sick-leave (47%). The main diagnoses were Major Depressive Disorder (37%) and Bipolar Disorder (32%), 18% Distimia or Adjustment Disorder.

Conclusions: In spite of the increased rate of elderly population in the last 10 years this is not translated in a change of the profile sociodemographic, labor and clinical dates in elderly patient with affective disorder admitted in an acute psychiatric unit in our influence area, in comparison with a previous study of the years 1996-1999.

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Information technology aided relapse prevention in schizophrenia: ITAREPS

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Program ITAREPS was developed for rapid and targeted recognition of early warning signs of psychotic disorder relapse. It employs modern communication and information technology for timely intervention during initial phase of relapse. The patient and the family member participating in the project complete weekly a 10-item Early Warning Signs Questionnaire - EWSQ (Patient Version and Family Member Version). The result, 10 numbers, are sent by both of them through Short Message Service (SMS) from their mobile phones to the ITAREPS phone number. If the score in the questionnaire of the individual patient exceeds arbitrary chosen value, an ALERT message is automatically sent to psychiatrist's e-mail address. If ITAREPS signals presence of early warning signs in given patient, an Early Intervention Algorithm is recommended. Psychiatrist participating in the project have an access to his/her personal webpage that is a part of the ITAREPS website (www.itareps.com). On the personal pages psychiatrist can find a current score of the EWSQ for each of his/her patients and family members in a visual form as a line chart and a written description of a patient's clinical status during last month.

This article describes our one-year clinical experience with the development and use of an automated instrument to incorporate technology for long term detection of early warning sings of schizophrenia relapse.

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Cognitive deficits in relatives of patients with schizophrenia

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Background: Cognitive dysfunction are considered core deficit in schizophrenia. The cognitive domains more impaired are attention, verbal memory and executive function. The study of this dysfunction can be used to understand the etiology and pathogenesis of schizophrenia. Cognitive deficits have frequently been reported in the unaffected first degree relatives of schizophrenia patients.

Aim: To investigate whether cognitive deficits found in patients with schizophrenia are also found in non-affected relatives.

Method: We compared schizophrenic patients (n=31), first-degree relatives (26) and normal controls (n=22). The neurocognitive domains assessed included executive functioning, verbal memory, attention and language function.

Results: Schizophrenic patients demonstrated cognitive impairments across most domains compared with control subjects. First degree relatives were significantly impaired compared with control subjects only in attention and verbal memory; no significantly differences were observed in language function. The relatives of schizophrenia patients have impairments in memory function and attention compared to controls but they are less impaired compared to schizophrenic patients. The schizophrenic patients performed on executives tasks significantly worse than either their relatives or normal subjects, but unaffected relatives did not differ from controls.

Conclusions: Cognitive deficits found in patients with schizophrenia are also found in non-affected relatives. Adult relatives of schizophrenic patients have wide but not severe cognitive impairments. The largest deficits were observed for verbal memory and attention.

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Denial of stigma

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Background: It is known that the consequences of stigmatization towards people with severe mental illness reflect themselves in a lack of self-esteem and consequently in low level of initiatives to improve one's status in the community. The burden of stigma may cause denial of participation in the stigmatized group. So far, there were few studies to compare the mentally ill patients' perception of the »other« mentally ill with the perception of future professionals in mental health services.

Method: We have compared stigmatizing attitudes of students with attitudes of patients with severe mental illness.

Results: The patients expressed higher stigmatization scores towards people with severe mental illness than the students.

Conclusion: Negative attitudes of patients with severe mental illness towards their own group present a serious problem. Actions are needed to improve their identification and reduce the perceived need for exclusion from their group.

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How to reduce discrimination of patients with severe mental illness among future doctors?

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Background: There is growing evidence of need to improve and strengthen educational programs with antidiscrimination and proper information about possibilities for recovery of mental illness. The overview of research of effective antistigma interventions prove that direct contact and personal testimonies of patients improve the discrimination attitudes among professional groups not trained in mental health and among secondary schools' students. Taking a psychiatric history is a key educational objective in psychiatric clerkship in Slovenia and students are faced with testimonies of psychiatric patients. They are however provided only with the contact with severely ill (hospitalized) patients and therefore with little chance to witness their recovery and improved functioning.

Results: The results of the presented research proved that students' fear from patients with severe mental illness is reduced, but not their stereotypes in a six months clerkship at the psychiatric hospital.

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