their families. The introduction of medication into a global therapeutical project has to be negotiated with the patients