

**FC40 Health services and epidemiology****ASSESSING PERSONALITY DISORDERS FOR EPIDEMIOLOGICAL RESEARCH**

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The epidemiology of personality disorders has been neglected. The size of the problem, the impact of personality disorders upon the outcome of psychiatric and physical illness and accompanying health costs have not been documented. Limited published research has adopted very different measures and different samples. Therefore, prevalence ranges often have a ten-fold variation between studies. The last ten years has seen greater precision of criteria for diagnosis under ICD-10 or DSMIV and the development of standard instruments. Research carried out in London addressing agreement between ICD-10 and DSMIV classifications will be presented. This indicates that a threshold change would greatly increase agreement. Secondly, the results of a WHO sponsored study in which a short informant-based instrument was tested as a screen for use in the field against the much longer International Personality Disorder Examination will be presented. This indicates that the Standard Assessment of Personality has very high negative predictive value and a positive predictive value of 50%. In situations of low prevalence use of the SAP will save a considerable amount of time.

**FC43 Health services and epidemiology****PREVALENCE OF ALCOHOL USE DISORDERS IN HOSPITAL PATIENTS IN ONE AREA OF FRANCE**

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The prevalence of alcohol use disorders in hospital patients was studied in all the hospitals in one area of France. Alcohol disorders were diagnosed by the head nurse or a physician in the hospital where the patient was being attended to and by means of the CAGE self-questionnaire. This descriptive study, carried out on one particular day, concerned 7626 patients. Prevalence of alcohol disorders was 18% whereas only 6% of the admissions were for alcohol-related pathologies. Prevalence was 25% in men and 7% in women, 10% in persons under 25 years and 43% in men aged between 36 and 55 years. In all, one patient in two was diagnosed directly and only one in four in age range under 25 years. These results suggest that too few patients with alcohol use disorders are identified in hospitals, especially in certain age groups and certain types of wards.

**FC41 Health services and epidemiology****THE NEW CHRONIC CONDITION IN HOSPITAL: FACTORS ASSOCIATED**

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In public psychiatry in the Canton of Ticino the number of long-stay inpatients is still considerably high even though during the past 10/15 years a good system of non-residential psychiatric services has been developed. The aim of the work is to analyse the characteristics of the long-term hospitalizations in order to give some indication for future planning and for mental health services. From the case-register data of all the psychiatric services (hospital and non-residential services) in Ticino, we obtained a list of the inpatients hospitalized for more than 12 months and, at the same time, we carried out a follow-up study of 24 months on inpatients admitted during 1991, distinguishing the first admission from subsequent readmissions. Inpatients 1.1.1991: 334; hospitalizations > 12 months: 51.5%; inpatients admitted 1991: 658; readmissions: 61.1%. After 12 months, dismissed and never readmitted: 68.4% of the first admissions, 39% of the readmissions. The results and the analysis of the diagnosis and socio-economics data show higher risk of becoming a long-stay inpatient for persons with readmissions; in addition, in order to reduce the number of long-stay inpatients, there emerges the necessity to continue with the project for the decentralisation of psychiatric services and for the creation of new therapeutic approaches.

**FC44 Health services and epidemiology****CHILDHOOD PSYCHOSIS ASSOCIATED WITH ORGANIC PATHOLOGY: RESULTS OF A STUDY ABOUT 144 CASES**

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The records of 144 patients of Child Psychiatry Units of Alsace (France) with childhood psychosis (CP) or pervasive developmental disorders (PDD) have been systematically screened for previous or associated pathological events. Half of the children studied have been or are still affected by severe somatic disorders but none of the diagnostic sub-categories (referring to DSM III or CFTMEA) appeared significantly more frequently affected. In our population, the severity of organic disorders was positively correlated with: the age of the mother - more severe cases were reported when the mother was younger than 20 or older than 40 at the moment of childbirth; pathological events during pregnancy; early mother-child separation during the first year of life. The most frequent associated disorders, however, (neonatal pathology 45% of the cases, epilepsy 17% of the cases, neurological or neurosensory pathology 15% of the cases) were associated neither with a specific diagnostic nor with a clinical and social specific pattern. The only statistically significant correlation was found between neurological pathology and a relatively low level of cognitive and social functioning. All these results were confirmed by multivariate statistical analysis. A main component analysis integrating all quantified data concerning organic pathology was performed: it emphasizes the independence of the different pathological events reported. The factorial analysis including the clinical, diagnostic and somatic event-related data failed to show any statistical profile associating functional features of the children with any particular previous or existing somatic disorders. Our results suggest that a history of organic pathological events is frequent not only in autistic disorders but in any kind of PDD or early CP - associated with moderate to severe mental retardation, in most cases of our study. However, this does not demonstrate that this type of pathological event constitutes the direct and unique cause of PDD and CP: the concept of the aetiology of these severe diseases must take account of other factors such as relational disruption, also frequently seen in these children.