

Final Program



**Psychiatric
Sector**



**Internal
Medicine
Sector**



**Paediatric
Sector**



**Surgical
Sector**



**Inter-
disciplinary
Sector**



**2nd World Congress
on**

Quality in Clinical Practice

Quality of Medical Practice = Quality of Life

June 3rd-6th, 2004

**Meliton Hotel, Porto Carras
Chalkidiki, Thessaloniki, Greece**



Under the auspices of

**The Hellenic Ministry
of Health and Welfare**

**Pan- Hellenic Society of
General Hospital Psychiatry**

Greeting from the President of the Congress

Dear colleagues,

On behalf of the Organizing Committee I have the pleasure to welcome you to the 2nd World Congress on "Quality in Clinical Practice".

The first congress, two years ago, was marked as a very successful event not only because of the number of attendances and the very high quality level of presentations but mostly due to the active participation of all of us in its sessions.

We hope to witness the same now as well, in order for the congress's goal, which is to give to the Health Scientists a podium to present the most recent facts of their discipline in terms of diagnosis, medical research and accurate application of newer methods and techniques, to be fulfilled. Such a forum to clinical scientists from many specialties and with a

multi-approach discussion on "quality in clinical practice" will eventually affect to the better the quality of life of our patients.

We would like to believe that the selection of 8 round tables, 6 symposiums, 2 lectures, 3 satellite symposiums, 1 workshop and the 3-poster symposiums, certifies the above.

At the same time we hope to give the opportunity to accompanying persons to luxuriate the incorporation of culture, sun and sea of our country.

Dear friends, we would like to thank you cordially for your presence and participation at the present scientific event and we wish you to enjoy creatively these four days at the beautiful and hospitable peninsula of Halkidiki.

A. A. Vidalis MD,PhD
President, HPGH and
President, 2nd World Congress
"Quality in Medical Practice"

Organization

CONGRESS OFFICERS

Honorary Chair Persons

Bullinger M., *Professor of Medical Psychology, Germany*
Kanakoudi - Tsakalidou F., *Professor of Pediatrics, Greece*
Kaprinis G., *Professor of Psychiatry, Greece*
Kotsis A., *Professor of Biology, Greece*
Mantalenakis S., *Em. Professor of Obstetrics and Gynaecology, Greece*
Panayi G., *Professor of Rheumatology, England*
Ravens - Sieberer U., *PhD, MPH, Psychology, Germany*
Spyrou P., *Professor of Cardiovascular surgery, Greece*

Chairman: Vidalis A., *MD, PhD, Director, Psychiatry, Greece*

Organizing Committee

Economidis A. *MD, PhD, Cardiovascular Surgeon*
Geleris P. *Assoc. Professor, Cardiologist*
Gerasimidis Th. *Professor, Surgeon*
Germenis A. *Assoc. Professor, Immunologist*
Tsikoulas J. *Assoc. Professor, Pediatrician*
Tzafettas J. *Professor, Obstetrician - Gynaecologist*
Vergoulas G. *MD PhD, Assoc. Director, Nephrologist*

Scientific Committee

Members:

Alexandropoulos K. Greece	Karavatos A. Greece	Power M. Great Britain
Angelopoulos N. Greece	Kiriopoulos J. Greece	Raju S. Great Britain
Angomachalalelis N. Greece	Kogeorgos J. Greece	Rambavilas A. Greece
Antoniadis A. Greece	Kontopoulos E. Greece	RhysEvans P. Great Britain
Arvanitakis K. Greece	Koopman H. Netherlands	Rogotis Chr. Greece
Atmatzidis K. Greece	Kremenopoulos G. Greece	Sakadamis A. Greece
Auquier P. France	Lazaridis L. Greece	Schuhfried O. Austria
Avramidis A. Greece	Lefkos N. Greece	Sidiropoulos J. Greece
Baloyiannis S. Greece	Lepège A. France	Simeoni M.-C. France
Barbullushi M. Albania	Lionis Ch. Greece	Sitzoglou K. Greece
Brockington I. Great Britain	Loufopoulos A. Greece	Souliotis K. Greece
Chaplin J. Sweden	Lyketos C. USA	Spenser J. Great Britain
Felton D. Great Britain	Lymberis M. USA	Stamatopoulos P. Greece
Fokas K. Greece	Makedos G. Greece	Steward D. Canada
Fountoulakis K. Greece	Mavreas V. Greece	Tampakoudis P. Greece
Garyfallos G. Greece	Miserlis Gr. Greece	Tantanasis Ch. Greece
Giannoulis Ch. Greece	Nenov D. Bulgaria	Theodoropoulou S. Greece
Guldner N. Germany	Niero M. Italy	Toptsis K. Greece
Halbreich U. USA	Oreopoulos D. Canada	Traianidis P. Greece
Harlaftis N. Greece	Panteliadis Ch. Greece	Tsakiris D. Greece
Hunt S. USA	Papadimitriou M. Greece	Tsanakas J. Greece
Idrizi A. Albania	Papanikolaou A. Greece	Tsitsopoulos Ph. Greece
Imvrios G. Greece	Papathanasiou K. Greece	Tzebelikos E. Greece
Ivanovski N. FYROM	Papavasiliou A. Greece	Variemezis V. Greece
Kambanoudis A. Greece	Pekovic G.P. Yugoslavia	Verrips E. Netherlands
Kandilis D. Greece	Petrides G. USA	Xaidemenos G. Greece
Karagiannis A. Greece	Pintor Pinna P. Italy	Yfantopoulos I. Greece
	Pournaras I. Greece	Zafiriou D. Greece

Scientific Secretariat

Didaskalou Th. - Tsilikas S. - Syngelakis M.

2nd World Congress on
Quality in Clinical Practice

Terpsihori & Erato

Chloe & Thalia

12.00
13.00
14.00
15.00
16.00
17.00
18.00
19.00
20.00
21.00
23.30

REGISTRATION



2nd World Congress on
Quality in Clinical Practice



2nd World Congress on
Quality in Clinical Practice







**Scientific
Program**

TERPSIHORI & ERATO 17.00 - 18.15

Round table
P.G.H.P. Society

BEYOND THE USUAL GENERAL HOSPITAL CONSULTATION-LIAISON
PSYCHIATRIC PRACTICE

Chairman: *A. Vidalis*

"Psychiatric issues in transplant patients".
A. Vidalis

"Delirium and atypical antipsychotics. A clinical perspective".
A. Vaksevanis

"INF- α treatment for HCV in a psychotic patient".
M. Syngelakis

Credits: 1

TERPSIHORI & ERATO 18.15 - 20.15

Round Table

HYPERTENSION: NEW ASPECTS AND THERAPIES

Chairmen: *G. Vergoulas* and *D. Nenov*

"Essential hypertension: new aspects on pathophysiology and treatment".
G. Efstratiadis

"Treatment of hypertension in patients with glomerular disease: is anything new?"
N. Ivanovski

"Hypertension in patients on CAPD: pathophysiology and treatment".
M. Barbullushi

"Hypertension in patients on Chronic Hemodialysis: pathophysiology and treatment".
G. Perunicic - Pekovic

"The use of new antihypertensive agents after renal transplantation".
G. Vergoulas

Credits: 1

TERPSIHORI & ERATO 20.15 - 21.00

Opening Ceremony

NIKOLAUS DUMBA (1830 - 1900). A MAECENAS OF THE ARTS

Speaker: *J. Tzafettas*

TERPSIHORI & ERATO 21.00 - 23.30

WELCOME RECEPTION

TERPSIHORI & ERATO 09.00 - 10.15

Symposium

DYSLIPIDEMIA

Chairman: *D. Efstratopoulos*

"Assessing the treatment constellation: Past, present and future treatment standards for the management of dyslipidemia".
D. Efstratopoulos

"The current and future outlooks for regression of atherosclerosis: Next steps toward the horizon".
S. M. Voyaki

"The search for superior treatment: Current and future options for dyslipidemia".
A. Baltas

Credits: 1

Poster Symposium

CHLOE & THALIA 09.00 - 11.30

DISCUSSION OF PAPERS NUMBER P01-P33

Chair-persons: *D. Jonova and E. Chatziagorou*

Poster Symposium

CHLOE & THALIA 11.45 - 13.30

DISCUSSION OF PAPERS NUMBER P34-P66

Chair-persons: *Ch. Tsonidis and K. Fountoulakis*

Poster Symposium

CHLOE & THALIA 17.00 - 19.00

DISCUSSION OF PAPERS NUMBER P67-P99

Chair-persons: *Z. Racic and Gr. Misirlis*

Credits: 1

TERPSIHORI & ERATO 10.15 - 11.30

Round Table

QUALITY OF LIFE OF CARDIAC SURGICAL PATIENTS

Chairman: *A. Economidis*

"Patient that underwent valve-replacement".

A. Economidis

"Patient with aneurysm-thoracic aorta".

N. Harokopos

Credits: 1

TERPSIHORI & ERATO 11.45 - 13.00

Symposium

ADVANCES IN CONGESTIVE HEART FAILURE MANAGEMENT AND
QUALITY OF LIFE

Chairmen: *G. Louridas* and *P. Geleris*

"Advance in CHF diagnosis".

G. Athanasopoulos

"Medical management on CHF and quality of life".

N. Mezilis

"Surgical treatment of CHF and quality of life".

A. Pitsis

Credits: 1

TERPSIHORI & ERATO 13.00 - 13.30

Lecture

Chairman: *G. Louridas*

FOR A GOOD CLINICAL PRACTICE: PRESCRIBE RATIONALLY

P. Block

Credits: 1

TERPSIHORI & ERATO 17.00 - 18.15

Symposium

BRAIN & BEHAVIOUR International Society

EVERYDAY PSYCHIATRIC CLINICAL PRACTICE AND QUALITY OF LIFE

Chairman: *G. Kaprinis*

"Psychopharmaceutical agents and quality of life".

K. Fokas

"Psychotherapy and quality of life".

I. Ierodiaconou

"Psychoprophylaxis and quality of life".

K. Fountoulakis

"Sexual relationships and quality of life".

A. Athanasiadis

Credits: 1

TERPSIHORI & ERATO 18.15 - 19.00

Round Table

EUROPEAN APPROACH TO QUALITY OF LIFE ASSESSMENT IN CHILDREN: THE DISABKIDS - PROJECT

Chairman: *M. Bullinger*

"Assessing quality of life in children with chronic conditions".
M. Bullinger

"Listening to what children say: the role of focus-groups in developing quality of life measures".
J. Chaplin

"Development of disease specific measures: how specific do we have to be in assessing the quality of life within chronic conditions - the example of asthma".
E. Chatziagorou

"Practical use of quality of life assessment in research and the clinical context".
H. Koopman

Credits: 1

TERPSIHORI & ERATO 19.00 - 20.30

Symposium

QoL OF CHILDREN WITH CHRONIC DISEASES

Chairmen: *Ch. Panteliadis* and *J. Tsikoulas*

"New options in the management of cerebral palsy: correlation with quality of life".
J. Tsikoulas, D. Zafeiriou, E. Doulianiaki

"QoL of school children with epilepsy".
E. Pavlidou, M. Tzitziridou and Ch. Panteliadis

"QoL in oncological patients".
K. Gombakis - Pistevou

"Current management of the inflammatory bowel disease in children".
St. Karyda - Kavaliotis

Credits: 1

TERPSIHORI & ERATO 09.00 - 10.15

Symposium

INFECTION CONTROL IN THE OPERATING ROOM

Chairman: *N. Harlaftis*

"Planning and designing of the operating room".
S. Syrakou - Chatzicocoli

"Surgeon's issues".
V. Papadopoulos

"Patient's issues".
A. Kamaroudis

"Surgical site infection: Environmental control and O.R. practices".
E. Minasidou

Credits: 1

CHLOE & THALIA 09.45 - 11.00

Satellite Symposium

LONG-TERM MANAGEMENT OF SCHIZOPHRENIA

Chairman: *G. Kaprinis*

"Antipsychotic treatment: Possibilities, Limitations, Perspectives".
D. Kandilis

"Risperidone Long Acting: Correlations with social rehabilitation".
K. Monas

WITH THE KIND GRAND OF JANSSEN-CILAG

Credits: 3

TERPSIHORI & ERATO 10.15 - 11.45

Satellite Symposium

QUALITY OF LIFE IN DERMATOLOGY

Chair-persons: *G. Chaidemenos, O. Mourellou-Tsatsou and F. Chryssomallis*

"General and specific quality of life indexes in dermatology".
D. Ioannides

"Dermatitis-Eczema".
I. Mantekou-Lefaki

"Psoriasis".
O. Mourellou-Tsatsou

"Genital herpes".
D. Sotiriadis

"Corrective cosmetology in dermatology".
G. Chaidemenos

WITH THE KIND GRAND OF VICHY LABORATORIES

Credits: 3

TERPSIHORI & ERATO 11.45 - 13.00

Symposium

ASSISTED HUMAN REPRODUCTION: WHERE WE STAND TODAY A QUARTER
OF A CENTURY AFTER LUISE BROWN'S BIRTH

Chairmen: *J. Tzafettas and A. Loufopoulos*

"Improvement in the quality and the results of infertility treatment after the
routine use of in vitro fertilization and other assisted reproduction techniques".
J. Tzafettas

"Surgical management of ovarian stimulation".
A. Loufopoulos

"The impact of technological advances in the field of human reproduction".
E. Tsakos

Credits: 1

TERPSIHORI & ERATO 13.00 - 14.15

RECOGNITION AND CONFRONTATION OF DEPRESSION: PRESUPPOSITION OF A QUALITY MEDICAL PRACTICE

Chairman: *G. Kaprinis*

"Depression in the daily practice in General Hospital".
A. Iakovidis

"Depression and quality of life in third age patients".
Ch. Mavridis

"Antidepressant drugs and special groups of patients".
A. Kourkoubas

WITH THE KIND GRAND OF ORGANON HELLAS AEE

Credits: 1

TERPSIHORI & ERATO 14.30 - 17.30

Workshop

HOW TO MEASURE QUALITY OF LIFE: METHODOLOGICAL, ETHICAL AND CULTURAL ISSUES

"Criteria for selecting the appropriate quality of life instrument".
E. Panagopoulou

"Instruments construction".
A. Montgomery

"Evaluating quality of life measurements".
A. Montgomery

Credits: 3

TERPSIHORI & ERATO 17.30 - 18.30

Satellite Lecture

Chairman: *A. Vidalis*

"Redefining the optimum goal. Response vs Remission".
D. Hackett

WITH THE KIND GRAND OF WYETH

Credits: 3

TERPSIHORI & ERATO 19.30 - 10.45

Symposium

PROGRESS IN THE QUALITY OF MANAGEMENT OF PRENATAL DIAGNOSIS

Chairmen: *A. Athanasiades and J. Tzafettas*

"Diagnosis and therapy of fetal anomalies".
A. Athanasiades

"Potentials and limitations of modern ultrasonography in contemporary obstetrics."
N. Psarra

"Fetal reduction in high rate multiple pregnancies: clinical management and bio-ethics".
A. Mamopoulos

Credits: 1

TERPSIHORI & ERATO 10.45 - 12.00

Symposium
GREEK MULTIPLE SCLEROSIS Society

THE ROLE OF PSYCHOLOGICAL SUPPORT TO THE QUALITY OF LIFE IN PATIENTS WITH MULTIPLE SCLEROSIS

Chairman: *A. Orologas*

"Psychological support of persons with Multiple Sclerosis".
R. Pita

"Psychological support of relatives, of persons with Multiple Sclerosis".
Ch. Moutzoukis

"Psychological support of children, of persons with Multiple Sclerosis".
E. Tsalamanios

Credits: 1

TERPSIHORI & ERATO 12.00 - 13.15

Round Table
GREEK ASSOCIATION of GP's

QUALITY ASSURANCE ON GENERAL PRACTICE/FAMILY MEDICINE IN GREECE

Chairman: *Ch. Lionis*

"Measuring quality of care in chronic primary care patients in Greece".
Ch. Lionis

"Approaches to quality within general practice/family medicine using electronic aids: Towards to the development of an operational system in Greece".
A. K. Karotsis

"Timing for the establishment of Global Quality in General practice medicine professional training".
G. Bellos

Credits: 1

TERPSIHORI & ERATO 13.15 - 14.15

Round Table

HEALTH AND HEALTH SERVICES: ECONOMICS & ADMINISTRATIONS

Chairman: *K. Souliotis*

"Quality of life and medical drugs".
J. Yphantopoulos

"The role of pharmaceutical industry to the rendering of health services".
T. Zervakakis

Credits: 1

TERPSIHORI & ERATO 14.15 - 15.00

"QoL movement"

**3rd World Congress
on Quality in Clinical Practice,
will be held September 2006,
Thessaloniki - Greece**

Further information will follow shortly.



Abstracts

FOR A GOOD CLINICAL PRACTICE : PRESCRIBE RATIONALLY

P. BLOCK, MD, PhD, FESC, FACC

Div of Cardiology - Academisch Ziekenhuis VUB (Free University Brussels) - Belgium

One of the perquisites of good clinical practice is to prescribe rationally by restricting the number of drugs to those which have proven to be effective and - even better - cost-effective with no or few side effects and interaction with food and/or other drugs. Priority will be given to long acting drugs (24h). Only so we can expect a good therapeutic compliance and efficacy.

How will these drugs be preferentially selected? Mainly on the base of evidence based medicine (EBM). It means that our therapeutic schemes (and diagnostic tools) will rest on proof of effectiveness. In other words that these drugs and interventions have shown in good conducted large clinical trials (mega-trials) or in pooled smaller trials (meta-analysis) to reduce the total and specific mortality and morbidity. How to express the efficacy? By calculating the relative- and even better - absolute risk reductions (RR), which can be done by mentioning the odds ratios (OR) and confidence intervals (CI). The calculation of the absolute RR is necessary if we want to analyze and compare the cost-effectiveness of various intervention modalities, which can also be important for the definition of priorities in reimbursement by the national and/or private health insurance systems.

In absence of such information, and only as long as such data don't exist, our prescription practice may still rest on our own clinical experience and on pathophysiological data. Eventually, but in second priority, drugs improving solely the quality of life can be added, as far however as they don't interfere negatively with drugs proven to be effective on EBM.

Finally we have to be aware that increasing the number of daily taken drugs decreases the patient's drug tolerability and compliance.

Some statistical notions will be explicated and examples of the cardiovascular field given.

GENITAL HERPES

Dimitris Sotiriadis, MD, PhD, Associate Professor of Dermatology

Department of Dermatology, "Aristotle" University, Thessaloniki

Genital herpes is a recurrent, life-long viral infection. Two viruses of the same family cause herpes genitalis: HSV-1 and HSV-2. Most cases (95%) of recurrent genital herpes are caused by HSV-2.

The majority of patients infected with HSV-2 are not diagnosed because the infection has been transmitted by persons unaware that they suffer from herpes or, who are asymptomatic when transmission occurs.

Diagnosis of genital herpes often causes considerable distress and has a tremendous negative impact on the Quality Of Life (QOL) for those infected. The complex web of social, physical and emotional consequences often has a synergistic effect that cannot be explained solely by the physical condition itself.

There have been a few recent international surveys that have studied the QOL impact among those infected with genital herpes. The most common emotional responses are depression, anguish, anger, diminution of self-esteem and hostility towards the person believed to be the source of the infection. These emotional problems appear to be worse in women than in men. About 50% of patients with recurrent genital herpes felt that their effectiveness at work had been substantially diminished because of their disorder, 75% worried about social rejection, over a quarter had suicidal thoughts and in nearly 80% of the patients the disease had a profound effect on their sexual life.

Guilt and anger are common emotions. It is important to note that the condition is often dormant for many years. Over a period of more than 2 years 30% of patients felt sad or depressed on most days. The severity of symptoms during relapses, the associated shame, depression and the social stigma may play a large role in compromising quality of life. Treatment with antiviral agents, taking into account not only number of recurrences, but also personal attitude towards the disease, can probably reduce anxiety, assist adjustment and improve QOL of the patients and patients' sexual partners.

NEW OPTIONS IN THE MANAGEMENT OF CEREBRAL PALSY: CORRELATION WITH QUALITY OF LIFE

I Tsikoulas, DI Zafeiriou, E Doulianaki

In order to improve quality of life in children with cerebral palsy (CP), it is crucial to choose the most appropriated therapeutic options for the individual patient. To reach this target, we should be aware of: 1) The definition and the etiology of CP, its natural course, as well as additional neurological impairments and disabilities 2) The tools which can assess the severity and the specific symptomatology, as well as the course of the individual CP case. For this purpose, the knowledge of the various contemporary assessment tools of function and disability in CP (GMFM, QUEST, PODCI, PEDI, COPM etc) is important 3) The current therapeutic approaches towards CP patients.

The importance of multidisciplinary approach in order to provide a comprehensive treatment plan should be stressed. A number of interventions that relax or lengthen muscles, or reduce muscle spasms, are used in order to interfere with movement and posture problems; such interventions include pharmacotherapy (systemic, local or intrathecal), surgical therapy (orthopedic, neurosurgery) and rehabilitation. The interventions that will be discussed in this round table represent our clinical experience (especially regarding chemodenervation with botulinum toxin as well as current information from the literature regarding various agents currently used to treat spasticity and muscle overactivity in children with CP.

QUALITY OF LIFE IN DERMATOLOGY

"PSORIASIS"

Olga Mourellou-Tsatsou MD, PhD

Director of Hospital for skin and Venereal Disease of Thessaloniki

Psoriasis is a chronic inflammatory skin disease in which the signs vary from one patient to another and over time. Traditionally, physicians have used various parameters to assess the severity of the disease: percentage of body area covered (BSA), erythema, plaque thickness, degree of scaling (PASI score) and systemic symptoms such as itch and pain of arthritis.

However these clinical assessments alone do not accurately reflect the overall effect of the disease on patients' daily activities. Apart from the clinical severity of affected areas psoriasis can also have a profound psychological impact on the patients' quality of life (QOL) namely on their life style, emotional wellbeing and the social ramifications of living with the disease.

Various types of questionnaire have been developed to collect information from the patient's perspective about physical and mental health as well as other aspects related to their families, friends and social lives. The Dermatology Life Quality Index (DLQI) is a self-administered, simple and practical questionnaire designed to measure the impact of skin diseases on patients QOL. The instrument contains 6 subscale scores: symptoms and feelings; daily activities; pleasure; work-school; personal relationships and treatment. The score on the DLQI has a possible range of 0 to 30, with 30 corresponding to the worst. The DLQI has evidence supporting reliability and validity when used in a dermatology clinical setting.

The psoriasis symptom assessment (PSA) scale contains 8 symptoms questions related to psoriasis, to which the patient responds in terms of frequency and severity (troublesomeness/bothersomeness). Each PSA score ranges from 0 to 32, with 32 indicating the worst. PSA is the first symptom measure which intends to assess the effects of skin disease on the patient HRQL (Health related quality of life). Itch scales VAS and NPF offer a useful information about itchiness. PSA and itch scales demonstrate responsiveness to changes in clinical status and have significant correlations with clinical indicators at the same time period. PSAQOL is a valuable tool for assessing the impact of interventions for psoriatic arthritis in clinical studies. It is well accepted by patients, is easy to administer and has excellent scaling and psychometric properties.

Conclusion: The DLQI, the PSA, VAS, the NPF and the PSAQOL are considered useful tools for the measurement of dermatology related limitations of functional ability and the frequency, severity and impact of psoriasis symptoms on patients' lives and psoriasis-related QOL.

ATOPIC DERMATITIS AND QUALITY OF LIFE

Dr. Ioanna Mandekou-Lefaki

State Hospital for Skin and Venereal Diseases, Thessaloniki, Greece

Atopic dermatitis affects different aspects of patient's quality of life. Apart of that, there is an impact on parents and other family members. Depending on patients' age there are several types of quality of life index:

- IDQoL or Infants' Dermatology Quality of Life Index, score 0-34, is specific for evaluation of quality of life of young children aged under the age of 4years.
- CDLQI or Childrens' Dermatology Life Quality Index, score 0-30 points, is specific for older children aged from 9 to 16 years.
- QoLIAD or Quality of Life Index Atopic Dermatitis, score 0-25 points, is specific for patients over the age of 16 years and adults.

The impact on the life of parents of children aged up to 8 years is measured by Parents' Index of Quality of Life in Atopic Dermatitis, PIQoL-AD, score 0-25.

Quality of life measures should be used in conjunction with clinical measures for global assessments of disease impact.

Changes in Index scores are determined before, during and after therapy to assess treatment benefits.

GENERAL AND SPECIFIC QUALITY OF LIFE INDEXES IN DERMATOLOGY

Demetrios Ioannides, MD

Assoc. Professor Of Dermatology

Various types of questionnaire have been designed in an attempt to evaluate patients' quality of life (QoL). They generally include questions about physical and mental health, as well as other aspects related to their professional and social lives and to their families and friends. These questionnaires are divided into two categories: general-health and skin-disease specific questionnaires. They provide a thorough and scientific basis to measure the benefits of a treatment, in terms of what is important to patients. It is better to emphasize that these questionnaires should be used with caution in order to avoid raising issues patients would not otherwise put forward.

The general-health questionnaires include items, which are usually grouped into psychological, social and physical domains. Their use allows the concerns of people with a skin disease to be compared with those of patients with other conditions and with healthy controls. However, such questionnaires can be complex and time-consuming to complete.

The skin-disease specific questionnaires can be used in conjunction with general-health questionnaires. They are useful for comparing QoL across a variety of skin diseases, but not between different conditions or populations. Patients' beliefs about their skin disease are examined, namely causes, consequences, chronicity or recurrence, symptoms and controllability, etc. It is interesting for the evaluation of various treatment modalities to assess the relationship between these beliefs and the clinical severity of skin condition.

CURRENT MANAGEMENT OF THE INFLAMMATORY BOWEL DISEASE IN CHILDREN

St. Karyda-Kavaliotis MD, PhD

*Consultant Paediatric Gastroenterologist
1st Dept of Paediatrics, Aristotle University of Thessaloniki
Thessaloniki - Greece*

Inflammatory bowel disease (IBD) in children includes Crohn's disease (CD),

ulcerative colitis (UC) and indeterminate colitis (IC). CD can involve any part of the gastrointestinal tract from the mouth to the anus but most often affects the lower part of the small intestine. UC involves only the colon and most often the left colon. In addition to symptomatic disability, affected children may have chronic malnutrition, linear growth failure and pubertal delay. The course of these diseases is usually lifelong with recurrent exacerbations and remissions of intestinal and other systemic features. Therefore, interferes seriously with the quality of life due to severe morbidity.

Like other chronic illnesses, management should include consideration of the social, cultural and psychological circumstances of the child and his (her) family. The consequences of the illness and side effects of its treatment may affect other members of the family and the patient in a complex interrelationship between the child, the family and the social milieu. Management of IBD should therefore include, within the comprehensive treatment program, consideration of the psychosocial situation of the child and other members of the family. It is important to be aware of the numerous problems that these families encounter so that appropriate help can be offered.

Therapy for IBD is designed for induction of remission of disease activity, maintenance of remission and prevention of relapse. There are three specific modalities of treatment for IBD in childhood: nutritional therapy, medical therapies and surgery. At present, none of these is curative.

A. NUTRITIONAL THERAPY

1. Total parenteral nutrition (TPN)

In children TPN is generally reserved for patients with serious illness especially when there are profusely discharging fistulae and either before or after surgery (ideally preoperatively) in malnourished children

2. Enteral nutrition

There is mounting evidence supporting the use of enteral feeding in children, especially in those with new onset CD. With enteral feeding, nutrition is improved, and growth and pubertal development can be promoted, while avoiding the systemic toxicity of corticosteroid therapy. Enteral nutrition may promote maintenance of remission in children with CD.

B. MEDICAL THERAPY

1. Aminosalicylates

The aminosalicylates, sulfalazine (SASP) and 5-aminosalicylic acid (5-ASA, mesalazine) are the first-line drugs that have modest anti-inflammatory effects. Although there have been few carefully conducted trials of these drugs in children to assess their place in management, it is accepted that these drugs so effective in UC, have shown minimal efficacy at best in maintaining remission in CD. Children seem to tolerate mesalazine better than sulfasalazine. In the treatment of paediatric IBD, fear of side effects has caused mesalazine to be more popular than sulfasalazine, which, however is cheaper .

2. Corticosteroids

Along with sulfalazine and the 5-ASA preparations, corticosteroids are extensively used as a primary treatment of both CD and UC. These medications are very effective in controlling active CD and UC, accounting for clinical remission rates of 60-91%. There is however no benefit from steroid maintenance therapy in either disease. Toxicity is the major drawback, accounting for high morbidity. The most important side effects are bone demineralization and growth retardation.

3. Antibiotics

Several antibiotics have been found to be useful in mild cases of IBD. These include metronidazole and ciprofloxacin. Metronidazole seems to be safe and relatively effective in perianal CD in children (heals fistulas).

4. Immune modulating drugs (IMD)

a. Azathioprine (AZA), 6-mercaptopurine (6-MP)

In patients with chronically active CD or UC with frequent exacerbations, maintenance treatment with AZA or 6-MP is safe and efficacious. A steroid-sparing effect has been demonstrated in 70-75% of paediatric patients with CD or UV. The onset of action is slow (3-4 months) so, awaiting a response treatment needs to be combined for at least 3 months.

Bone marrow depression may occur in 2-5% of patients at any time. Concerns about malignancies after long term treatment are not supported by evidence from the available literature.

b. Cyclosporine

Cyclosporine may be useful in patients with severe refractory ulcerative colitis to avoid emergency colectomy. For closure of refractory fistulas in patients with CD, cyclosporine is effective. Side effects such as hypertrichosis and paresthesias are frequent. The risk of renal damage limits its use as a long term drug.

c. Methotrexate (MTX)

MTX is beneficial and steroid sparing in CD but not in UC. In children with CD, experience with MTX is limited but encouraging. MTX

should only be considered in children with CD who fail to respond to conventional drug or who are having significant side effects from other therapies.

5. Biological agents.

Anti-Tumor Necrosis Factor- α antibody (anti-TNF antibody)

Anti-TNF antibody is very effective in active and fistulizing CD. Several trials of anti-TNF antibody have been done, all showing promising results in children. Whether this agent treatment eliminates the need for steroids in paediatric CD, is a matter of controversy. In children with UC, small studies have demonstrated encouraging short-term results of anti-TNF antibody in moderate to severe disease. The most important side effect is the development of active tuberculosis after initiation of anti-TNF antibody. Development of malignancies is a concern and cancer surveillance is indicated.

C. SURGERY

Despite advances in the medical treatment of IBD, there remain distinct indications for surgical resection in both UC and CD. Appropriate timing of surgery and choice of procedure may allow growth acceleration and pubertal advance that cannot yet be achieved medically. Delay in colectomy for toxic megacolon remains a potential cause of fatality. Optimizing surgical outcome minimizing the need for ileostomy and preventing disease recurrence in CD or chronic pouchitis in UC, remain areas for future paediatric research.

DELIRIUM AND ATYPICAL ANTIPSYCHOTICS. A CLINICAL PERSPECTIVE(2)

A. Vaksevanis

Psychiatric Department, Hippocratio General Hospital, Thessaloniki, Greece

Delirium is an organic psychiatric syndrome characterized by fluctuating consciousness and impairment in cognition perception and behavior. The disturbance develops over a short period of time, usually hours to days. Antipsychotics have been the medication of choice in the treatment of delirium. Haloperidol, a high potency neuroleptic has generally been considered the antipsychotic medication of first choice in the treatment of delirium.

However, Haloperidol is frequently associated with extrapyramidal symptoms, particularly in older adults. Recently, several case studies have been published evaluating the use of atypical antipsychotic agents in treating patients with delirium. The new atypical antipsychotics offer another possibility, though this is limited by the low number of publications about their use and the lack of double blind studies. Moreover, from another aspect, there is the absence of formal indication for delirium. Recent announcements from the manufacturers of Olanzapine and Risperidone refer to the increased danger of mortality due to the use of these drugs in the elderly suffering from dementia with a previous history of vascular cerebral disorders. Further studies

are required to evaluate the efficacy and safety of new atypical antipsychotics.

During a period of six months, the Department of Consultation-Liaison Psychiatry received 179 requests for visits. From the 179 patients, 48 of them were diagnosed with delirium. They were followed and examined on a daily basis during their stay in the various clinics to which they were admitted and daily cooperation with their doctors occurred. Information was also obtained from nursing staff and the family environment. The assessment of the course of delirium took place with the D.R.S. (Delirium Rating Scale). Clinical necessity has led us to use atypical antipsychotics on patients and the initial results seem to be positive.

P01

THE ROLE OF MAGNESIUM IN INSULIN RESISTANCE SYNDROME

Rasic-Milutinovic Z¹, Perunicic-Pekovic G², Pljesa S², Dangiç A³, Kostic N⁴, Samardzija V⁵, Bokan Lj⁶

¹Clinical Endocrinology Unit, ²Clinical Nephrology and Hemodialysis Unit University hospital Zemun-Beograd, ³Faculty of mining and geology, ⁴Faculty of agriculture Beograd, ⁵Transfusion Unit University hospital Zemun-Beograd, ⁶Biochemical Laboratory University hospital Zemun-Beograd, Serbia and Montenegro

Introduction. Previous studies have reported inconsistent results about the effects of intracellular Mg concentration on insulin action and incidence of diabetes mellitus type 2. **Material and methods.** The study was randomized, cross-sectional, with two groups of subjects, 90 healthy persons and 38 patients with Type 2 diabetes (mean age 31.56±10.35 years vs 37.66±9.62 years, p=0.08) treated with diet only. This study aimed to examine the relationship between plasma Mg, Ca, glucose, insulin concentration and insulin resistance index (HOMA IR), calculated from fasting serum insulin and glucose concentration by Homeostatic Model Assessment score.

Results. The group of Type 2 diabetic subjects didn't differ from healthy group for age, gender, systolic blood pressure and plasma Na, Ca, Cl and iP concentrations. Plasma level of Mg was lower significantly in diabetic subjects (0.84±0.24 vs. 0.87±0.31, p=0.04). Calculated IR has shown significantly higher level in diabetes mellitus type 2 (4.8±2.4 vs. 1.7±0.8, p=0.02) as well as glucose level (6.36±1.10mmol/l vs. 4.16±0.93mmol/l, p=0.01), as was expected. We have shown significant association between plasma level of Mg and glucose, insulin, insulin sensitivity index and BMI, in both group of subjects, separately.

In conclusion, our study suggested that magnesium might have some protective effect in modulating insulin action in healthy persons and worsening of insulin resistance in patients with diabetes mellitus type 2. In farther study we will develop our study on drinking water composition, especially of Mg and Ca.

P02

COPING WITH THE PSYCHOLOGICAL EFFECTS OF VITILIGO: COMPARING THERAPEUTIC APPROACHES

Litsa Anthis, Linda Papadopoulos, Carl Walker

London Guildhall University, Psychology Department, Calcutta House Old Castle Street, E1 7NT, London, United Kingdom

Objective: Vitiligo is a progressive condition involving a loss of pigmentation in the skin. It can be disfiguring and no fully effective treatment or cure exists. Although medical effects of vitiligo have been stud-

ied extensively, little attention has been paid to its psychological impact. This research compared the efficacy of cognitive-behavioural therapy and person-centred (humanistic) therapy in both group and individual format, with respect to ameliorating the disabling effects of the condition.

Procedure: Participants were matched for age, sex and ethnicity and were randomly allocated to either, the control group, the CBT treatment group or the humanistic treatment group. Participants underwent 8 consecutive weeks of therapy and psychological and physiological gains were recorded before therapy, after therapy and at follow-up. Results: The study used a mixed factorial design for the questionnaire analysis. The independent factor was the three different experimental conditions; control, CBT and humanistic therapy and the repeated measures factor was assessment point; pre-treatment, post-treatment, 6 month follow-up and 12 month follow-up. The research highlighted the beneficial effects that psychological therapy can bring to vitiligo patients.

Conclusions: This research helps us to understand more fully the efficacy of psychological therapy with a vitiligo population and will help direct health professionals to the most appropriate format for future use.

P03

EPIDEMIOLOGICAL DATA OF GUILLAIN-BARRE SYNDROME FOR 5 YEARS

Sallabanda S, Kola E, Lluka R, Zavalani F, Bakalli I, Qatipi M, Kito I, Mati L, Koja B

Department of Pediatrics, UHC "Mother Thereza" Tirana, Albania.

The aim: To present the epidemiological data of severe forms of Guillain-Barre Syndrome, (GBS), their clinical and laboratory particularities and to emphasize the importance of mechanical ventilation for the treatment and outcome of the patients admitted at PICU during the period 1999-2003.

Material and Method: This is a retrospective study. The patients admitted at PICU met the diagnostic criteria of GBS, according to Ad Hoc NINCDS Committee. We have considered as severe the forms that have required mechanical ventilation. The virology examinations are performed at National Institute of Public Health.

Results and Discussion: We enrolled 6 children with GBS according to before mentioned criteria. They constituted 12% of all admissions with GBS during the same period of time. Two cases (33,3%) came from urban areas and four (66,6%) from rural ones. The most affected age was from 2 to 6 years old, (4 cases-66,6%). The greatest part of the patients was admitted during humid seasons. The most predominating symptom was symmetric muscular weakness, beginning at lower extremities, in 6 cases-100%), and progressing within 6-48 hours to upper extremities (66,6%), affecting oro-pharyngeal and respiratory muscles and resulting in tetraplegia. All the patients had bicipital,

patellar and cutano-abdominal hypoareflexia. The sensibility was affected, (hypoesthesia), in (83,3%), and it wasn't affected in 1 case (16,6%). One patient had the Miller-Fisher variant, determined clinically and by revealing the circulating anti gangliosidal antibodies. In 3 cases (50%) the syndrome was preceded by respiratory infections, one of which had a positive test of cold agglutination for *Mycoplasma pneumoniae*. Only one case had a CSF protein-cytologic dissociation. Four cases required mechanical ventilation, on the average two days after admission, because they met the criteria of decompensated ARF. They stayed on mechanical ventilation 31 days average. All the patients was treated with IVIG. Three patients, (50%) were complicated with nosocomial infections and two of them had positive cultures of bronchial secretions for *Pseudomonas aeruginosa*. The clinical improvement has begun on the average 4 weeks after the admission and it has lasted up to a year. The outcome has been very good, with no mortality and with fully recovery. Only one patient had neurological sequelae.

Conclusion:

1) The ventilatory assistance is a key point in the excellent recovery of these patients. 2) We have the problem of nosocomial infectios.

We are at the first steps of the use of IVIG for the treatment of GBS.

P04

LOW DENSITY LIPOPROTEIN SUBCLASS DISTRIBUTION IN MACEDONIAN CHILDREN

Sonja Alabakovska, Danica Labudovic, Katerina Tosheska, Bojana Todorova

Department of Medical and Experimental Biochemistry, Faculty of Medicine, University "Ss. Cyril and Methodius", Skopje, Macedonia

Background: Current reports claim that small and dense LDL particles are more atherogenic than larger LDL particles. There are many studies presenting LDL subclass distribution in adults, but there is not enough literature data on this problem found in childhood. The aim of this study was to examine LDL subclass distribution in healthy children in R. Macedonia.

Materials/Methods: Plasma LDL subclasses in 100 children aged 9-18 years were analyzed using non-denaturing polyacrilamide gradient (3-31%) gel electrophoresis. Conventional plasma lipid and apoprotein parameters which are thought to affect LDL size were determined as well.

Results: The results obtained have shown prevalence of large LDL subclasses (phenotype A) in 89% of the children, whereas small LDL subclasses (phenotype B) were observed in 11%. The mean LDL size was 26.37 ± 0.68 nm, and there was no difference between gender groups. No association between LDL size and plasma lipid, apoprotein levels, age and BMI was noted.

Conclusion: These findings indicate that LDL size and distribution is genetically determined and is not gender and age dependent. Also, it is

not influenced by the plasma lipid and apoprotein concentrations in childhood which suggest that analysis of LDL subclass phenotype may provide better information on the risk of atherosclerosis development in adulthood.

P05

SPECIFIC INFANT FORMULA IMPROVES QUALITY OF LIFE IN INFANTILE COLIC

Xinias Ioannis, Demertzidou Vasiliki, Kardaras Panagiotis, Nalmpanti Filareti, Staurakaki Evgenia, Tsiouris Ioannis, Papastaurou Theoduli, Spiroglou Kleomenis

Third Department of Pediatrics, Aristotle University, Hippocraton Hospital, Thessaloniki, Greece

Cow's milk allergy and lactose malabsorption have suggested as a cause of infantile colic and other gastrointestinal manifestations. The goal of our study was to investigate the effectiveness of a specific hypoallergenic, lactose free infantile formula in infants with colic with/or without other gastrointestinal symptoms.

Patients and methods: 15 children aged 1.5-3.5 months, who suffered from infantile colic (according to international criteria), were included in the study.

A questionnaire of two parts was made for the requirements of the study. Colic episodes per day, regurgitation and vomiting as so as time of crying, duration of sleep, constipation and body parameters were carefully registered in the first part of the questionnaire. In the 2nd part of questionnaire personal and familial history of allergy, as so as specific IgE (RAST), total IgE and blood eosinophils were measured and registered. A lactose free infant formula, with hydrolyzed protein (whey) was administered to all infants. After one month feeding with this specific formula all the parameters that referred in part one of the questionnaire were reevaluated and registered.

Results: colic episodes decreased after feeding with specific formula (from 4 ± 2 to 1.53 ± 1.59 /day, $p < 0.05$). Moreover significant ($P < 0.05$) elimination of regurgitation and vomiting episodes per day and improvement in cases with constipation was recorded. Crying episodes per day also decreased but not very significantly. It was remarkable that weight gain was according to expected values for the age of the infants (median body weight before=6300 gr, median body weight after specific milk formula=7260 gr) and the other body parameters were as expected. From the medical history allergic manifestations referred in 33%, familial history of allergy in 20% of the cases, eosinophilia in 20%, positive RAST tests in 20%, and elevated total IgE in 26%.

Conclusions: Infantile colic with or without other gastrointestinal symptoms can effectively managed with whey hydrolyzed, lactose free formula. This finding supports the possible relation between cow's milk allergy, lactose absorption and infantile colic.

P06

**AN OBESITY-SPECIFIC QUALITY OF LIFE INSTRUMENT:
OAS - ADAPTATION IN GREEK**

Giaglis G.D., Goulis D.G., Kita M., Kontopoulos M., Avramides A.

*Department of Endocrinology, Hippocraton General Hospital, 54646
Thessaloniki, Greece*

Introduction: The impact of obesity on Health Related Quality of Life (HRQoL) has been less well studied than how it affects physical morbidity. For these purpose there are few questionnaires that are generic and do not focus on the specific features of obesity. Obesity Assessment Questionnaire (OAS) is such an obesity-specific HRQoL measure. **Aim:** The translation and adaptation in Greek of OAS and the development of an abridged version.

Methods: OAS was translated following the standard forward-backward procedure and was adapted in Greek by a panel of experts in the field. Following it was examined for reliability (internal consistency and test-retest repeatability), and construct validity. The 6 items with the highest item-total correlation were selected to construct the abridged version.

Results: A high degree of internal consistency was observed both for the original and the abridged version (Cronbach's α was 0.9042 and 0.8903 respectively). Test-retest repeatability correlation coefficients for both versions were highly significant. The Greek OAS demonstrated adequate construct validity as measured by its correlation to generic HRQoL tools, like SF-36 and European Quality of Life-5 Dimensions. **Conclusions:** The OAS addresses the relevant domains of obesity specific HRQoL, is psychometrically sound, and has been linguistically validated into the Greek language. An abridged version is also available. These questionnaires are readily self-administered in research or clinical settings.

P07

HYPERKALEMIA-RELATED RHYTHM DISTURBANCES IN ELDERLY

Alexoudis Apostolos, Borghi Luisa, Karakiriou Maria, Xaritos Stefanos, Dourtsiou Stella, Gotsis Alexandros, Terzi Sofia, Panagiotidou Alexandra

Clinic of Cardiology-General Hospital of Komotini.

Purpose: Presentation of three patients with rhythm disturbances due to hyperkalemia.

Methods: we studied 3 patients, a 71-year-old man and two women aged 69 and 83. Two of them had a history of congestive heart failure while the other one suffered from hypertension. On admission, they presented dizziness, weakness to the lower limbs and vomiting. There was no history of diabetes mellitus or gastroenteritis, but one patient presented initial stage of renal insufficiency. In the first patient hyperkalemia was

induced by intoxication of digitalis, while in the others there was a history of long-term therapy with potassium sparing diuretics and angiotensin-converting enzyme (ACE) inhibitors. All patients were under ECG monitoring and a 6-hour- control of arterial blood gases.

Results: ECG showed: a) tall and peaked T waves in the precordial leads, b) in two cases a reduction in P wave amplitude with its subsequent disappearance c) a progressive widening of the QRS complex , with QRS> 112 ms, QT> 282 ms, a QTC> 324 ms with RR>764ms d) AV nodal rhythm in two cases e) in one case a ventricular tachycardia which was degenerated in torsade de pointes ventricular tachycardia and subsequently in ventricular fibrillation. Arterial blood gases analysis: pH 7.29±0.05, K⁺ (mmol/l) 7.61±0.11, Na⁺ (mmol/l): 136±2, HCO₃⁻(mmol/l):19.8±6.5.

Conclusions: Hyperkalemia is associated with various arrhythmias which could be life threatening. The correlation between the serum level of potassium and the induced ECG changes are neither precise nor consistent. Elderly patients with a history of long-term therapy with ACE inhibitors and digitalis are more susceptible to hyperkalemia when they also have gastroenteric disturbances or chronic renal insufficiency.

P08

ROLE OF GENERAL PRACTITIONERS IN PREVENTION AND/OR EARLY DIAGNOSIS OF BREAST CANCER

Paliogianni E, Koutsigianni Z, Mantouvalou M, Kyriazopoulos G, Frontzou R

Lamia general hospital, ICU department

Background and goals of study: the objective of our study was to assess the role of general practitioners in first degree of health, with regard to the prevention of breast cancer .

Material and method: we studied 820 women of age from 32 -83 years, that reached the mammography centre Lamia. General hospital. The women emanate from the wider region of Fthiotida (rural, semi-urban, urban population). Examination included personal interview, reception of background from the radiologist, completion of a questionnaire, physical examination including palpation and the mammography.

Results: the overwhelming majority of women who reached us for a mammography came after dictation of doctors of other specialities (gynaecologists - obstetricians, surgeons, oncologists or internists, rural doctors), and only 9% from the general doctors. important role played the mass media , while remarkable is that only 40% of women came for the mammography after clinical examination (palpation of breast).The rest were reported based only on the background, while women that were advised to have a mammography after signs from the physical examination came, in their overwhelming majority, from obstetricians - gynaecologists. Important is that 9% of women were submitted in mammography while having

positive findings for breast cancer ,having lost precious time for prevention or cure.

Conclusions: from this study we conclude to the following:

The role of general doctor in the prevention of breast cancer is limited. In Fthiotida the number of general doctors is small, having as a consequence the insufficient application of preventive control of first degree on population (briefing, sensitization, suitable treatment). There is no coordinated program of demographic control for breast cancer. It is indicative that mammographic department in Lamia hospital started its function only in 2003 and it covers a range of population of more than 180.000 residents.

P09

OBSTRUCTIVE SLEEP APNEA SYNDROME AND DRIVING ABILITY. EVALUATION OF PATIENT'S SUBJECTIVE OPINION

A.Triaridis, I.Konstantinidis, S.Triaridis, I.Petropoulos, K.Karagiannidis

Otorhinolaryngology Department, Hippokratio General Hospital, Greece

OBJECTIVE: Obstructive sleep apnea (OSA) has been shown to be associated with an increased risk of road traffic accidents. Previous studies are based on actual accident data, or on simulated driving performance of patients with OSA. The objective of this study was to assess patient's subjective opinion about their driving ability and the correlation with the results of polysomnography.

MATERIAL- METHODS: Twenty-four patients with sleep disturbances were evaluated with polysomnography and endoscopic examination with Muller maneuver in our ENT department.

Patients completed the Epworth sleepiness scale (ESS), and a special focused (6-questions) driving ability questionnaire (DA). We correlated the results with the Apnoea - Hypopnea index of the patients (AHI) and the Snore Index (SI).

RESULTS: Patients were divided in 4 groups, according their Apnea - Hypopnea index (AHI). We correlated the polysomnography results (Pearson's correlation coefficient, Spearman's rho and Kendall's tau-b) with the results of DA questionnaire. There was a significant correlation between the Apnea - Hypopnea index and the driving ability score. Snoring was found to be a minor factor of decreased driving ability.

CONCLUSION: Obstructive Sleep Apnea Syndrome affects the quality of patient's life.

Day sleepiness in these patients threatens their life and life of other people when they are driving. It is important to use special focused questionnaires in order to create an index of high-risk drivers who need further evaluation with objective methods like polysomnography. Doctors must consider that the elimination of Snoring and OSAS in these patients is associated not only with an improvement in quality of life of these people, but also with a decrease in the risk of road traffic accidents.

P10**SWIMMING INJURIES AND PREVENTION**

Akritidou A, Atsalou M

K. Paleologou 13, 55133, Thessaloniki, Hellas

Our intention in this project is to mention that in serious injuries in swimming, such as tendinosis of the supraspinatus muscle the trainers, coaches, doctors and physiotherapists ought to take under consideration all the factors of injury in order to prevent it. But if it finally occurs, then the athlete's rehabilitation would be more complete and his come back to training schedule easier.

We mainly focus the causes of the injury on the bad athlete's technique. By reducing the pressure the athlete may not come to the sad position of keeping himself from the swimming pool off for a while.

As a therapy, usually the conservative treatment is used apart from when the injury is serious and chronic and no other treatment but the surgical, i.e. operation is suggested.

The results of our study showed that from ten athletes that we examined, with average age 21 years old, seven of them presented injury on the shoulder, two of them on the back and one of them on the ankle. Seven of them followed and completed their rehabilitation's program that doctors and physiotherapists suggested, whereas three of them interrupted their schedule due to their own personal reasons and continued the training.

Consequently, the four swimmers were recovered and back to their training program, whereas the situation of the other three relapsed and their injury became from acute into chronic. As a result the frequency of the injuries in swimming can be seriously reduced if the coaches give priority and insist on the technique's improvement and then on the performance. As well as, after the injury on the correct rehabilitation of the athlete and not on his quick come back in the pool.

P11**THE IMPACT OF PREGNANCY ON PROGRESSION OF AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE**

Alma Idrizi, Myftar Barbullushi, Margarita Gjata, Alketa Koroshi, Ariana Strakosha

Service of Nephrology, UHC "M. Teresa", Tirana, Albania

The aim of this study was to evaluate the influence of pregnancy to the progression of autosomal dominant polycystic kidney disease (ADPKD).

55 females with ADPKD were included in the study during a period of 10 years. Kaplan-Meier product-limit survival curves were constructed, and log rank test was used to compare the survival curves.

From 55 females pts, 52 of them had been pregnant: 22 of them had had less than three pregnancies (22%), [(7 of them had chronic renal failure (CRF) – 1 underwent to renal loss, and 15 pts had normal renal function), while 30 pts had had three or more pregnancies (30%), (18 of them had CRF – 9 underwent to renal loss, and 12 pts had normal renal function).

Having three or more pregnancies was associated with a worse renal survival than having less than three pregnancies (10-years difference in renal survival; $P < 0.01$). At the mean time, 16 pts with three or more pregnancies had and hepatic cysts (7 of them underwent to renal loss), and 7 pts with less than three pregnancies had hepatic cysts (1 of them underwent to renal loss).

Our study showed that female patients with three or more pregnancies have a greater risk to develop end stage renal disease than those with less than three pregnancies. Also, the females with three or more pregnancies have a greater risk to develop hepatic cysts than patients with less than three pregnancies, suggesting for the role of estrogens in the genesis of these cysts.

P12

TREATMENT OF INTERTROCHANTERIC HIP FRACTURES USING INTRAMEDULLARY FIXATION. DOES IT IMPROVE THE EARLY MOBILIZATION AND THE QUALITY OF LIFE OF THE PATIENTS?

Rizos Ch., Tsiampas D., Vardakas D., Chrisovitsinos I.

Department of orthopaedic surgery, General Hospital of Ioannina "G.Hatzikosta"

Method. The last two years we have treated 31 intertrochanteric hip fractures using intramedullary nailing (Gamma – nail, IMHS, PFN). The median patient age was 76.4 years (range, 47 – 97 years). Fourteen (14) fractures were stable and 17 unstable. The mean duration of hospital stay was 6.9 days. The estimation of the results was based on data and x-rays of the medical files and also on phone information by them in person or their relevants.

Results. Patients that were in a good general condition , were permitted to start mobilizing since the second postoperative day with partial weight bearing.

One of the patients died the second postoperative day, two within the first month and two within the first year, but these two last, were walking with crutches. Two (2) patients sustained pulmonary embolism and they needed treatment.

From this group of patients who are in life (26), twenty three are walking without or with some help, but three of them remain confined to bed. In one case "cut-out" of the lag screw from the femur head was observed and in another case intraoperative fracture of one cortice of the femur.

Conclusions. Our study demonstrates that this specific method of treatment (IMN) allows in greater percentage the early mobilization with partial weight bearing, reducing the complications of a prolonged lying in comparison to the latest method in use (DHS).

P13

BITES AND STING INJURIES AS A CAUSE OF HOSPITALIZATION IN CHILDREN. A RETROSPECTIVE STUDY

N. Nikolakopoulou, M. Eliopoulou, I. Giannakopoulos, S. Mantagos

Department of Paediatrics, University Hospital of Patras, Greece

Objective: To study the clinical features, etiological agents of bites and sting injuries, clinical course, complications and treatment of children admitted to our department.

Patient population: We retrospectively studied the medical records of 201 children, 134 boys (66.7%) and 67 girls (33.3%), aged 7.24 ± 3.5 and 7.55 ± 3.9 years respectively, admitted to our hospital with the diagnosis of bites and sting injuries from 1-1-1991 to 31-12-2002.

Results: The bites and sting injuries usually occurred in summer (62.7%), especially in July (28%), while they were less common in autumn (23.3%), spring (11%) and winter (3%). The frequency was almost the same during the 12 years of study period (14-20 cases per year) and the majority of children (59.7%) were from rural areas. The duration of hospitalization was 1.71 ± 1.52 days. In the 75% of cases the most common etiological agents were insect stings (hymenoptera 35.3%, scorpions 13.4%, arthropods 4%, unknown insects 21.9%), 12.9% snake bites, 6% jellyfish stings, 2.5% mouse bites. Usually, there was a high frequency of bites and stings in different parts of the legs (36.3%). Patients were admitted to hospital in 2.5 h (range 0.25-48 h) from the bite. In 99% of patients, there were only local signs of inflammation. In 36.3% of patients, the treatment was started before the admission in hospital. Systemic disease occurred only in 7 (3.5%) patients and complications were rare (2%). Most of the patients (81.6%) needed antibiotic, antihistamine, and steroid treatment.

Conclusion: The bites and sting injuries are not a very common cause of hospitalization in childhood and have a good prognosis under immediate and appropriate treatment.

P14

EPIDEMIOLOGY OF SUICIDE ATTEMPTS IN CHILDHOOD AND ADOLESCENCE IN SOUTHWESTERN GREECE

Eliopoulou M.¹, Assimakopoulou A.¹, Katrivanou A.², Nikolakopoulou N.¹, Giannakopoulos I.¹, Mantagos S.¹

¹Department of Paediatrics, ²Department of Psychiatry, University Hospital of Patras, TK 265 04 Rion Achaïas, Greece

Objective: To study the epidemiological and clinical characteristics in attempts of suicide in childhood and adolescence.

Materials and Methods: We conducted a retrospective study of

attempts of suicide in hospitalised children in Paediatric Clinic from 1/1/1991-31/12/2001.

Results: There were listed 164 incidents of attempted suicide, 151 girls (92%) and 13 boys (8%), (age 8-16 years, mean 14.36 years). No difference was observed in the number of incidents per year as well as the seasonal distribution. Higher frequency was observed during March and June (24 and 19 incidents respectively). The patients were from urban regions (69.4%), semi-urban (17%) and rural (13.5%). Patients received more frequently paracetamol, salicylic acid in different combination: each one separately or both together, or with other drugs or domestic chemical substances. Potential lethal doses were received in 57.3% of the patients.

Patients were admitted in the hospital within 1 to 48 hours after the drug was received (mean 6.8h) and 81% of them were in good general condition (65% of patients showed no pathological signs), whereas only 2% were in severe general condition. No lethal incidence was reported. Second incident of attempted suicide was noted in 3 of the patients. Mood disorders and disruptive behavior were the most frequent findings during the paedopsychiatric assessment.

Conclusions: The majority of suicide attempts were carried out using drugs and do not constitute important therapeutic problem but a big social and domestic one. Systematic psychological follow up of the children is necessary as well as social support for their families.

P15

NUTRITION AND QUALITY OF LIFE IN ELDERLY PATIENTS HOSPITALIZED FOR ACUTE DISEASE

Michailidou M, Panagiotou I, Skorda L, Papadimitriou K, Gioulbasanis I, Mainas E, Latoufis C, Christoforidou M, Artikis V.

2nd and 3rd Department of Internal medicine, Elpis General Hospital, 11522, Athens, Greece

BACKGROUND: Inadequate nutrition is a major problem of the elderly today. A practical approach to estimate malnutrition's prevalence in clinical practice is screening with the Mini Nutritional Assessment (MNA). Little information is available on the nutritional status and the quality of life of elderly patients hospitalized for acute disease. **AIM:** The aim of our study was to evaluate the prevalence of malnutrition and to define its relationship with such patients' quality of life. **PATIENTS AND METHODS:** Our study's cohort consisted of patients aged > 65 years treated in our department for acute disease, during a one-year-period. On admission, data regarding each patient's residence (home vs institution), socioeconomic status and family care (bad, moderate, good), use of medications and ability of daily activities (bad, moderate, good) were collected. The nutritional assessment (NA) scale was obtained for each individual patient through the application of the MNA protocol. The presence or absence of malnutrition was esti-

mated, dividing our cohort in two subgroups. Statistical analysis comparing life-quality parameters between subgroups was performed with the "chi-square" test. RESULTS: 263 patients (112 men and 151 women, mean age: 77.9+8.5) were studied. 81.3% lived at home prior to hospitalization and 77.1% had a good or moderate ability of daily activities. Based on the NA scale, 118 patients (44.8%) were malnourished. A significant positive relation was found between NA score and family care ($p=0.042$), socioeconomic status ($p=0.012$) and ability of daily activities ($p<0.0001$).

CONCLUSIONS: Our study suggests that the nutritional status of elderly hospitalized patients is frequently inadequate, and that a close positive relation between nutritional status and quality of life exists in this group of patients. Healthcare providers should consider NA as a quick and easy nutritional assessment tool and could include it in any geriatric assessment trying to evaluate quality of life.

P16

MALE DIALYSIS PATIENTS ARE SUBJECT TO A HIGHER RATE OF MUSCLE WASTING AND WEAKNESS THAN FEMALE COUNTERPARTS

Sakkas, G.K.¹, Stefanidis, I.², and Johansen K.L.³

¹Department of Medicine, University of California, San Francisco, USA.

²Division of Nephrology, University of Thessaly, Greece.

³Division of Nephrology, San Francisco Veterans Affairs Medical Center, USA.

Gender has been shown to have an effect on muscle size, strength and performance. However, in patients on dialysis treatment it is not known whether gender plays a role in the degree of muscle wasting and weakness. Preliminary data have shown that male patients are more affected than female counterparts. We sought to determine whether the muscles of the lower leg are differentially affected in males and females with ESRD.

Six healthy female controls (F-CON) were compared to 24 female dialysis patients (F-RFP) and 13 male controls (M-CON) compared to 27 male dialysis patients for measurements in muscle cross sectional area (CSA) and composition by MRI, isometric leg muscle strength, body composition by DEXA, physical activity by a 3D-accelerometry and physical performance using functional tests.

The data were normalized for baseline differences between males and females by dividing the variables for each subject by the mean values of the sex-specific control group. ANOVA was performed to detect statistical differences.

Muscle size in M-RFP group was reduced 10% more than in F-RFP group ($p=0.01$). Muscle strength was also reduced in M-RFP 5% more than the F-RFP group ($p=0.01$). Intramuscular fat content was similar in all groups. On the other hand, F-RFP group had 20% more reduc-

tion in gait speed than M-RFP group ($p=0.01$). Similar reduction in physical activity levels, lean body mass and total body fat was found in both dialysis groups. Testosterone concentration was highly correlated with muscle size in M-RFP group ($R=0.554$, $p=0.001$).

Male patients have a greater reduction in muscle size and strength than female dialysis patients while female patients have a greater reduction in gait speed. Hormonal changes seem may be a reason for those differences.

P17

QUALITY OF LIFE IN PATIENTS WITH MULTIPLE MYELOMA IN RECOMBINANT HUMAN ERYTHROPOIETIN (rHu-EPO) TREATMENT

Caja T., Xhumari P.

*University Hospital Center "Mother Tereza", Department of Hematology
Tirana-Albania*

Patients (pts) with Multiple Myeloma (MM) develop anemia that deteriorates the quality of life and necessitates RBC transfusion, inevitable connected with the risk of complications. Improvements of quality of life after treatment with rHu-EPO often have been reported in pts with cancer.

Objective: To evaluate the effectiveness of rHu-EPO in the treatment of anemia associated with MM.

Twenty pts with MM were enrolled into study. During the course of chemotherapy all pts received rHu-EPO in the doses 150 U/kg three times a week subcutaneous. The pts were transfused when Hb level felt below 8.0 g/l.

Results: Anemia of different degree was observed in all pts. The indications for RBC transfusion occurred in 40% of pts on rHu-EPO treatment. Pts with response (80%) to the therapy significantly improved after 8 weeks of treatment. The performance status before the start of rHu-EPO therapy was more favorable and showed impressive improvement during the course of treatment. Clinical symptoms of anemia subsided or at least considerably improved under successful rHu-EPO therapy. No undesirable effects of rHu-EPO treatment were observed.

Conclusion: The use of rHu-EPO may reduce the requirements for RBC transfusion in pts with MM under chemotherapy. rHu-EPO has an extended role in the management of disease-related anemia and in quality of life in pts with MM.

P18**QUALITY OF LIFE AMONG CHRONIC HEMODIALYSIS PATIENTS AND KIDNEY TRANSPLANT PATIENTS**

Ospanova T., Semydotska Zh., Kotulevich N., Birjukova I.

Dept. of Internal Diseases, Kharkiv State Medical University; Region Nephro-Urologic Center, 61174, 60, L. Svoboda av., fl.165, Kharkiv, Ukraine

End-Stage Renal Disease (ESRD) is a non-curable condition for which life-long renal replacement therapy (dialysis or kidney transplantation) is required. Quality of life (QOL) is an important parameter of the treatment adequacy in hemodialysis (HD) and kidney transplant (KT) patients (pts). To determine how renal replacement therapy influences QOL in ESRD patients, we conducted a study applying the Kidney Disease Quality of Life (KDQOL-36TM) questionnaires.

KDQOL-36TM disease-targeted items focus on particular health-related concerns of individuals with kidney disease and on dialysis: Symptom/problems, Effects of kidney disease, Burden of kidney disease. KDQOL-36TM also includes a SF-12 Physical health composite (PHC) and SF-12 Mental health composite (MHC).

A total of 102 patients with ESRD were included. 86 pts mean age 41.8 ± 1.47 years have been treated on chronic HD 4 hours 2-3 times per week. Dialysis age was 30.4 ± 3.2 months. They were clinically stable with a mean KT/V 1.18 ± 0.2 . 62% of pts were under anti-hypertensive treatment. QOL parameters were also evaluated in 16 kidney transplant patients mean age 39.3 ± 7.2 years. Results show a significant impairment of quality of life in HD pts compared to the General population for all parameters except mental health ($p < 0.05$). Higher age and co-morbidity were associated with lower quality of life. Hypertensive patients who received ACEI Enalapril and/or Human recombinant erythropoietin (HrEPO) "EPREX" had higher quality of life. Lower QOL was found in diabetic patients. Nutrition status, dialysis modality, gender, and age, dialysis term were the independent factor which impact on QOL. QOL was better in all of domains except MHC in KT pts than in HD pts.

We conclude, KDQOL-36TM can be applied in evaluating of the ESRD treatment. The QOL was better in transplant patients than in HD. Anemia correction, adequate treatment of hypertension, managing co-morbidity may improve QOL of pts who required renal replacement therapy.

P19

THE RELATIONSHIP OF THE INTRACRANIAL PART OF VERTEBRAL ARTERY TO THE CRANIAL NERVES AND THEIR CLINICAL IMPLICATIONS

N. Milovanovic¹, S.Draganic-Gajic², C. G. Alexopoulos¹, D.Despotovic³, B. Filipovic³

¹*Institute of Anatomy, College of Cuprija, Serbia & Montenegro*

²*Psychiatric and Neurology Clinic, Medical Faculty Belgrade, Serbia & Montenegro*

³*Institute of Anatomy, Medical Faculty Belgrade, Serbia & Montenegro,*

Our studies have been done on a hundred i slotted specimen of the brain stem and the cerebellum of adult persons. In the course of our studies we have obtained the following results:

1. The size of left vertebral artery (VA) occurs frequently 2-5 mm. and the size of the right VA occurs 2-4 mm. In the 45% of our cases the size of the left VA was bigger then the right one.
2. The VA in its intracranial part goes generally ventromedially crossing the olive.
3. On its way though the posterior cranial fossa, both VA come to a close relationship with XII cranial nerve. Quite seldom the arteries are in close relationship with the IX,X and XI nerve (8% on the right, 7% on the left).In cases when the VA join above the fossa postpontina, making the basilar artery, they stand in close relationship with the VI cranial nerve (4% on the right, 3% on the left). In cases of major dislocations, the VA are in close relationship with the VII and VIII cranial nerve (3% on the right, 3% on the left).

These anatomical findings might have important clinical implications. The data in the literature about the vascular compression of the cranial nerves cites symptoms and signs were due either to the impaired nerve conduction only or to the demyelization and atrophy of the nerve fibers. Such a relationship between the nerves and the blood vessels would also be a great challenge to the neurosurgeons, because classic vascular decompression is impossible in such cases.

P20

EXAMINATION OF VACCINATION AGAINST INFLUENZA AT ELDERLY PEOPLE

Filareti Nalbanti, Evgenia Stavrakaki, Vasiliki Demertzidou

Health Center of Sidirokastro, Serres

Objective of our paper was the listing of elderly people that were vaccinated against influenza.

Material and Method: Our material were 114 elderly people that visited

the Health Center during 2003, filling in a questionnaire concerning the vaccination against influenza. The filling in of the questionnaire was completed by the presence and the assistance of the present doctor.

Results: Among the 114 persons of random samples of our study, 76 (68,4%) were women and 38 (31,6%) were men. 80 persons (70,1%) were vaccinated at the drugstore, 21 (18,4%) at the Health Center and 13 (11,4%) by individual doctors. Concerning their history that was related with their protection against influenza, 16 (14,03%) were vaccinated for the first time, while the rest of them are vaccinated every year. They were informed and advised about the protection against influenza by the mass media, by the pharmacist of their neighborhood, by their acquaintances and friends and barely by the medical and non-medical staff of the Health Center.

Results: We estimated that the need of a vaccination against influenza to persons of increased dangers is indisputable, the informing of the people belonging to a health center is permissible, independently of the source, however, in collaboration with the family and other doctors that staff it. The objective is to decrease the complications of influenza in persons of increased danger.

P21

COMPLIANCE OF OVERWEIGHT HYPERTENSIVE PATIENTS AFTER SUGGESTION FOR LOOSING BODY WEIGHT

Filareti Nalbanti, Eygenia Stavarakaki, Vasiliki Demertzidou, Eleftheria Kapsali

Health Center of Iraklia, serres

The objective of the present study was the recording of overweight hypertensive patients after suggestion for loosing body weight.

Material – Method: The material of the study consisted of 64 overweight hypertensive patients that were selected at random in one of the surgeries of general medicine, to whom, after the first visit to the anti-hypertensive surgery, in the frame of non- pharmaceutical intervention, it was suggested to follow a diet on low calories, simultaneously with the known suggestions for changes in the way of life (gymnastics). The patients were weighed at each visit, being also measured for their arterial pressure and the values were recorded.

Results: Among the total of overweight hypertensive patients, 28 of them (43,7%) lost significant body weight during the 6 months on low calorie diet that was suggested and with physical exercise 3 – 5 times weekly that was also suggested. At 32 (0,5%) patients existed no or minimal loss of their body weight, while 4 (6,2%) patients showed stagnation or even increase of their body weight.

Conclusions: A statistically important percentage complied with the suggestion to loose weight. A small percentage complies difficult and it henceforth remains to us as doctors to insist more on this objective for loosing weight, and as is it well known to us, that it involves important reduction of arterial hypertension, and, consequently, better quality of life.

P22

COMMON ACUTE OR CHRONIC DISEASES OF THE RESPIRATORY SYSTEM OF CHILDREN AND THEIR RELATION WITH THE SMOKING OF THEIR PARENTS

Stavrakaki Eygenia, Nalbanti Filareti, Kapsali Eleftheria, Demertzidou Vasiliki, Paspatis Grigorios

GENERAL HOSPITAL OF SAINT NIKOLAOS, HERAKLION, CRETE

Passive smoking in small children is incriminated for the increased frequency in common and chronic diseases of the respiratory system.

Objective: to study the relation of adult parents of small children with smoking and to locate the frequency of common diseases of the respiratory system in children with parents that smoke, and furthermore in children with parents that do not smoke.

Material and Methods: A random sample of 188 small children, The smoking habits of parents before pregnancy and after childbirth were examined. The children that were hospitalized or examined for diseases of the respiratory system were found and their presence with the smoking of their parents was connected.

Results: Among the 188 parents, 85 mothers (45,2%) and 118 fathers (62,7%) were smokers before childbirth. The pregnancy and the childbirth modified very little the habits of smoking. Only 10 mothers (11,7%) discontinued smoking and 12 (10,1%) modified considerably the habits of smoking (4 of them discontinued smoking and 8 of them smoked outside the house). Among the 188 children, 48 were hospitalized or examined for diseases of the respiratory system, among which 14 (29%) had non-smoker parents and 3 of them suffered from bronchiolitis, 5 from asthmatic bronchitis, 3 from laryngitis and 3 from bronchopneumonia. The other 34 children (71%) had parents that smoked and 10 of them suffered from bronchiolitis, 9 from asthmatic bronchitis, 4 from laryngitis, 8 from bronchopneumonia and 3 from chronic rhinitis.

Conclusion: The children that are passive smokers present more than double danger for common diseases of the respiratory system in comparison with the children that their parents do not smoke. Most diseases have a chronic character and their natural development is influenced unfavourably by smoking. This fact should particularly be stressed to the parents that bring for the first time their children for examination and present respective problems of the respiratory system, aiming to the change of smoking habits.

P23**DOES IMPROVEMENT IN PSYCHOPATHOLOGY CORRELATE WITH IMPROVEMENTS IN HEALTH RELATED QUALITY OF LIFE AMONG PATIENTS WITH SCHIZOPHRENIA? RESULTS FROM THE SQUARE STUDY.**

Christodouloupoulou A, Karokis A, Yfantopoulos J, Papagiannopoulou V, Angelopoulos N, Gourzis F, Ioannidou I, Karavatos A, Lagari V, Lymberaki G, Panagoutsos P, Papadaki N, Stathakis I, Tzanakaki M, Vlahaki K and V Mavreas - on Behalf of the SQUARE study Group.

OBJECTIVES: Evaluation of schizophrenic patients requires measurements that extend, beyond mere estimation of psychopathology symptoms, to assessment of quality of life levels. The relationship between psychopathology and HRQOL changes has not been extensively studied. The objective of this study is to assess correlations between psychopathology (Positive and Negative Symptom Scale, PANSS) and a disease-specific questionnaire, the Quality of Life Scale (QLS), in the evaluation of schizophrenia patients.

METHODS: An open-label, 52-week follow-up study of 170 patients is being conducted in 8 Greek public psychiatric hospitals. Patients with mild to moderate schizophrenia (according to DSM-IV criteria) aged 18-65, hospitalized or outpatients, newly diagnosed or in acute exacerbation were enrolled. Psychopathology was assessed by PANSS general psychopathology, positive and negative symptom scores. HRQOL was assessed by QLS total and 4 subscale scores (interpersonal relationships, instrumental role, intrapsychic foundations and common objects and activities). Correlations analysis was used to identify the relationship between PANSS and QLS scores at baseline and at stabilization after 6-months treatment. Six month follow-up data are presented in this analysis.

RESULTS: At baseline, a weak but statistically significant ($p < 0.001$) association was found between the 4 QLS subscale scores and PANSS general and negative symptom scores. Correlation coefficients ranged from $r = -0,18$ ($p < 0,05$) (QLS instrumental role vs. PANSS negative) to $r = -0,46$ ($p < 0.001$) (QLS intrapsychic foundation vs. PANSS negative). At six months a stronger and statistically significant association was observed. Correlation coefficients ranged from $r = -0,32$ ($p < 0.001$) (QLS total score vs. PANSS general) to $r = -0,56$ ($p < 0.001$) (QLS intrapsychic foundation vs. PANSS negative).

CONCLUSIONS: The study reveals a statistically significant correlation between PANSS and QLS at baseline scores, which is improved over the 6-months follow-up period. HRQOL measures and psychopathology seem to change synchronically; the correlation is enhanced as the control of schizophrenia symptoms is improved.

THE RELATION BETWEEN DISABILITY AND HRQL AMONG PATIENTS WITH SCHIZOPHRENIA: CORRELATION BETWEEN WHO-DAS II AND QLS SCALES

Christodouloupoulou A, Karokis A, Yfantopoulos J, Papagiannopoulou V, Gamvroula K, Georgiadis M, Gourzis F, Kafantari A, Kallinis Ch, Lavrentzou E, Mavridou E, Mouzas O, Spanou A, Tsirkas Ch, Yfantis A and V Mavreas - on Behalf of the SQUARE study Group.

OBJECTIVES: A shift of interest from symptoms control to the improvement of the quality of life, functioning and disability of patients with schizophrenia is recently observed. This study aims to evaluate the relationship between quality of life and disability, correlating the World Health Organization Disability Assessment Schedule (WHO-DAS II) with a disease-specific questionnaire, the Quality of Life Scale (QLS), in patients with schizophrenia.

METHODS: In an open, 52-week duration study in 8 Greek psychiatric hospitals, 170 patients diagnosed with schizophrenia (DSM-IV criteria), hospitalized or outpatients, newly diagnosed or in acute exacerbation were assessed at baseline and 3, 6, 12 months. Correlations analysis was used to identify the relationship between WHO-DAS II and QLS sub domains scores. Baseline and 6-month follow-up data are presented in this analysis.

RESULTS: The statistically significant correlation between WHO-DAS II Relations with others with QLS Interpersonal relations and Intrapsychic foundations domains at baseline became stronger at 6-months ($r=-0.309, -0.269$ vs. $-0.479, -0.384$, $p<0.01$). WHO-DAS II Social participation was significantly correlated with QLS Interpersonal relations and Intrapsychic foundations domains only after 6-months follow-up ($r=-0.055, -0.084$ vs. $-0.322, -0.244$, $p<0.01$). The baseline significant correlation WHO-DAS II Activities of daily life and QLS Common objects and activities was expectedly not significant at 6 months ($r=-0.496$ ($p<0.01$) vs. -0.120).

CONCLUSIONS: Quality of life in schizophrenia is correlated with patients' functioning and disability in some but not all domains. This is due to the fact that disability and quality of life represent overlapping but not identical concepts. Both types of instruments together with psychopathology measures, should be used for a comprehensive assessment of the health state of patients with schizophrenia.

P25

QUALITY OF MEDICAL PRACTICE ON A GUNBOAT OF THE HELLENIC NAVY

Konstantinos Paschos

*Ex seaman physician of a Hellenic navy gunboat, Thessaloniki
GR 54250 Greece*

Medical professionals on Hellenic navy gunboats are physicians who serve their military service.

MATERIAL & METHODS: The gunboat of this study is a warship which patrols the Northern Aegean Sea. The crew consists of 65 members, 18 to 35 years old, officers, petty officers and seamen. The medical practice is evaluated according to available medical equipment and instruments, the ship's medical ward, the conditions of medical practice, the physician's other tasks which affect his ability to examine and cure, the patients' compliance.

RESULTS: The medical ward is a small cabin inappropriate for medical use. The equipment is adequate for primary health care. The patients' compliance is low due to inebriation or numerous tasks that they must accomplish even if they are sick. The physician is a multi task seaman. In voyages with wind speed 6 Beaufort or more, moving or working into the ship is almost impossible.

CONCLUSIONS: Exercising the medical profession as a conscript seaman on a gunboat is difficult, sometimes impossible. During a storm or a gale medical practice becomes impossible. The patients don't fully comply with the physicians advice. The quality of medical practice is low.

P26

TELEVISION AND QUALITY OF LIFE OF CHILDREN

Sofia Alevras-Kokkali, Ioanna Karadonta, Argyroula-Vasiliki Karadonta *, Ioanna Agorogianni-Tsami

Pediatric Clinic General Hospital Larissa

Television constitutes a reality in the children's life. Its effect in the quality life of children is big, the free time of children is limited, is adopted and sedentary way of life

Our aim was to record the effect of television in the quality of children's life, the attitude and the intervention of parents in the follow-up of television programmers.

Our material was 216 parents and children's interviews from 6 to 14 year old that arrived in our clinic. The information we collected was through a questionnaire that included questions, with regard to whether the parents select the television as medium that provided entertainment useful information's if there is a television in chil-

dren's room, and how many hours children study, play and watch TV moreover, parents were asked if they check the programmers their children watch on TV, if their children imitate the heroes in some movies, if parents use the television to have their children occupied at home.

Results 78% of parents used the television as medium of entertainment, 27% of children had television in their room, 58% of children they read daily 4 to 4, 5 hours, 54% dealt with out of school activities 2 hours daily. Children from 6-10 year old watched television programmer 3-3, 5 hours daily, and children from 11-13 years old who watched television 1-1, 5 daily prefer dealing with social and school activities. 7% of children who watched television more than 4 hours daily resulted in an increase in their weight and were not active and energetic.

The imitation of heroes in movies was important 81% of parents checked the programmers their children that watched, 57% of parents used the television to have their children occupied at home.

Conclusion: Television influences the quality of children's life, limits children's free time, the time they need to study ,play and do out of school activities which are useful for children's proper, physical and psychosocial development.

P27

ILLNESS Von-WILLEBRAND AND QUALITY of LIFE

Sofia Alevras-Kokkali, Ioanna Karadonta, Argyroula-Vasiliki Karadonta *, Ioanna Agorogianni-Tsami

Pediatric Clinic General Hospital Larissa

Von - Willebrand's disease is a hereditary and haemorrhagic one.

Our aim work is to investigate the quality of a child's life who is suffering from von-Willebrand'disease.

Our material was the oral interview of 7 year old boy suffering from von - Willebrand's disease that arrived in our clinic.

Result: The child had intense automatic nasalhemorrhage that we faced with success.Th ediagnosic of illness became is during the infantile age. The child had an intense fear for a new bleeding and was sad for the restrictions that were imposed to him, so that doctor could check the illness.He was also afraid of being rejected by his classmates for by any chance his reject because of his illness.

The child because of his age did not understand the restrictions were imposed thing to him and this made him particularly uneasy. The child had intense dependence on his parents because he presented regression in previous stages of growth.His parents reported that their child presented nightmares during the sleep and nightly enuresis after haemorrhagic episodes.

His school record was quite good. The child was social and had friends He also liked listening to music and used his computer in his freetime.

Conclusion the pediatrician should support psychologically both the child and his parents and explain simply to the child the particularity of his illness the reason why he should be careful while playing and avoid certain sports so that he does not feel that the restrictions imposed are punishment.

P28

QUALITY OF LIFE OF CHILDREN WITH THALASSEMIA

Sofia Alevras-Kokkali, Ioanna Karadonta, Argyroula-Vasiliki Karadonta *, Ioanna Agorogianni-Tsami

Pediatric Clinic General Hospital Larissa

Thalassemia is a chronic disease that for its successful confrontation is required except the medical care and psychological support of patient.

The aim of our work was to study the quality of children's life with Thalassemia.

Material method constituted oral interviews of 8 children, age of 6-12 years that suffered from Thalassemia and were visited our clinic.

Results: All the 8 children were informed for their disease and for its particularities. All the children asked to learn information on their disease from their parents or their doctor, while the 3 children that were over 8 year old knew enough details so much for their disease as long as for the transfusions and for the overnight subcutaneous issuing desferioxaminis that they are submitted. The children over 8 year old had realised that their schoolmates are not submitted in transfusions and this had created them feelings of inferiority while they are afraid of any chance rejection because of their disease from their schoolmates.

From 5 of the children their parents reported disturbances at the sleep with nightmares and nightly enuresis mainly afterwards the transfusion. All the children felt intense fear and stress for their disease. In all the children was observed intense dependence from the parents as well as the parents were overprotected opposite to them. Nevertheless the children were social and had friends.

Records in the school in 6 children were very good while in other 2 children mediocre. Neither one of the children did not deal with the sports. All the children had satisfactory pastime with other out of school activities as music, learning of foreign languages, e.t.c.

Conclusion: The child understands much more things than we believe for his/her disease. The pediatrician should explain to the child in a simple way the nature of disease and attends for the right psychosocial development of child.

P29

BRONCHIAL ASTHMA IN THE CHILDREN OF ALSO QUALITY OF LIFE

Sofia Alevras-Kokkali, Ioanna Karadonta, Argyroula-Vasiliki Karadonta *, Ioanna Agorogianni-Tsami

Pediatric Clinic General Hospital Larissa

Bronchial asthma is chronic pneumonopathy that is due to hyperactivity of bronchus and varied degree stenosis of bronchus that recedes either automatically or afterwards the use of bronchodilator.

The aim of our work was to investigate the quality of life of asthmatic children.

The material-method constituted 130 oral interviews of known asthmatic children who arrived in our clinic. From these the 62 were boys and the 68 girls, age of 6-12 years.

Results: In the children it was observed in the 98% intense stress and fear for a new asthmatic crisis. The 93% of children are ashamed for his/her disease while the 89% are afraid of any chance rejection because of their disease from their schoolmates. The 89% are worried for the restrictions that are imposed to them to be checked the disease. In the asthmatic children were observed disorders of behavior, more analytically: in the 75% regression in previous stages of development, in the 85% intense dependence from their parents, in the 66% the children are shy in comparison with schoolmates their. In the 62% of the children reported alleviation of the initiatives and their activities because of the fear of a new asthmatic crisis. While after the advice by the pediatrician the 86% of boys and the 74% of girls deal with the sports at least two hours weekly.

The 78% over 8 years asked to learn information about their diseases from their parents or the doctor.

Conclusion: bronchial asthma influences unfavourably in sentimental maturation and mental development of child. Essential is the right briefing of so the parents child himself /herself for diseases point out that the children's asthma has good forecast and we provide constant sentimental support

P30

ATTITUDE OF SOCIETY OPPOSITE IN THE EPILEPTIC CHILD AND THE EFFECT IN HIS/HER QUALITY OF LIFE

Sofia Alevras-Kokkali, Ioanna Karadonta, Argyroula-Vasiliki Karadonta *, Ioanna Agorogianni-Tsami

Pediatric Clinic General Hospital Larissa

Epilepsy (E) is a disease that is usually expressed with disturbance of conscience and is accompanied by abnormal moving phenomena and is due to functional disturbance of teams of neurons of brain. Its

beginning usually becomes in the children's age.

The aim of work was to study the opinions of society opposite to the epileptic child

The material of work constituted 425 interviews of parents of not epileptic children that visited our clinic. The parents were categorized at educative level, professional activity. The 22,5% were graduates of Lyceum, 31% of superiors, 28% of Universities, to 18,5% had elementary education. The 3% of parents dealt with professions of health.

The results from the 425 parents the 18% had seen individual in epileptic crisis, the 26% knew what means E, to 5% knew how help a individual with convulsions. The 39% considered that the children with epilepsy present mental decline over while the 42% considered that they have aggressive, antisocial behavior, to 55% they believed that have decreased record in the school obligations, 38% considered that they should not participate in athletic activities. The 19% would worry if his/her child had contact with epileptic child and the 5% would try him/her remove from this. The 98% believed that the teachers should be informed if it exists in the school child with E and have knowledge about the disease.

Conclusion the epileptic child in his effort to include himself/herself in the society is faced with bias many times which is due to insufficient or erroneous briefing. More knowledge for the E had the individuals that in their environment existed individual with the disease or they had a profession of health. It should become health briefing of population for the disease so as to become acceptable as any other chronic disease.

P31

SPORTS AND QUALITY OF LIFE IN STUDENTS IN PUBLIC INSTITUTIONS OF EDUCATION

Sofia Alevras-Kokkali, Ioanna Karadonta, Argyroula-Vasiliki Karadonta *, Ioanna Agorogianni-Tsami

Pediatric Clinic General Hospital Larissa

The pastime with the sports contributes in the maintenance of the bodily well-being of person and his psychosocial balance

The aim of our work was to record the athletic activity with regards to the free time and the effect in the quality of life in students of Public institutions of education (IEK)

Material – method: the information were collected after distribution of questionnaire in 142 students, from which the 75 were men and the 67 women of age of 19 to 25 years. The 40% of female students reported the work simultaneously with their study, the 6% were married. The 95% of total female student reported that they consider the pastime with athletic activities important. The 71% had intention to exercised but have no free time while the 41% dealt with athletic activities. The sports that they preferred were dance 38%, aerobic 28%, swimming 18%, volleyball 10%, 6% other sports. With the exercising dealt 1 hour weekly the 22%, 2 hour weekly the 50%, 3 hours and more

28%. As for the place of exercising, the 62% were in gym, the 28% alone, 10% in other places.

Respectively the male students answered: the 67% worked, 2% were married. The 89% believe that the pastime with athletic activities is important in the human life. The 86% had intention to be exercised systematically but they have no free time, while the 69% are exercised students dealt with the football the 45%, basketball 28%, volleyball the 18%, 9% with other sports. As for the place of exercising, the 48% are exercised, 42% in gym, 10% in other places.

Conclusion the males and female students because that at the same time with the studies have family and professional obligations do not have enough time to deal with the sports

P32

THE EFFECT OF COMPUTER IN THE QUALITY OF CHILD'S LIFE

Sofia Alevras-Kokkali, Ioanna Karadonta, Argyroula-Vasiliki Karadonta *, Ioanna Agorogianni-Tsami

Pediatric Clinic General Hospital Larissa

We live in the season of rapid growth of technology, which has become integral part of the daily life. The presence of computer (PC) is especially intense.

Aim of our work was to record the effect of PC in the quality of life of children, the opinions and the attitude of children and their parents.

Material-method constituted oral interviews of 280 children of school age and their parents that visited our clinic from these 151 were girls and the 129 were boys of age 6 to 14 years.

Results of the 78% of children have used PC, the 57% have PC in the house while the 32% have connection with internet. They deal with the PC one hour every day the 38% of children, 2 hours the 42%, 3 and more hours the 20%. At weekends the time is doubled. The children that deal with PC 3 and more hours don't deal with natural activities, and increased bodily weight.

The children in the PC play electronic games the 35%, write 12%, paint the 8%, deal with internet 25%.

The parents watch the children the hour of handling PC in the 46%, rebuke them from the 65% from fear for their health (ophthalmic, damage, epilepsy, radiation), in the 35% because they don't study lessons their courses, in the 24% because they do not play neither they are exercised

There is not any difference between two with regards to their use.

Conclusion big percentage of children deals with use PC, for the reason that the parents and teachers should be informed in the subjects of modern technology. The free time of child is limited against the bodily exercising, team games, reading of literary books. The older children have more often PC in their home and they are familiarized with the its use. The Pediatrician should inform the parents and the children for their right use. The PC should be in place where the parents can control the children at their use.

P33

NONFINANCIAL MEASURES OF PERFORMANCE IN GREEK PUBLIC HOSPITALS

Sofianou, L. MBA and Baralexis S. PhD, Ass. Professor

*Department of Accounting and Finance, University of Macedonia
540 06, Thessaloniki, Greece*

Objective: The objective of the study was to examine the use of nonfinancial measures of performance in Greek public hospitals.

Method: The study was conducted by means of a) semi-structured interview & b) questionnaire. To this end, 20 physicians were interviewed, as well as, the administrative personnel of 4 Peripheral Systems in Healthcare (Pe.S.H). The questionnaire was sent by fax and e-mail to all Pe.S.H, in total 17, in order to be answered by the hospitals under their management, in total 132. The 38 indicators used in the questionnaire were selected from the existing literature (e.g. the U.S.A. and the U.K.) and were divided into 3 categories: 1) General Indicators 2) Nosocomial Indicators 3) Indicators at the ER.

Results: 72 hospitals replied out of 132. The results obtained show that hospitals measure (frequently or periodically) the length of stay, occupancy rates, staff availability, nosocomial infections, inpatient and neonatal mortality. The indicators concerning number of complaints, patient's likelihood to recommend hospital, patient and personnel satisfaction, readmission rates, management of labour, days from mammogram to biopsy, cancellation of day case procedure on the day of procedure, unplanned returns and registered time to the ER, adequacy of information supplied to families of ER patients were systematically measured by 18%, 3%, 7%, 17%, 25%, 54%, 3%, 23%, 23%, 18%, 31% of the sampled hospitals respectively. The quality of life index, medication error rates, use of physical restraint and falls were indicators sporadically measured.

Conclusion: The study has shown that the most frequently recorded indicators by hospitals arise from data, the collection and process of which do not require a great deal of effort. On the contrary, the measurement of more specified indicators, which require the implementation of specific assessment frameworks, is more rare. The small percentage taken regarding the use of some indicators seem to support the argument that some hospitals have not grasped the significance of nonfinancial measures of performance.

P34

THE TRANSFORMATION OF THE REQUEST: A CASE STUDY OF A SHORT TERM FAMILY THERAPY

Bourboulas Th.¹, Papadopoulou Vas.¹, Zeis Fr.², Christianopoulos Kr.¹

¹*Psychiatric Department for Children and Adolescents of "Hippokratio" Gen. Hospital of Thessaloniki*

²*D' Axis of Psychiatric Hospital of Thessaloniki*

This poster presents a case study of a short-term family intervention

regarding a divorced mother and her adolescent daughter who was suffering from epileptic seizures.

The emphasis is placed on the transformation of the mother's initial request, that her daughter collaborates with a Neurologist to receive medical treatment.

The day before the first personal interview with the daughter, a family crisis had arisen that had led the mother to ask for help from the therapist in order to be able to face this particular event and generally to cope with everyday difficulties in communicating with her daughter.

To achieve this, a short course of five sessions of Family therapy was arranged for mother and daughter.

At the end of the last session it was announced to the therapist that the daughter had accepted an appointment with a Neurologist.

The essential point is that the initial request (considering the medical problem of the daughter) was finally satisfied without any "problem-solving" technique, or any direct intervention or even discussion on this particular issue since the therapeutic attempt during the family sessions was focused on the everyday difficulties between mother and daughter and this case study intended to raise the item of 'transformation of the request' during a therapeutic intervention.

P35

HOSPITALIZING CHILDREN AND ADOLESCENTS WITH MENTAL RETARDATION IN A 'CLOSED' PSYCHIATRIC DEPARTMENT

Ekonomou An. Bourboulas Th. Christianopoulos Kr.

Psychiatric Department for Children and Adolescents of "Hippokratio" G.H. of Thessaloniki

This 'poster' presentation, represents a retrospective study, consider of fifty (50) cases, children and adolescents with M.R. –already known or first diagnosed – who have been hospitalized in our department, for a variety of reasons, during the period from 2000 to 2003, among 237 other cases during the same period.

The purpose of this study was to consider a variety of parameters, such as the causes and reasons that had led those kids for hospitalization, the possible coexisting conditions on the different Axes of DSM-IV and the subsequent differential-diagnostic problems and also the outcome or the need for medication.

The method was the retrospective study of the medical files of these cases, using basic statistical analysis and the main results are meet as follows:

The ascertainment of M.R. have first been realized during the current hospitalization, for about the half of the cases, while the most common reason for joining the department was 'behavioral disorders' (~60%) with prevailing the 'disruptive' ones.

Another main result was the appearance of high proportion (~75%) of coexisting psychopathology on Axis-I, that was complicated the diagnosis and treatment as well.

There was also found a significant prevalence (~ 40%) of 'general medical conditions' (Axis-III) but very few of them were found to relate –directly or indirectly- with the Mental Retardation.

The need for psycho-pharmacological medication was proved about 40% in general, and considered mainly -but not exclusively- the cases with co morbidity.

Regarding the outcome, it could be characterized 'at least well enough' or better, in a proportion about 60%, with or without medication.

At last –but not least- is specifically notable the fact that a high proportion of those kids, were living or stemmed from 'low' (~ 35%) or 'very low or multi-problematic' (~ 35%) socio-familiar environment.

The main conclusions of this study could be summarized as follows:

- i) The basic reason that leads a child or an adolescent with M.R. for hospitalization is the 'disruptive behavioral disorders'.
- ii) Behavioral disorders of other types (i.e. avoidance or disorganization) often indicate coexisting psychopathology on Axis-I, which –in this study- was found particularly high according the international literature.

Specifically high was found, the proportion of low socio-familiar level of those kids who have been studied and this serious fact indicates the need for a variety of out-hospital structures and community services.

P36

MAIN CARDIOVASCULAR RISK FACTORS FOR ACUTE MYOCARDIAL INFARCTION AND THEIR CORRELATION WITH AGE

V.Karaghiozaki, L.Borghi, S.Terzi, A.Gotsis, M.Pasalidou, S.Xaritos, I.Litsas, I.Koukoutsis, T.Tsaraktsidou, D.Xatzigeorgiou, O.Koutsoyiannis.

Health Center of Iasmos –Greece

Objectives: It has become increasingly clear that the majority of acute coronary events occurs in individuals with traditional risk factors such as hypertension, dyslipidemia, diabetes mellitus type II (DM), cigarette consumption and family history. The aim of the study was to evaluate the main cardiovascular risk factors in patients with acute myocardial infarction (AMI) and to estimate if there is any correlation between them and the parameter of age.

Design and methods: In our study were enrolled 151 patients with myocardial infarction, 86 men (56 Muslims and 30 Christians) and 65 women (36 Christians and 29 Muslims) having mean age of: 65,3_±12 years, who had got the first aid in Health Centre of Iasmos before their admission to Coronary Unit of Hospital of Komotini, during the period 1994-2003. Besides hypertension, other risk factors such as smoking, dyslipidemia, diabetes mellitus type II, family history and previous history of ischemic heart disease have been taken into account.

Results: To start with, the mean values of Systolic and Diastolic blood pressure were: $166,3 \pm 13,5$ mmHg ($p < 0,01$) and $92,1 \pm 7,9$ mmHg ($p < 0,001$). Hypertension was present in 79,1% of patients with mean age : $63,5 \pm 13,7$ years, $p < 0,001$, whereas dyslipidemia was observed in 82,7% of cases with mean age $67 \pm 12,4$ y., $p < 0,001$. Moreover, 76% of patients were cigarette smokers (mean age: $51,23 \pm 12,5$ y., $p < 0,001$) and 65% of them were diabetics (mean age 45 ± 11 y.). Finally, 74,2% of individuals had family history of CAD (mean age: $38 \pm 10,2$ y., $p < 0,001$) and 63% of the patients had a previous history of CAD (mean age: $60 \pm 13,2$ y.)

Conclusions: Our findings indicate that hyperlipidemia and secondarily hypertension prevail as main risk factors for ACI. Moreover, the contribution of family history and DM as risk factors to ACI is greater in younger patients whereas hyperlipidemia and hypertension prevail in older ones.

P37

THE EVALUATION OF ANTIHYPERTENSIVE TREATMENT IN PRIMARY CARE

V. Karaghiozaki, L. Borghi, S. Terzi, A. Gotsis, M. Pasalidou, I. Koukoutsis, I. Litsas, St. Xaritos T. Tsaraktsidou, O. Koutsogiannis.

HEALTH CENTER OF IASMOS - GREECE

Objective: The aim of this study was to evaluate the therapeutic management of hypertension in patients who were followed in Hypertensive Outpatients' Unit of Health Centre Of Iasmos, during the period 1997-2004.

Methods: We examined 1834 patients with essential hypertension (1125 Muslims and 709 Christians), including 806 women (405 Muslims and 401 Christians) and 1030 men (720 Muslims and 310 Christians) with mean age : $65,1 \pm 12,3$ years. The various classes of antihypertensive agents were estimated and their proportion was calculated.

Results: Of the total, antihypertensive therapy was prescribed in 91,9% of hypertensives and 27,9% received monotherapy. On the scope of monotherapy, angiotensin converting enzyme inhibitors (ACEIs) are given in a proportion of 28% whereas calcium antagonists (CA) are used in 25% of the cases, diuretics in 20%, beta-adrenoceptor antagonists (BB) in 17% ones, angiotensin II receptor antagonists (ARBs) in 8% and α -adrenergic receptor antagonists in 1,5% ones.

On the scope of combination of antihypertensive agents, ACEIs with diuretics are used in 40% of the cases, ACEIs with CA in 15%, ACEIs with CA, BB and diuretics in 15% ones, ACEIs with BB and diuretics in 28% ones and CA with BB in 2% of cases.

Conclusions: These data indicate that the ACE inhibitors are more frequently used as monotherapy for antihypertensive treatment in primary care whereas their combination with diuretics is prescribed more often in comparison with any other combination of antihypertensive agents.

P38

IMPROVEMENT OF UREMIC SYMPTOMS IN ANURIC PERITONEAL DIALYSIS (PD) PATIENTS AFTER INCREASING DIALYSIS DOSE

Liakopoulos, V.¹, Stefanidis, I.¹, Krishnan, M.², Oreopoulos, D.G.²

¹Department of Nephrology, Medical School, University of Thessalia, Larissa, Greece and ²Division of Nephrology, University Health Network, University of Toronto, Toronto, Canada

Increment of PD dose prescription, in clinical practice, is dependent on the presence of symptoms and/or laboratory findings indicating uremia. The scope of the present study was to evaluate the effect of increasing the dialysis dose on the prevalence of uremic symptoms in PD patients.

We retrospectively evaluated all anuric patients of our PD program, in whom the dialysis dose was increased during the last five years. We recorded data for fatigue, anorexia, insomnia, pruritus and nausea, urine and peritoneal clearances, serum creatinine, BUN, PO₄, Hb, EPO dose, blood pressure and weight for a period 6 months before and 6 months after the change in PD prescription.

44 anuric PD patients (19 males, mean age 52±16 years) were registered (37 on CAPD, 7 on APD). Mean duration of PD before the change in dialysis dose was 27.8±18 months. Daily dialysate volume was increased an average of 2.2 L in CAPD and 4.3 L in APD patients. Peritoneal Kt/V and weekly creatinine clearance increased from 1.91±0.24 to 2.44±0.47 and from 48.6±8.1 to 61.2±11.6 L/week respectively. The prevalence of fatigue decreased from 80% to 38%, anorexia from 50% to 20%, insomnia from 45% to 11%, pruritus from 34% to 9% and nausea from 11% to 4%. All changes were statistically significant.

In conclusion, after a little over two years on PD most anuric patients develop uremic symptoms. Fatigue is the most common symptom followed by anorexia. An increase in the dialysis dose leads to a decrease in the prevalence of all the symptoms and an improvement of the patients' quality of life. Such an increase in prescription should be considered if PD patients become symptomatic.

P39

MEDICAL TREATMENT OF PATIENTS WITH HEART FAILURE DURING THE LAST THREE YEARS

Borghi.L, Alexoudis.A, Karali.A, Passalidou.M, Stilidou.V, Xaritos.S, Gotsis.A, Terzi.S, Koutsogiannis.O

Health Center of Iasmos Rodopi, Sector: INTERNAL MEDICINE

Purpose: The aim of this study was to evaluate if medical treatment of heart failure in our health center, aimed mainly to reduce relative symptoms and total mortality, was in accord with the official European

Guidelines 2001 for the treatment of heart failure.

Methods: The medical therapy was registered in 368 consecutive patients (mean age 65±14 years) with diagnosed heart failure and who were seen in the emergency or outpatients' department of Iasmos. This population was divided in two groups, Christians and Moslems.

Results: The following table shows the results of the recording of the medical treatment to both groups.

<i>Drugs</i>	<i>Christians</i>	<i>Christians</i>	<i>Moslems</i>	<i>Moslems</i>
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
Loop Diuretics	135	88	50	69
Nitrates	43	32	35	15
ACE-I	120	55	45	39
AT-II	33	23	15	26
Digoxin	76	54	36	24
Beta-blockers	24	18	35	24
Spironolactone	45	35	43	24
Ca-B	45	71	32	43
TD	45	11	21	12
L-Carnitine	11	16	23	32
Coumarol	22	11	13	5
Aspirin	45	12	7	12

ACE-I: angiotensin-converting enzyme inhibitor, AT-II: angiotensin II receptor antagonist, CHB: calcium-channel blockers, TD: thiazide diuretics

Conclusions: The most common prescribed drugs were loop diuretics and ACE-I. Spironolactone and b-blockers were used very less than advised in the European Guidelines in spite of their proven effect on total mortality and sudden cardiac death.

P40

STUDY OF THE CAUSATIVE FACTORS OF ACUTE PANCREATITIS

Alexoudis.A, Borghi.L, Kessidou.N, Karali.A, Passalidou.M, Stilidou.V, Kessidis.V, Koutsogiannis.O

Health Center of Iasmos-Rodopi

Objective: Acute pancreatitis is a very serious and life-threatening disease. The purpose of our research was the recording of patients with acute pancreatitis and the study of the causative factors of this disease.

Methods: during the last three years were studied 33 patients (pts), 21 females (mean age 45±15 years) and 12 males (mean age 57±12 years). These patients came to our Health Center referring abdominal pain during the early hours in the morning. The diagnosis was based on the symptoms and clinical signs, the personal medical history, the abdominal ultrasound scan and serum amylase level and other baseline investigations included a full blood count, urea and liver biochemistry. Cholesterol and triglycerides were also calculated. In all patients were effectuated the conventional measures: a) analgesics, b) intravenous

fluids and colloids, c) nasogastric suction and they transported to the nearest hospital. Results: The mean value of serum amylase was 1260 U/L. Gallstones were individuated in 25 patients. Fatty liver was found in 3 pts, hyperlipidemia in 33 pts and chronic alcoholism 8 pts. The most patients had more than 2 causative factors. Five patients, with personal history of coronary disease, had new onset ST-T changes in electrocardiogram simulating myocardial infarction: in 2 pts ST elevation in precordial leads and in 3 pts T wave isophasic in lateral leads. Eleven patients had already had a very fatty meal.

Conclusions: It is confirmed that the commonest factor of acute pancreatitis are the gallstones (over 75%). Hyperlipidemia and fatty liver seem to be less important factors.

P41

DISTRIBUTION OF CONCOMITANT DISEASES IN DIABETIC PATIENTS

Borghi.L, Alexoudis.A, Pasalidou.M, Karali.A, Metalidou.S, Kessidis.V, Kessidou.N, Koutsogiannis.O

Health Center of Iasmos Rodopi, Sector: INTERNAL MEDICINE

Purpose: to study the distribution and the relative prevalence of concomitant diseases in patients affected by type 1 and 2 diabetes mellitus in the last five years. Methods: 1619 diabetics came in our Health Center, 841 males (505 Christians and 336 Moslems) and 778 females (395 Christians and 383 Moslems), with mean age 65±25 years. Type 1 diabetes had 321 males and 322 females. On the other hand, 520 males and 456 females were affected by type II diabetes. In all these patients was considered the prevalence of the following concomitant diseases: coronary heart disease, stroke, tumors, bleedings, foot ulcers and infectious diseases. Results: The following table shows the results of the recording of the concomitant diseases in the diabetic patients.

<i>Disease</i>	<i>Christians Males</i>	<i>Christians Females</i>	<i>Moslems Males</i>	<i>Moslems Females</i>
COPD	85	85	55	40
TUMORS	24	7	11	8
RI	56	7	29	3
CHD	141	54	109	150
Bleedings	37	18	18	12
Foot ulcers	8	1	6	0
UTI	11	41	9	22
C	10	52	6	26
P	8	10	2	4
Stroke	125	120	91	118

COPD: chronic obstructive pulmonary disease, RI: respiratory infections, CHD: coronary heart disease, UTI: urinary tract infections, C: acute cholecystitis, P: acute pancreatitis

Conclusions: Diabetes mellitus seems to be an important risk factor for infectious diseases, stroke and coronary heart disease, especially in males. Moslem females suffer more frequently from CHD than Christian females.

P42

PROFESSIONAL ECZEMA

Gjencaj V., Caja T.

University Hospital Center "Mother Teresa" Tirana-Albania

Professional Eczema occurs in work conditions by the action of different factors on the skin. It is chronic disease that deteriorates the quality of life.

Objective: To study the frequency and etiological factors of Professional Eczema in constructors, prophylaxis and treatment.

A total of 3221 patients with Eczema was examined, hospitalised during 1984-2003. 600 (19%) patients had Professional Eczema. 2502 (87%) patients had eczema of the hands and antebrachiums. The most frequent causes for Professional Eczema were potassium bichromate, cobalt chloride, nickel sulfate. In 85% of the patients with positive results of the patch test. All the patients were treated with local and general therapy. Resistant cases changed the work place, without chemical compounds. To continue work normally we recommended individual defensive measures during the work, defensive and epithelising ointment after the work.

We concluded that Professional Eczema is not rare (19%) in constructors. Development health prevention plays an important role in the care of Professional Eczema and quality of life.

P43

LIFE QUALITY AFTER NON-TENSION INGUINAL HERNIA OPERATIONS

Narbutis, Z., Ozolins, A., Gedins, M., Gardovskis J.

Department of Surgery, Riga Stradins University, LV1007, Dzirciema Str.16, Riga, Latvia

Aim of study was evaluate and compare patient's life quality after following non-tension inguinal hernia operations: Lichtenstein, total extraperitoneal (TEP) and transabdominal preperitoneal (TAPP) herniorrhaphies

Material and methods: From December 2002 till February 2004 were performed 33 Lichtenstein, 33 TEP and 33 TAPP operations. Inclusion criteria were: male patients, primary no complicated inguinal hernia, and age - 18 to 70 years. Median age of patients was 56 (20-70) years. Patients fulfilled general SF-36 Short Form Health Survey and hernia specific questionnaire before and 6 weeks after operation.

Results: Hospital staying time in Lichtenstein group was 4.4 days, TEP - 3.1 days, TAPP - 3.9 days. 6 weeks after operation in all groups patients did not suffer from pain in rest position. 5 (15.1%) Lichtenstein group patients were edema in inguinal region 6 weeks after oper-

ation, comparing in TEP and TAPP groups – no edema. 9 (27.3%) Lichtenstein group patients suffered from skin insensibility in inguinal region 6 weeks after operation, comparing no skin insensibility in TEP and TAPP groups.

Short Form Health Survey SF36 demonstrated that life quality improvement was in all groups 6 weeks after operation but is difference – after Lichtenstein and TEP operations life quality improvement is comparatively constant, in TAPP group it grows remarkable. For example, level in role physical (RP) category before operations in all groups was around 40 points, 6 weeks after operation in Lichtenstein group was 50, TEP – 68, TAPP – 94 points.

Conclusions: In all groups disappear pain in rest position. 15% Lichtenstein group patients had postoperative edema and 27% suffered from skin insensibility in inguinal region 6 weeks after operation. Generally patient's life quality improves after non-tension inguinal hernia operations but the best improvement was in TAPP group.

P44

THE MOTIVES FOR MEN TO PARTICIPATE IN FITNESS PROGRAMMES

I. Athanailidis¹, G. Zarotis², G. MPOYZIKAS³, M. Proios⁴

¹*Department of Physical Education and Sport Science, Democritus University of Thrace*

²*Department of Primary Education, University of the Aegean*

³*Municipality of Eleftherio-Kordelio, THESSALONIKI*

⁴*ARISTOTELIS UNIVERSITY. OF THESSALONIKI*

Sport activity has been characterized as a multilevel psychological and social phenomenon as seen through the model developed by Kenyon (1968a,b). His research was based on the hypothesis that physical-sport activities can be divided into specific categories. Each of these categories seems to bring to surface a different source of satisfaction for each person.

In order to measure attitudes towards physical activity, Kenyon distinguished six scales of physical activity:

i) "Social experience", that is, sport as a means of developing social relations, ii) as "health and sport", that is, sport as a means of improving health and acquiring a well built body, iii) as "risk search", that is, sport as a means of looking for opportunities to take risks, as iv) "aesthetic experience", that is, sport as a means for aesthetic pleasure through beautiful and harmonious movement, v) as "catharsis", that is, sport as a means of relaxing from stress, and vi) as "ascetic experience", that is sport as a means to avoid "bad" habits through hard training.

In this paper we aim at tracing the reasons why men participate in physical fitness programmes. These motives should be characteristic for each age group.

Research was carried out in physical education and recreation centres with a special interest in exercise and health, in Rhine-Westphalia

(Germany). Interviewed people were persons registered as members in these centers, as well as persons that attended the consultation session but did not registered. The total number of participants interviewed in this research was 3.248 persons, 1.889 of whom women and 1.342 men; 17 of the interviewed did not answered regarding their sex. All interviewees filled in a questionnaire including the following units: 1) fitness/health, 2) appearance/body 3) psychical experience 4) cognitive aspect 5) social aspect 6) performance 7) movement aspect. Data was analyzed through spss/pc*. The usual importance symbols were used $P < 0.001$, $p < 0.01$, $p < 0.05$, $p > 0.05$ (Claus/Ebner 1985) for grading importance.

The three main motives driving men per age group to participate in fitness programmes are the following:

For men below 25 years of age, the main motive for their participation in fitness programmes is fitness/health (77.6 %), the second most important motive is bodybuilding (69.3%) and the third most important one is programming and scheduling personal training 36%.

For men between 25 and 34 years of age, the two main motives are the same as in the previous age group: fitness/health (82.3%) and bodybuilding (51.9 %); a new motive is registered in this age group, and this is counterbalancing work stress (46.6 %).

In the age group 35 to 44 years of age, the main motive for male participation in fitness programmes is the same as in the previous groups (88.0%). Counterbalancing work stress is ranked second (63.2 %) while the third place is given to the wish to exercise and train in a pleasant and easy going way (53.1%).

As for the age group 45 to 55 years of age, the first motive is fitness/health (78.2 %), the second is the wish to exercise and train in a pleasant and easy going way (62.7 %) while the third reason why people participate in fitness programmes is slimming (fat reduction) (45.1 %).

P45

CYBERSEX: A REAL DANGER IN A VIRTUAL WORLD

I.Tsikoulas, D.Zafeiriou, E.Doulianaki, M.Michaelidis,
Ch.Digkas, N.Papakonstantinou, P.Antonopoulos,

1st Pediatric Clinic of Aristotele University of Thessaloniki

Introduction: The quality of sexual life in adolescents is AZdetermined by several behavioral patterns

Aim of this study is to analyze how deeply sexual relations of adolescents are affected by cybersex (= mutual masturbation in real time, using the medium of Internet, by typing highly erotic descriptions of what they are doing to each other and to themselves)

Material – Method: 474 high-school students 15-18 years old (AV: 16,6years) were asked about their preferences visiting Internet sites.

Results: 1) 67% of the students get daily into Internet. 2) 81,8% of them prefer chatting, every time they get in. 3) 56,7% of the students getting into chat rooms, are looking for a heterosexual partner, where-

as 7,73% for a homosexual one. 4) 31,9% of the chat room fans are having cybersex with anonymous partners. 5) 34,5% of them prefer cybersex, without having any interest in real contacts.

Conclusion: Obviously, there is a great danger, that younger generations will build up their sexual life in an electronical way, whereby replacement of real sex by online sex may affect the future reproduction rates.

P46

UNPROTECTED CHILDREN AGAINST INTERNET THREAT

I.Tsikoulas, D.Zafeiriou, N.Papakonstantinou, Ch.Digkas, M.Michaelidis, P.Antonopoulos, E.Doulianaki

1st Pediatric Clinic of Aristotele University of Thessaloniki

Introduction: the interactive, electronic communication provided by Internet raised concern on its negative effects (increased violence, aggressive behavior, addiction to pornography, sexual perversion) upon teenagers. Aim of this study is to reveal the preference patterns to online pornography (=adult and children images with violent, coprophilic, urophilic, necrophilic items) of adolescents while using Internet.

Material and Method: Anonymous questionnaires were filled in by junior to senior high school students (14-18 years old)

Results: 1)92% of the students are concentrated mainly on Internet violent games. 2) 61,6% of them are highly interested in pornographic material 3) According to users' opinion (72,9%) Internet provides a dramatic privilege to the students: They can visit any kind of pornography sites easily, rapidly, secretly, without feeling ashamed of what they are doing. 4) In 84,4% cases, the parents seem to be unable to take under control their childrens' "electronic trips" . 5) 86,5% of the students experienced the unwanted, unexpected downloading of pornographic files automatically

Conclusion: Teenagers' uncontrollable electronic exposure to violence and pathological sexual standards may trigger children seduction or pornography. It is of great importance to protect our children from this threat, in order to provide quality in their sexual life and psychological support, when needed.

P47

PHARMACOECONOMICS IN CLINICAL PRACTICE

Nowakowska E., Kus K., Richter P.S.

Department of Pharmacology, Karol Marcinkowski University of Medical Sciences in Poznan, Poland, Rokietnicka 5A str., 60-806 Poznan, Poland

Depressive illness places an enormous economic burden on the health

service system, on the individual patient and the community. The article presents the rules of calculation of the costs of depression treatment. Cost reduction for the individual patient and the community (public health care system) is connected with applying rational and modern pharmacotherapy.

The aim of the study was to compare therapeutic results, direct and indirect costs of depression based on CEA (cost effectiveness) analysis. The research was conducted at the Department of Psychiatry of Karol Marcinkowski University of Medical Sciences. The outpatient group was made up of patients who were diagnosed with depression (ICD-10) and who continued their therapy after discharge from hospital in 1999. Summary and conclusions.

Because of the fact that the patients constitute a heterogeneous group (differing in age, sex, professions, salary) the indirect costs of depression therapy can be evaluated only with some degree of approximity. Despite the research imperfection (lack of possibilities to work out fully reliable financial simulation) we can assume that the main goal of depression therapy should be the improvement of patients' standard of life by making them more productive, reducing the risk of suicides, and reducing indirect costs of depression treatment. Depression therapies cost comparison allows us to come to the conclusion that indirect costs are a significant financial burden. The choice of therapy should not be based on separate drug evaluation but on therapeutic benefits which result from its implementation. Feasibly chosen medical standards will make it possible to reduce the therapy costs which should prove beneficial both to the patients and to the institutions involved in the therapeutic process.

P48

MEDICAL TREATMENT OF THE ARTERIAL HYPERTENSION

Stylidou.V, Kessidis.V, Alexoudis.A, Borghi.L, Pasalidou.M, Zidou.G, Karali.A, Koutsogiannis.O

Health Center of Iasmos-Rodopi, Sector: INTERNAL MEDICINE

Purpose: determination of the epidemiologic characteristics of the arterial hypertension and the registration of the anti-hypertensive drugs and their combinations used in clinical practice

Methods: 2328 patients were studied that came from the wider area of our Health Center. They were registered according sex, religion, age, medical history, medical treatment and its effectiveness. As controlled blood pressure was considered the one with systolic pressure (SP) < 140mmHg and diastolic pressure (DP) < 90mmHg.

Results: Among the 2328 patients, 1536 were males (836 Moslems and 700 Christians) and 792 were females (542 Moslems and 250 Christians) and 1280 reported in their family a history of hypertension. Mean SP in males was 146±19mmHg, while in females it was 135±22mmHg. Mean DP was 85±39,9mmHg and 79±11mmHg respectively.

In all groups was found a negative association between age and DP.

<i>MALES</i>	<i>FEMALES</i>	
A-A and Diuretic	28%	12%
A-A and Ca-A	8%	7%
A-A, Ca-A, B-B, and D	8%	7%
A-A, B-B and D	15%	13%
Ca-A and B-B	1.5%	0.5%

A-A: angiotensin-converting enzyme inhibitors or angiotension II blockers, D: diuretic, Ca-A: Calcium antagonists, B-B: beta-blocker
The percentage of hypertensive patients aged 20-29 years was 7%, 30-39 was 12%, 40-49 years was 22%,50-59 years was 18%, 60-69 years was 28%, 70-80 years was 15%.Conclusions: hypertension is less common among women than among men. The Moslems suffer more often from hypertension. Most of hypertensive persons are between 60-69 years and the association of an ACE-I with a diuretic is the most common hypertensive treatment.

P49

CONCOMITANT LEFT ATRIAL MYXOMA AND ATRIAL FIBRILLATION IN A PATIENT WITH CEREBRAL EMBOLISM

Alexoudis Apostolos, Borghi Luisa, Karakiriou Maria, Xaritos Stefanos, Dourtsiou Stella, Gotsis Alexandros, Terzi Sofia, Panagiotidou Alexandra

CLINIC OF CARDIOLOGY, GENERAL HOSPITAL OF KOMOTINI GREECE

Purpose: presentation of a rare case of left atrial myxoma causing atrial fibrillation and cerebral embolism
Methods: a 68-year-old man with atrial fibrillation (AF) was admitted to our department for electrocardioversion. The patient had been well until one year earlier, when he presented dyspnea and fatigue. Few months before admission, he was hospitalized for multiple transient ischemic attacks and CT scan had shown multiple cerebral infarctions. In the last months, there was a history of palpitations. The patient was referred to a cardiologist who diagnosed AF, prescribed digoxin and acenocoumarol and planned the patient for electrocardioversion. Any attempt to convert the AF with propafenone or amiodarone in advance was useless. On admission, a healthy looking man was seen, with no history of heart disease, pulse was 80 b/min irregular, no murmurs and blood pressure was 145/80 mm Hg. Chest radiographs revealed a mild pronounced pulmonary segment and an enlarged left atrium. Electrocardiogram showed AF with a low voltage pattern and abnormalities of ST segment caused by digoxin.

Results: A transthoracic cardiac ultrasonographic study showed a mobile echo mass in the left atrium, suspicious of a myxoma, an enlargement of left atrium, without segment wall-motion abnormalities. Using transesophageal echocardiography, it was evidenced a

mass attached to the rim of the fossa ovalis, which confirmed a myxoma. The patient underwent successful surgery and the histological examination certified the diagnosis of the heart myxoma lacking malignancy signs.

Conclusions: The atrial myxoma is a rare cause of AF. This probably occurs through the enlargement of the left atrium or the invasion of myocardial tissue by the tumor.

P50

STUDY OF LABORATORY TESTING IN PATIENTS WITH MALIGNANT TUMORS

Alexoudis.A, Borghi.L, Kessidou.N, Asteriou.A, Kessidis.V, Karali.A, Koutsogiannis.O, Papanastasiou.S

Emergency Department, General Hospital of Komotini

Purpose: Our aim was to study patients affected by malignant tumors who came to the emergency department with symptoms such as headache, weakness, breathlessness and abdominal pain.

Methods: during 2003 were studied 52 patients (pts), with mean age 65 ± 13 years, 33 males and 19 females, 35 Christians and 17 Moslems. In all patients were performed blood cell count, blood chemical test and X-ray control. Lung tumor diagnosis was made in about 26% after a simple chest X-ray in the emergency department.

Results: the primary tumor site was in: lungs (14 pts), colon (8 pts), liver (7 pts), stomach (5 pts), breast (3 pts), genitalia (3 pts), pancreas (3 pts), brain (2 pts), prostate (2 pts), rectum (2 pts), urinary bladder (1 pts), larynx (1 pt) and suprarenal glands (1 pts). Mean value of Hct (%) was 33,14 and Hb (gm/dL) was 10,8, while the erythrocyte sedimentation rate (ESR) was 40 ± 31 mm/1h. The mean value of cholesterol was 183 ± 46 mg/dL and of triglycerides 130 ± 43 mg/dL. In the patients suffered from lung tumor mean value of ESR was 40 mm/1h, liver 47 mm/1h, colon 57 mm/1h while the highest value of ESR was noted in stomach tumor (70mm/1h). The mean value of calcium was $9 \pm 0,65$ mg/dL and phosphatase alkaline (ALP) was 173 ± 161 U/L. Patients affected by colorectal carcinoma and hepatocellular carcinoma had the highest value of ALP.

Only 12 patients had already metastasis and among them the lowest value of cholesterol and triglycerides concerned those with lung tumor (mean value of cholesterol 123 ± 12 mg/dL and mean value of triglycerides 88 ± 14 mg/dL).

Conclusions: Moslems males and Christian females are affected by malignant tumors more frequently. It seems that particularly low values of cholesterol and triglycerides consist a very important prognostic factor of severity of the disease.

**QUALITY OF LIFE FOLLOWING AESTHETIC PLASTIC SURGERY:
A PROSPECTIVE STUDY**

Papadopoulos Nikolaos A¹, Kovacs Laszlo¹, Krammer Susanne¹, Zimmer Reinhilde², Herschbach Peter³, Biemer Edgar¹

¹*Department of Plastic and Reconstructive Surgery, Klinikum rechts der Isar, Technical University of Munich, Munich, Germany*

²*Department of Psychiatry and Psychotherapy, Klinikum rechts der Isar, Technical University of Munich, Munich, Germany*

³*Institute of Psychotherapy and Psychology, Klinikum rechts der Isar, Technical University of Munich, Munich, Germany*

Purpose: The aim of this study was the prospective evaluation of quality of life in patients undergoing aesthetic plastic surgery.

Method: 185 of our patients fulfilled the inclusion criteria for this study (indication for aesthetic plastic surgery). 168 of these were contacted and 133 agreed to participate in our study. Until today 67 patients (93,8% female, 6,2% male) completed the evaluation to the first follow up, 3 months post-operatively: 6 have had a breast augmentation, 3 mastopexy, 7 breast reduction by asymmetry, 16 breast reduction, 1 subcutaneous mastectomy by gynecomastia, 12 face and neck rhytidectomy, 3 rhinoplasty, 1 blepharoplasty, 11 liposuction, 5 abdominoplasty, and 2 body-lifting.

As testing instrument served a standardized self-assessment test on life satisfaction (FLZ) with a specific part on body satisfaction (FLZM), as well as a questionnaire for the evaluation of satisfaction with the surgical result, the estimation of post operative complications, and the effect of surgery on social and economical field. The patients were questioned 2 times in totally, T0: pre-operatively, and T1: 3 months post-operatively.

Results: 76% of the patients were satisfied or very satisfied with the aesthetic result, 83,6% would undergo the same treatment again, and two thirds would further recommend the procedure they undergone. More than the half of the patients did not report a decrease in physical fitness or reduced social contacts in the direct post-operative period. The satisfaction of life increased in one third of the patients.

Conclusions: Our study reveals that aesthetic plastic surgery is not only well tolerated by the patients, but also increases the quality of their life.

Despite the limitations of our study, which occurred by evaluating various surgical procedures in a short time follow up, we do further support its continuation, for the better understanding of the effect of surgery on our patients. Therefore, we intend to divide our patients in different study groups according to the surgical indication for the individual evaluation of the long term results on quality of life, in a similar method.

P52

CLINICAL OUTCOME AND QUALITY OF LIFE FOLLOWING SIMULTANEOUS BILATERAL BREAST RECONSTRUCTION WITH FREE AUTOLOGOUS TISSUE TRANSFER [FREE TRANSVERSE RECTUS ABDOMINIS MUSCLE (TRAM) FLAP]

Nikolaos A. Papadopoulos¹, Laszlo Kovacs¹, Samir A. Ammar¹, Markus Kloepfel¹, Peter Herschbach², Gerhard Heinrich², Edgar Biemer¹

¹Department of Plastic and Reconstructive Surgery, Klinikum rechts der Isar, Technical University of Munich, Munich, Germany

²Institute of Psychotherapy and Psychology, Klinikum rechts der Isar, Technical University of Munich, Munich, Germany

A review was performed on 34 patients who underwent simultaneous bilateral breast reconstruction with a free transverse rectus abdominis muscle (TRAM) flap between 1988 and 2001 in our unit. Long-term outcome and patients' quality of life were assessed. After an average follow-up of 74 months, local recurrence of breast malignoma prompting initial ablative surgery occurred only in one patient; in another case Paget's disease of the nipple developed after subcutaneous mastectomy. Overall, flap complications affected 13 of 68 flaps (19.1%). Anastomosis revision was needed in 6 cases (8.8%), the salvage rate being 50%. The rates of total and partial flap loss were 4.4% and 1.5%, respectively. Bilateral flap loss did not occur in any of our cases. 4 out of our 34 patients developed donor site complications (11.7%), with wound healing problems being the most common (5.8%). Various pre-operative risk factors such as smoking, scars due to previous operation, overweight and previous chest wall irradiation did not significantly affect the incidence of complications. Most of the patients were satisfied with their decision to have had breast reconstruction with free TRAM flap, 91% would choose the same operation again and 91% would recommend this procedure to other patients in similar circumstances. After the reconstructive surgery 20,8 % of the operated the patients felt an improvement in their sexual life. However, more patients reported an improvement concerning their social life (37.5%) and life in general (50%).

P53

INCIDENCE OF SIDE EFFECTS DURING HEMODIALYSIS TREATMENT IN YOUNG AND ELDERLY PATIENTS.

Antoniadi G., Tsiantoulas A., Spanou Z., Kapsos A., Niavis G., Dr. Barboutis K.

Dialysis Unit, General Hospital of Serres, Greece

Background: The number of elderly patients in hemodialysis units has increased last years as a result of progress in medical care and the bet-

ter efficacy of this treatment especially in aged population. Such parameters as the frequency of symptomatic hypotensive episodes, the muscle cramps and the arrhythmias during dialysis sessions characterized the quality of hemodialysis therapy. The quality of hemodialysis and the comorbidity of these patients (including comorbidity of vascular access) strongly influence their quality of life and survival.

Patients/Methods: We followed up a group of 18 stabilized patients (13 male and 5 female) who started dialysis treatment after the age of 60 years in comparison to another group of 16 patients (15 male and 1 female) who started dialysis between the age of 20 and 50 years.

For a period of 6 months we studied:

- (a) The vascular access problems, the number of symptomatic hypotension episodes, the appearance of muscle cramps and episodes of cardiac arrhythmias during dialysis
- (b) The clinical problems relative to hypertension and coronary heart disease.

Results: We found increased incidence of problems in elderly group during hemodialysis session in comparison to younger group. For example the frequency of symptomatic hypotension was 4.7% versus 2.5% in the younger patients.

The frequency of arrhythmias in elderly group was 2.5% versus 0.4% in younger group.

In contrast, younger patients suffer from muscle cramps more frequently than the older (2.67% versus 1.3%).

Only 50% of patients in the elderly group had A-V F C.B. versus 93.75% in younger group. As a consequence the older group had additionally problems from temporary vascular access.

Hypertension and coronary heart disease were more frequent in elderly than in young patients (50% and 66.5% versus 13.5% and 5% respectively).

Conclusion: Age and comorbidity are two factors which influence the quality of dialysis therapy and consequently the quality of life.

Aged pts usually need increased care from physicians and nurses and that means that hemodialysis treatment may be more expensive than in younger people.

P54

QUALITY OF LIFE AMONG CHRONIC HEMODIALYSIS PATIENTS AND KIDNEY TRANSPLANT PATIENTS

Ospanova T., Semydotska Zh., Kotulevich N., Birjukova I.

Dept. of Internal Diseases, Kharkiv State Medical University; Region Nephro-Urologic Center, 61174, 60, L. Svoboda av., fl.165, Kharkiv, Ukraine

End-Stage Renal Disease (ESRD) is a non-curable condition for which life-long renal replacement therapy (dialysis or kidney transplantation) is required. Quality of life (QOL) is an important parameter of the treat-

ment adequacy in hemodialysis (HD) and kidney transplant (KT) patients (pts). To determine how renal replacement therapy influences QOL in ESRD patients, we conducted a study applying the Kidney Disease Quality of Life (KDQOL-36™) questionnaires.

KDQOL-36™ disease-targeted items focus on particular health-related concerns of individuals with kidney disease and on dialysis: Symptom/problems, Effects of kidney disease, Burden of kidney disease. KDQOL-36™ also includes a SF-12 Physical health composite (PHC) and SF-12 Mental health composite (MHC).

A total of 102 patients with ESRD were included. 86 pts mean age 41.8 ± 1.47 years have been treated on chronic HD 4 hours 2-3 times per week. Dialysis age was 30.4 ± 3.2 months. They were clinically stable with a mean KT/V 1.18 ± 0.2 . 62% of pts were under anti-hypertensive treatment. QOL parameters were also evaluated in 16 kidney transplant patients mean age 39.3 ± 7.2 years. Results show a significant impairment of quality of life in HD pts compared to the General population for all parameters except mental health ($p < 0.05$). Higher age and co-morbidity were associated with lower quality of life. Hypertensive patients who received ACEI Enalapril and/or Human recombinant erythropoietin (HrEPO) “EPREX” had higher quality of life. Lower QOL was found in diabetic patients. Nutrition status, dialysis modality, gender, and age, dialysis term were the independent factor which impact on QOL. QOL was better in all of domains except MHC in KT pts than in HD pts.

We conclude, KDQOL-36™ can be applied in evaluating of the ESRD treatment. The QOL was better in transplant patients than in HD. Anemia correction, adequate treatment of hypertension, managing co-morbidity may improve QOL of pts who required renal replacement therapy.

P55

QUALITY OF LIFE IN PATIENTS WITH MULTIPLE MYELOMA IN RECOMBINANT HUMAN ERYTHROPOIETIN (RHU-EPO) TREATMENT

Caja T., Xhumari P.

*University Hospital Center "Mother Tereza", Department of Hematology
Tirana-Albania*

Patients (pts) with Multiple Myeloma (MM) develop anemia that deteriorates the quality of life and necessitates RBC transfusion, inevitable connected with the risk of complications. Improvements of quality of life after treatment with rHu-EPO often have been reported in pts with cancer.

Objective: To evaluate the effectiveness of rHu-EPO in the treatment of anemia associated with MM.

Twenty pts with MM were enrolled into study. During the course of chemotherapy all pts received rHu-EPO in the doses 150 U/kg three times a week subcutaneous. The pts were transfused when Hb level felt below 8.0 g/l.

Results: Anemia of different degree was observed in all pts. The indi-

cations for RBC transfusion occurred in 40% of pts on rHu-EPO treatment. Pts with response (80%) to the therapy significantly improved after 8 weeks of treatment. The performance status before the start of rHu-EPO therapy was more favorable and showed impressive improvement during the course of treatment. Clinical symptoms of anemia subsided or at least considerably improved under successful rHu-EPO therapy. No undesirable effects of rHu-EPO treatment were observed. Conclusion: The use of rHu-EPO may reduce the requirements for RBC transfusion in pts with MM under chemotherapy. rHu-EPO has an extended role in the management of disease-related anemia and in quality of life in pts with MM.

P56

A SINGLE DOSE OF FRAXIPARINE PREVENTS INTRADIALYTIC CLOTTING AND DYSLIPIDEMIA DURING HEMODIALYSIS

Neskovski J, Ognjanoski V, Naumcevska I, Krsteska T, Jovceski D, Cakalarovski K.

Department of Hemodialysis-Gostivar-FYROM

Department of Nephrology-Skopje-FYROM

"Cede Filipovski Road b.b" Gostivar-FYROM

Hemodialysis is associated with extracorporeal blood flow. Anticoagulation is required to prevent clotting of the extracorporeal circuit. Standard anticoagulation has traditionally consisted of unfractionated heparin given as a bolus dose at start of dialysis followed by a constant infusion of heparin or supplied with a mid-treatment dose. However, adverse effects of heparin include thrombocytopenia, platelet dysfunction, increased bleeding risk and lipid abnormalities.

Thirty-one chronic uremic patients (18M, 13F; age, 67 + 13 yr) under hemodialysis treatment for 57+35 mo were studied. Among these, 16 patients showed hypertriglyceridemia and- or hypercholesterolemia, even while on a dietary and pharmacologic regimen of statins, the remaining 15 patients did not have alterations. All patients were evaluated after 12 mo period of employing std. heparin during each dialysis session. A second observation was undertaken after a period of the same duration employing a similar dosing of Fraxiparine and without modifying the type of dialysis, dietary behavior, or pharmacologic therapy. In all patients, quarterly control values were obtained for serum glucose, uric acid, triglycerides, cholesterol, HDL, LDL, Kt/V and body mass index. During the std. heparin period, cholesterol, triglycerides, and LDL were significantly increased in the 2 groups of dyslipidemic patients in comparison with the 2 groups of normolipemic patients. During the second period of observation however, the Fraxiparine patients demonstrated a significant decrease in serum cholesterol, LDL, and triglycerides.

We confirm the positive effect of Fraxiparine on lipid metabolism when compared with standard heparin sodium. Fraxiparine, therefore-in association with dietary and/or pharmacologic measures-could find an indication for those patients with evident lipid alternations.

P57

EPIDEMIOLOGICAL CHARACTERISTICS OF WOMEN IN CENTRAL GREECE WHO ATTENDED THE MAMMOGRAPHY SCREENING PROGRAM OF LAMIA'S GENERAL HOSPITAL

Paliogianni E, Koutsogianni Z, Mantouvalou M, Mpakolas B, Kouvelis E

Department of Radiology, General Hospital of Lamia , Fthiotid, P.C. 35100 Greece

BACKGROUND AND GOALS OF STUDY. The aim of our study is to describe the epidemiology and the characteristics of all the women using the mammography screening program of General Hospital of Lamia. A total of 910 screening mammograms were performed from May 2003 to February 2004.

MATERIAL AND METHOD. All women filled in a questionnaire about their age, income and education level as long as family history of breast cancer.

RESULTS. The mean age was 54 years with an age range from 38 to 78 years. Only 10% of the women had academic education. The majority of them (60%) were unemployed.

P58

ATTITUDE OF THE PHYSICIANS IN THE ROLE OF MAMMOGRAPHY AS A SCREENING TEST FOR BREAST CANCER. PRELIMINARY RESULTS FROM THE FIRST YEAR OF MAMMOGRAPHY SCREENING CENTER OF LAMIA, GREECE.

Mantouvalou. M, Paliogianni E., Koutsogianni Z., Koutsogiannis I., Kouvelis E.

Department of Radiology, General Hospital of Lamia Fthiotida, P.C. 35100 Greece

BACKGROUND AND GOALS OF STUDY: our goal was to study attitude of physicians from different specialties against mammography as a screening test either for prevention or for early diagnosis of breast cancer.

MATERIAL AND METHOD: Healthy women aged 38 -78 years were invited to complete a standard anonymous questionnaire when attending the mammography screening center. among other questions women were asked who advised them to undergo a mammography, if they were aware of the role the mammography plays in breast cancer diagnosis and staging and finally if they had had a physical examination including breast palpation.

RESULTS: interestingly enough the vast majority of the women that came for a mammography were advised to do so from a gynaecologist. these women were also physically examined before doing the test. Only 9% of the women was sent from a general practitioner. Many women

had been informed about mammography from mass media or from friends and / or relatives.

CONCLUSIONS: The authors recommend a multifaceted approach to increase mammography screening by women from central Greece, recommendations from the provider plus targeted education to address the effectiveness of screening mammography compared with clinical breast examination.

P59

QUALITY OF LIFE FOR CAREGIVERS OF ALCOHOLIC PEOPLE

Sitzoglou K, Papadopoulos K, Papadopoulou G, Tsiptios J, Pervos I, Charalampous Ch, Chatzimaroulis K.

Department of Clinical Neurophysiology, Mental Hospital of Thessaloniki. Internal Medicine Clinic, Mental Hospital of Thessaloniki.

Caregivers are persons who provide care to those who need supervision or assistance in illness or disability. They may provide the care in the home, in a hospital, or in an institution. Although caregivers include trained medical, nursing, and other health personnel, the concept also refers to parents, spouses, or other family members, friends, social workers, fellow patients. Our study has focused to parents, family members, family mates. It was performed in order to investigate and measure the quality of life for caregivers of the alcoholics.

Initially we have examined the alcoholics during their hospitalization for the somatic detoxication. The sample consisted of n=87 subjects suffered from alcoholism (men=72,women=15). The mean use of alcohol was 21±8.9 years and 11±5.2 years for the men and the women group respectively. Afterwards, we examined the caregivers of the aforementioned patients. Those ones were asked to complete a questionnaire based on the health related quality of life, the questionnaire 31 and a supplementary group of questions regarding their financial, social, emotional, working and psychophusiological status. 75 out of the 87 caregivers were reciprocating to our request.

Results suggest that caregivers are strongly stressed emotionally. They are forced to work more in order to cover the financial gap that is originated from the joblessness of the alcoholics. They have presented severe sleep disturbances They also lack patience and they are irritable from the point of view that they offer constantly to the alcoholic and they don't receive anything from the alcoholic.. Especially those that are women caregivers are victims of violence.

Finally, 59 out of 81 couples live separately or they even have been divorced.

Thus, caregivers in this study experienced a lower quality of life than healthy mature people. People with alcohol abuse even after treatment construct a group from which family and gregarious problems originate constantly. Alcoholics are proved to be a substantial problem for the family of the alcoholics especially in the economic portion Our questionnaire allows a measurement of quality of life for caregivers of the alcoholics.

P60

SEXUAL LIFE AND QUALITY OF LIFE IN GREEK PATIENTS WITH MULTIPLE SCLEROSIS

A Dourouma, R Pita, G Kiosseoglou & A Orologas

*School of Psychology, Aristotle University of Thessaloniki, Greece
2nd Neurological Clinic AHEPA Hospital, Thessaloniki, Greece
and the Greek Multiple Sclerosis Society (Thessaloniki Branch)*

The aim of our study was to evaluate the quality of life (QoL) of Greek patients with multiple sclerosis (MS), as related to sexual life and demographic data. The participants were 51 patients (30 women and 21 men) with clinically definite MS diagnosis. Their average age was 36.5 yrs (the age span was 19 to 61) and the average disease duration was 9.2 years (span 3 to 28 years). Of the participants, 59.7% suffered of chronic progressive, while 40.3% suffered of relapsing-remitting type of MS. The participants were administered the GRISS (Golombok & Rust, 1986) for assessing possible sexual life dysfunction, and the QOLIE-89 (Vickrey et al., 1993) for assessing their QoL.

Concerning the GRISS factors, the correlational analysis between demographic data and sexual life factors revealed that 'anorgasmia' correlated with the type of disease in women, while duration of illness, type of MS and education level correlated with 'premature ejaculation', 'non-sensuality' and 'non-communication' in men. Correlational analysis among GRISS factors and QOLIE-89 factors indicated a differential profile of relations in male and female patients. Specifically, the sexual life of female patients correlated with 'emotional well-being', 'relapse worry' and 'social isolation' of QOLIE-89.

On the other hand, the sexual life of the male patients correlated with 'memory', 'language', 'attention-concentration' and 'energy/fatigue' factors of QOLIE-89. These results of our preliminary research are in accordance with extant literature.

P61

THE INFLUENCE OF ERYTHROPOIETIN ALFA ON LEFT VENTRICULAR HYPERTROPHY (LVH) IN PATIENTS WITH PRE-DIALYSIS STAGE OF CRONIC RENAL FAILURE (CRF)

Margarita Gjata, Alma Idrizi, Mihal Tase, Myftar Barbullushi, Alketa Koroshi, Sazan Celiku, Edmoand Zaimi

*Service of Nephrology, Internal Medicine and Cardiology
University Hospital Centre " Mother Teresa", Tirana, Albania*

In renal disease anaemia is a risk for cardiovascular disease, such as left ventricular hypertrophy in both patients with early renal disease and dialysis patients. During the past decade, many studies have showed that partial correction of anaemia leads to partial regression of

LVH in hypertensive and normotensive dialysis patients. Several reports support the pre-dialysis use of epoetin. Evidence of cardiovascular risk reduction with epoetin treatment in pre-dialysis patients is growing. The aim of the study was to evaluate the effect of the correction of anaemia with erythropoietin alpha (Eprex) on LVH.

We studied 50 patients in pre-dialysis stage of CRF, 37 men and 13 women from 26 to 60 years old, mean age 44.2 years with hemoglobin levels < 9 gr/dl. Patients were followed up during six months after the initiation of the treatment with Eprex, from January 2002-June 2002. The main basal hemoglobin being 8.3 gr/dl, significance increase to 11.2 gr/dl was observed at the 6th month of the study. The mean initial dose of Eprex 85 U/kg/week with an important decrease of the required maintain dose to 60 U/kg/week at the 6 months. On echocardiography, the end-diastolic-diameter and left ventricle mass index (LVMI) were decreased moderately. Moreover, a significant reduction of the end-diastolic diameter of the posterior wall of left ventricle was observed: from 12.85 mm at the beginning to 11.06 mm at the 6th month ($p < 0.05$).

In conclusion, the treatment with Eprex led to satisfying correction of anaemia and to an important improvement of LVH.

P62

LIPID PROFILE IN CORONARY PATIENTS WITH A NEW ACUTE CORONARY EVENT

M.Barparousis, D.Frontzou*, Z.Koutsogianni*, P.Panagiotopoulou, A.Antonoulas, K.Filis

Cardiology Department and General Practitioners of General Hospital of Lamia, Fthiotida, Greece. P. C. 35100*

AIM: Decreasing of lipid levels after a coronary event plays an important role in preventing a new coronary event. The aim of our study was to measure the lipid levels in coronary patients (pts) with a new coronary event and if they reach the goal for LDL cholesterol.

MATERIAL AND METHODS: We studied 109 coronary pts (84 men and 25 women) with a new coronary event and we measured ,in admission, total cholesterol, triglycerides, HDL cholesterol, LDL cholesterol and we calculated the percentage of pts who had reached the goal for LDL cholesterol (<100mg/dl) with or without treatment.

RESULTS: The average age of pts was 67 ± 10.69 years (66.35 ± 10.95 in men and 71.64 ± 8.76 in women). The lipid levels were: total cholesterol 201 ± 43.53 mg/dl, triglycerides 146 ± 57.99 mg/dl, HDL cholesterol 49 ± 9.51 mg/dl, LDL cholesterol 122 ± 37.36 mg/dl. 28.44% of pts were treated (30% in men and 24% in women) and 27.5% of pts (28.6% in men and 24% in women) had reached the goal for LDL cholesterol. Among treated pts only 45.16% had LDL cholesterol <100mg/dl.

CONCLUSIONS: The majority of coronary patients did not succeed to decrease lipid levels and reach the goal for LDL cholesterol after a coronary event, even they were treated and to decrease the risk for a new coronary event.

P63

QUALITY OF LIFE FOR PEOPLE WITH ALZHEIMER'S DISEASE

THEOFANIDIS D¹, FITSIORIS F², FOUNTOUKI A³, RUDOLF G².

¹Technological Educational Institute of Thessaloniki

²Neurological ward, "PAPAGEORGIU" General Hospital,

³Neurosurgical ward, "AXEPA" General Hospital,

Introduction: Dementia is a dramatic life-long condition affecting the family as a whole. An illness of this magnitude may result in family conflicts and demoralization. Housekeeping becomes the spouse's total and long-term responsibility while he/she may also face a financial burden. In any endeavor to improve quality of care it is important to maintain a perspective on how the individual is affected by the intervention and the institution (hospital, community setting or home) where it takes place.

Objectives: Our aim was to compare the level and advantages of care in three different settings, that is, hospital, community setting or home.

Methods: Literature search through Medline, Cinhal and Vivisimo, with 154 articles being identified and 93 included in the analysis.

Results: Lack of activity is the predominant feature in hospital where patients continue to have little in the way of meaningful social interaction and not enough is done to help the person maintain his/her sense of identity. As for community settings, they seem to remain geographically and functionally isolated from the patient's family, friends and the wider community.

Conclusions: Staff in hospitals and community settings need help to avoid burn-out in their work when caring for demented patients in order to offer enjoyable activities. The cares of demented patients is best delivered at home. However, organized help is necessary if the carers are to provide for the patient at home, without having to look for a long-term facility.

P64

ATTITUDE AND BEHAVIOR OF WOMEN IN FTHIOTIDA (GREECE) ON MAMMOGRAPHY SCREENING AND FOLLOW-UP FOR BREAST CANCER

Paliogianni E., Koutsogianni Z. , Mandouvalou M., Sfiras D., Kouvelis E.

Department of Radiology, General Hospital of Lamia ,Fthiotida, P.C. 35100 Greece

BACKGROUND AND GOALS OF STUDY. We studied 910 women aged between 38 and 78 years, who came for a mammography at Lamia General Hospital. Our goal was to show their attitude and knowledge against mammography screening test.

MATERIAL AND METHOD. All women filled in a questionnaire about

how many mammograms they had in the past and if they were willing to repeat the test over a period of 1, 2 or 3 years.

RESULTS. 60% of the women had had one mammogram in the recent past. The majority of them had only one mammogram. The highest incidence (70%) occurred in women between 50 and 69 years old, while younger (39-49) and older (>70) women had a significantly lower incidence (40% and 45%). Only 5% however knew about the recommendation to have a mammogram every one year after the age of 39. From the total 910 women only 27% agreed to repeat the test in the future (11% in one year, 12% in two years and only 4% in three years.)

CONCLUSIONS. The majority of women were unaware of the necessity of the yearly follow-up. 80% of women over sixty (a group of age particularly susceptible to breast cancer) was unwilling to repeat the test in the next three years while younger women are more sensitized to the role of mammography. Absence of a well organized, national screening program in Greece, especially in the countryside. There is no information especially in the lower socioeconomic groups of women as well as the elderly.

P65

THE CONTRIBUTION OF GROUP OF PARENTS TO THE IMPROVEMENT OF THE COMMUNICATION AMONG FAMILY MEMBERS

M Eleftheriadou

Child Psychiatrist, *Child Psychiatric Department, Community Mental Health Centre of Katerini, Greece*

We present the results of our work with two groups of parents that lasted two consecutive academic years. This was a collaborative effort between the interscientific group of our Child Psychiatric Department of Community Mental Health Centre of Katerini and the local school community.

The aim of the first group, consisting of 25 parents, was the preparation of parents for the adolescence of their children. The aim of the second group, with 12 participating parents, was to support and help parents dealing with the needs of their preschool children.

The subjects discussed in the 12 meetings organised for each group were selected by the parents.

It was impressive that from the beginning the parents showed a strong interest in the discussion. An emotional atmosphere of trust and familiarity was soon developed among group members.

At the end, the effectiveness of this intervention was evaluated by completion of a specifically designed questionnaire by the parents. In conclusion, the participation of parents in these groups helped them to comprehend better the emotional needs of their children and resulted in an improvement in the communication not only among family members, but also among teachers and parents.

P66

GASTROINTESTINAL BLEEDING AND VIRAL HEPATITIS IN DIALYSIS PATIENTS

M. Malliara, D. Kougioumtzoglou, G.Voutiadou Z. Diamantis.

Renal unit, General Hospital of Katerini, Greece.

Gastrointestinal bleeding is a common complication in patients on hemodialysis. Angiodysplastic lesions and duodenal ulcers reported to be the most frequent causes of bleeding in these patients population. The purpose of the study was to examine the frequency, causes of bleeding and to correlate this with the presence of viral hepatitis(B or C) in the patients undergoing hemodialysis. Patients-Methods: We have retrospectively evaluated patients undergoing maintenance HD that suffered from GIB the period from 1999-2004 from a global population of 130 patients. 15/12(13%) suffered from at least one GIB episode in this period. Males were:8/15(53%), mean age:62,5y(45-80y) and mean duration in dialysis: 52m(SD:51,2m). Esophagogastroduodenoscopy and colonoscopy where needed performed in patients to establish the cause of GIB and to identify in gastric mucosa biopsies elicobacter pylori positive patients. Results: the cause of GIB was: duodenal ulcer in:4/15(25%), angiodysplastic lesions in:6/15(40%), use of anti-inflammatory drugs in: 3/15(20%), intestinal ischemia :1/15(4%), hemorrhoids in:4/15(25%), polyps in:2/15(13%).12/15 (80%) of the patients that suffered from GIB had a chronic infection from HBV or HCV.The prevalence of GIB in during the follow up was greater in patients with HBV or HCV than in those without it (p<0,05). All patients with angiodisplasia had a chronic infection from B or C hepatitis . Helicobacter-pylori(+) :revealed in:5/15(30%) of these patients. Admitted to the hospital 8/15(53%) patients for a mean period of 2 days. Conclusions: patients under hemodialysis treatment have high incidence of GIB, especially among those with coexisting viral hepatitis. In patients without viral hepatitis the causes of bleeding were similar to the general population. Angiodisplasia is the most frequent cause of relapsing GIB in HBV or HCV positive hemodialysed patients.

P67

PRESENCE AND SEVERITY OF DEPRESSION IN DIALYSIS PATIENTS

M. Malliara, G. Voutiadou, D. Gitiridis M. Xafenias.

Renal Unit, General Hospital of Katerini, Greece.

AIM: to evaluate the presence and severity of depression in our dialysis patients.

Patients-methods: in a total number of 51 patients we gave a questionnaire of 21 multiple choice questions. The patients chose one statement from among the group of four statements in each question

that best described how they had been feeling during the past few days. This questionnaire was developed by a psychiatrist (Beck Depression Inventory)

We compare their total to the scoring chart. Results: 45/51(88%) returned answers. Males were:34/45(76%), mean age 65,5y(SD:12,5y) and mean duration in dialysis:54months(SD:53,1m). 40/45(89%) diagnosed to suffer from moderate depression. 4/45(9%) from severe depression and 1/45(2%) from extreme depression. All patients(100%) answered that they feel sad with their illness. 40/45(89%) feel that they have failed more than an average person.42/45(93%) don't enjoy things the way they used to. All(100%) feel that they may be punished. 36/45(80%) cry more than they used to. 40/45(89%) are slightly more irritated now than usual. 100% feel that there are permanent changes in their appearance now. 36/45(80%) have to push themselves very hard to do a work. 35/45(78%) wake up several hours earlier than they used to and they cannot back easily to sleep. 40/45(89%) answered that they get tired more easily than they used to. 36/45(80%) haven't lost more than five pounds the last month and their appetite is not less than before. 44/45(98%) are very worried about physical problems and they feel afraid for the future complications. 40/45(89%) are much less interested in sex now.

Conclusions: the depression in dialysis patients is very common complication strongly related with their primary disease. It is very important for our patients to give them support with the social worker and the psychiatrist where needed. Many times the role of psychiatrist is up to the nephrologists.

P68

THE METABOLIC SYNDROME IN PATIENTS WITH ACUTE CORONARY SYNDROME

M.Barparousis, D.Frontzou*, Z.Koutsogianni*, P.Panagiotopoulou, A.Antonoulas, K.Filis

Department of Cardiology and General Practitioners of General Hospital of Lamia, Fthiotida, Greece, P.C. 35100*

AIM: The aim of our study was to show if metabolic syndrome (MS) includes a number of risk factors which leads to increased probability of developing coronary artery disease. The incidence of metabolic syndrome in patients (pts) with acute coronary syndromes (ACS) seems to be increased.

MATERIAL AND METHODS: We studied 123 pts (96 men and 27 women) with ACS (Acute Myocardial Infarction Q-AMI Q, AMI NON Q, Unstable Angina-UA) and we measured HDL cholesterol, triglycerides, glucose, blood pressure and waist circumference and we used the NCEP criteria to define pts as having metabolic syndrome or not. The NCEP (National Cholesterol Education Program) has defined individuals with the metabolic syndrome as having 3 or more of the following criteria: waist circumference >102cm in men and >88cm in women,

triglycerides >150mg/dl, HDL cholesterol <40mg/dl in men and <50mg/dl in women, blood pressure (BP) >130/85mmHg, glucose >110mg/dl.

RESULTS: Mean age was 66 with an age range from 55 to 77 years. The average for HDL cholesterol was 48.6± 8.37mg/dl, for triglycerides 164 ±73.9 and for waist circumference 101± 6.82 cm. 70% of the pts had BP >130/85mmHg and 59.3% of the pts had glucose >110mg/dl. The percentage of pts with MS was 58.5% totally, 51% in men and 85% in women.

CONCLUSIONS: The metabolic syndrome is a common characteristic in patients with acute coronary syndromes, especially in women and it must be treated in order to prevent coronary artery disease.

P69

PSYCHOLOGICAL PROFILE OF RACE DRIVERS WITH PTSD

Alexopoulos G. Christos

*Neurosciences Department, Medical Faculty Kragujevac, P.O.BOX 71
34000 Serbia and Montenegro*

Car racing is currently one of the most popular sports. The aim of this study is to establish the profile of persons with posttraumatic stress disorder by using psychological criteria (MMPI). Psychiatric measurements (HAMD, HAMA, API) are exploited to detect differences between acute and delayed type of PTSD on the level of depression, anxiety, and readiness for panic. The research included 30 drivers: 20 have reacted with acute and 10 with delayed onset of PTSD. Diagnosis criteria were DSM-IV.

The scores on subscales at MMPI personality profile for acute and delayed type of PTSD, are much higher D and Hy, in relation to normal. The structural correlates D and HS appear with a higher level in the delayed PTSD. There is a higher level of depression and of anxiety. There is no statistical difference between acute and delayed PTSD, as far as the panic is concerned. However, the results concerning driving risk remain controversial.

P70

PSYCHOSOCIAL CONSEQUENCES OF HALITOSIS

Karnoutsos K , Mplioumi E., Ganidou M. , Petrou C., Floras T., Stefanidis S.

*General Hospital of Thessaloniki, AGIOS PAVLOS, Dental Department
161 ,Ethnikis Antistasis Str. 55134, Thessaloniki Greece*

Diagnosis and treatment of bad breath is a matter that relates to a

large portion of general population and dentists. Malodorous volatile components which are produced by some bacteria on the dorsal surface of the tongue are the main cause of bad breath. These are mainly volatile sulfur components, especially methyl mercaptan and hydrogen sulfide, but also short-chain fatty acids and polyamines. It appears that the gram negative anaerobic microflora is responsible for odor formation through a two-phase metabolic process. Other metabolic processes which result in PH decrease, O₂ decrease or Eh increase favor the growth of gram negative anaerobes and the generation of malodor. The three main methods of analyzing oral malodor are organoleptic measurement, gas chromatography and sulphide monitoring. A thorough medical and dental history helps the dentist to find the origin of halitosis and classify halitosis into three different categories, which are genuine halitosis (physiologic and pathologic), pseudo-halitosis and hatitophobia. Furthermore, a thorough extraoral and intraoral examination may eliminate from consideration some other extraoral and intraoral causes of bad breath. The treatment of malodor consists of mechanical and chemical reduction of microbial flora. The most common ways of treatment are cleaning the tongue with a dental cleaner or a dental scraper, use of mouthwashes containing zinc, chlorhexidine and hydrogen peroxide and periodontal treatment. Patients with pseudo-halitosis and hatitophobia need to be counseled and assisted by a psychological specialist. In conclusion, since malodor is a common condition in general population, all dentists ought to be informed in the causes, the diagnosis and the treatment of halitosis.

P71

MALNUTRITION - RELATED POLYUNSATURATED FATTY ACIDS (PUFA) PROFILES IN PLASMA PHOSPHOLIPIDS IN HEMODIALYSIS (HD) PATIENTS

Pekovic-Perunicic, G. Rasic, Z. Ristic, V. Pljesa, S.

Department of Nephrology, University Hospital Zemun, Belgrade 11000 SCG

Long-chain PUFA play a key role in membrane structure and in control of cellular function by influencing the activity of some important enzymes and receptors. In addition, PUFA with twenty carbon atoms are the precursors of prostaglandins and related eicosanoids. Long-chain PUFA result from desaturation and elongation of essential fatty acids (EFA). This process requires adequate nutritional status.

Aim of our research was to establish phospholipids fatty acid profile, lipids level and nutritional parameters in hemodialysis patients.

We examined 21 HD patients with moderate malnutrition and 23 healthy controls. For nutritional assessment three simple parameters were used: triceps skinfold (TSF), mid-arm muscle circumference (MAMC), serum albumin concentration (SA) and prealbumin (PA) as representative of body fat, muscle protein and visceral protein respectively. We measured their plasma levels of a variety of lipids and

lipoproteins.

Lipid fractions, triglyceride (1.87 ± 0.92 vs 1.20 ± 0.40) and HDL cholesterol (1.34 ± 0.38 vs 1.22 ± 0.45) differed significantly between groups. Plasma phospholipids fatty acids profile of HD patients showed lower α -linolenic acid - LNA (0.42 ± 0.2 vs 0.48 ± 0.3 % of total) and dokosaheptaenoic acid - DHA (2.93 ± 0.9 vs 3.63 ± 1.1). Plasma monounsaturated fatty acids (MUFA) and plasma saturated fatty acids (SFA) were not differed between groups. There is correlation between PUFA and diastolic blood pressure ($p < 0.05$).

The study confirmed the presence of an essential fatty acids deficiency in HD patients. The results indicate that the oral supplementation of essential fatty acids maybe improves the nutrition parameters, quality of life and decreased inflammatory responses.

P72

SOCIAL ISOLATION DUE TO HIRSUTISM IN A KIDNEY TRANSPLANT RECIPIENT TREATED WITH CYCLOSPORIN

G. Vergoulas, Th. Eleftheriadis, A. Avdelidou, K. Ioannou, Gr. Miserlis, F. Solonaki, A. Papagiannis, D. Takoudas

Organ Transplant Unit, Hippokratio General Hospital, Thessaloniki, Greece

Background: Immunosuppression is unavoidable for renal graft survival, but causes side-effects which can compromise patient's quality of life. A cyclosporin's side-effect, which occasionally leads to patient's non compliance, is hirsutism.

Case report: We describe the case of a male patient, 20 years old, with ESRD because of Alport's syndrome. After a 5 month period on hemodialysis, the patient had a renal transplant from his father. Cyclosporin was included in the immunosuppressive regimen, as usual. Soon the patient developed heavy hirsutism of the face and the body which affected his mood and social behavior.

Despite his youth the patient was withdrawn from his daily activities, became social isolated and declared that is not going outside home again. Because of this and despite the good graft function CsA was converted to tacrolimus 3 months after transplantation. Hirsutism disappeared and both mood and behavior of the patient was restored.

Regarding the other side-effects, the conversion from cyclosporin to FK-506 was accompanied by mild neurotoxicity in the form of a fine hand tremor. On the other hand patient's graft function remained normal, blood pressure was restored to normal and anti-hypertensive drugs (nifedipin 60 mg/d and atenolol 50 mg/d) were withdrawn. There was also a decline in total cholesterol levels.

Conclusion: CsA caused major behavioral problems to our patient because of hirsutism. Tacrolimus was selected with aim to preserve the patient in the best possible physical, psychological and mental status as it is determined by objective measurements and by patient's particular psychism. The outcome was satisfactory.

P73

MYCOPHENOLATE MOFETIL LATE GASTROINTESTINAL TOXICITY AFTER RENAL TRANSPLANTATION

Vergoulas G, Avdelidou A, Ioannou K, Eleftheriadis Th, Miserlis Gr, Solonaki F, Nikolaidis N, Giouleme O, Leontsini M, Dounousi E, Papiannidis A, Takoudas D.

OrganTransplant Unit, Hippokratio General Hospital, Aristotelian University of Thessaloniki, Thessaloniki, Greece.

After the improvements in short and long-term patient and graft survival in kidney transplantation, the attention is focused on the quality of life of these patients. Immunosuppression has been implicated for side effects that can compromise patients' quality of life. We describe two patients with intractable diarrhea due to mycophenolate mofetil toxicity.

A man 40 years old with a living related donor and a woman 33 years old with a cadaveric donor presented intractable diarrhea four years and three months and three years respectively after transplantation which caused a loss of 12 Kg and 8 Kg of weight respectively. The duration of the diarrhea was 25 months for the male and 18 months for the female patient with exacerbations and remissions during this period of time. Anti-diarrhoeic agents such as loperamide and nifuroxazid were used to control diarrhea, as well as antibiotics (metronidazole, ciprofloxacin) without any result. The investigation of these patients started a few months after the initiation of the symptoms and included upper and lower gastrointestinal endoscopy with repeated cultures and biopsies and barium radiographs of small intestine. All the examination results were negative for malignancy, inflammatory bowel disease or malabsorption syndrome.

MMF was converted to azathioprine (100 mg/d p.o) and the diarrhea stopped in both patients. They gained weight 5 kg the male and 4.5 kg the female patient during a period of time of less than two months and there was no change in their serum creatinine levels.

In conclusion, mycophenolate mofetil late gastrointestinal toxicity causing diarrhea seems to exert an important negative influence on the quality of life of kidney transplant recipients, which we have to take into consideration. Conversion of immunosuppressive therapy from MMF to AZA resulted in prompt diarrhea discontinuation and improvement of quality of life of these patients, without affecting graft's function.

PROFILE OF RENAL TRANSPLANT RECIPIENTS WITH MORE THAN 10 YEARS FOLLOW UP

G. Vergoulas, C. Tasiopoulou, A. Angelou, Gr. Miserlis, I. Katsara, V. Papanikolaou, K. Ioannou, A. Avdelidou, G. Sakellariou

Organ Transplant Unit, Hippokratio General Hospital, Thessaloniki, Greece

The aim of this study was to investigate the factors related with long – term graft survival. Of 293 transplants performed from 1.1.1987 through 17th December 1993, eighty-three of them had > 10 years follow up. The recipients were 37 years old (range 16-64 years), there were 57 men and 26 women who had a mean follow up 12.75 years (range 10.02 to 16.63 years). They received triple or quadruple sequential immunosuppression (steroids, azathioprine, cyclosporine, ALG). Clinical and laboratory posttransplant variables measured in the 7th, 15th posttransplant day, 1st, 3rd, 6th month and then yearly up to the 10th posttransplant year (body weight (BW), systolic and diastolic blood pressure (SBP, DBP), serum creatinine (Scr), serum total protein (Stp), serum albumin (Sal), total cholesterol (Sch), triglycerides (Str), 24 hour proteinuria) as well as pre and posttransplant factors (delayed graft function (DGF), acute rejection (AR), donor age, graft origin, HLA matching, complications) were analyzed. Repeated measures analysis, paired and independent t tests as well as descriptive statistics were used for statistical analysis.

There were 51 LRD and 32 cadaveric graft recipients (mean cold ischemia time 11.5 hours). Six common HLA antigens were in 4 cases (5.1%), 5 in 6 cases (7.7%), 4 in 5 cases (6.4%), 3 in 49 cases (62.8%), 2 in 9 cases (11.5%) and 1 in 5 cases (6.4%). AR was recorded in 32.5% of cases (15 cases with a LRD and 12 with a CAD). DGF was recorded in 11 CAD transplants (34.4%) and in 8 LRD transplants (15.7%). Scr levels (6th month mean: 1.42 mg/dl, 1st year mean: 1.40 mg/dl) fell significantly during the 1st posttransplant year ($p=0.002$) and remained stable up to the 10th year (Scr: 1.68 mg/dl). Stp and Sal rose significantly up to the 5th year ($p < 0.0005$) and then remained stable up to the 10th year. In 17 cases there was proteinuria > 0.25 g/24h which had no correlation with AR. BW increased significantly during the ten year follow up ($p<0.0005$). Sch rose significantly up to the 3rd posttransplant month compared to pretransplant levels ($p=0.005$) and remained stable up the 10th year. The percentage of hypercholesterolemic patients was 77.3%. Hypolipedemic agents were given in 41 pts. Triglycerides did not show significant change during the 10-year follow up. SBP and DBP presented a significant fall during the first 3 posttransplant years ($p<0.0005$). At the end of the 10th posttransplant year 64.6% of pts were hypertensives. The infections were 0.61 per patient year, 5 pts had organ and 6 pts skin cancer, 19 pts had bone disease, 3 diabetes, 4 HCV and 4 HBV. Nineteen grafts were lost (chronic allograft nephropathy in 11, death in 8 cases). Ten of the 11 patients with graft loss due to CAN were hypertensive. There was no correlation between graft loss and pro-

teinuria or hypercholesterolemia. Only 4/11 lost grafts had acute rejection history and 1/11 had DGF. The cause of death was cerebrovascular accident in 1 case, cardiovascular accident in 4 cases, infection in 2 cases and pancreatitis in 1 case. Immunosuppression was converted from azathioprine to mycophenolate mofetil in 46/83 pts.

In conclusion graft survival > 10 years was related with a serum creatinine < 1.5 mg/dl during the 1st posttransplant year and short cold ischemia time. Acute rejection and DGF did not affect long – term graft survival. The reasons of graft loss were CAN and death. The main reason of death was cardiovascular accidents.

P75

COMPARATIVE STUDY OF OXIDATIVE STRESS IN PERITONEAL DIALYSIS (PD) AND HEMODIALYSIS (HD) PATIENTS

D. Yonova , I. Trendafilov, V. Papazov, R. Zidarov and S. Antonov

Dialysis Clinic, Medical University Hospital "Alexandrovska", Sofia, p-1431, Bulgaria

Two general types of extrarenal depuration are used in patients with terminal uremia – peritoneal dialysis (CAPD) and hemodialysis (HD). All uremic patients are exposed to oxidative stress, due to uremia "per se" and some artificial materials are suspected as well, but not surely proved.

The study compares some plasma markers of oxidative stress in 28 patients on CAPD (1st group) (12 males and 16 females) and 28 HD patients (2nd group), (14 males and 14 females) more than 3 years on dialysis: MDA and oxidized LDL (ELISA) and, of antioxidant activity: enzymatic - glutathione peroxidase (GPx) (enzymatic assay); and non-enzymatic factors: vitamin E and vitamin C (HPLC). All patients - non-diabetic and without peritonitis – were tested for above mentioned biochemical markers (before HD for the 2nd group).

The results showed in CAPD patients a not-significant lower levels of markers of oxidative stress and a mild significant higher antioxidant activity for vitamin E and GPx, than in HD group. Although the existence of oxidative stress was proved in both groups: The found values for 1st /2nd groups were as follows: MDA $6.21 \pm 0.31 \mu\text{mol/l}$ versus $6.31 \pm 0.23 \mu\text{mol/l}$ (p n.s.); oxidized LDL $360 \pm 234 \text{mU/ml}$ versus $376 \pm 252 \text{mU/ml}$ (p n.s.); GPx $18.1 \pm 5.6 \mu\text{mol/Hb}$ versus $14.6 \pm 4.9 \mu\text{mol/Hb}$ ($p < 0.01$) and vitamin E $25.7 \pm 4.1 \mu\text{mol/l}$ versus $21.7 \pm 5.2 \mu\text{mol/l}$ ($p < 0.01$); vitamin C $53.11 \pm 25.0 \mu\text{mol/l}$ versus $50.24 \pm 25.2 \mu\text{mol/l}$ (p n.s.)

The findings suggest that uremia is playing the main role in oxidative damages even in dialysis faze of chronic renal failure, but CAPD seems to be slightly more bio-compatible than conventional HD for the patients, probably because of the greater number of artificial materials used in the late. In conclusion dialysis patients more or less need some antioxidant treatment in both dialysis procedures – CAPD or HD despite CAPD has some advantages.

P76

SOFT TISSUE CALCIFICATIONS AND THEIR RELATION TO PTH IN PATIENTS ON HEMODIALYSIS TREATMENT (HDT)

Yonova D1., Georgiev M. 1, Dukova P. 2, Antonov S.1

Dialysis Clinic¹, Centr. Med. Lab.² Medical University Hospital "Alexandrovska", Sofia, p-1431, Bulgaria

The aim of the study: To evaluate the dispersion of vascular and periarticular soft tissue calcifications of a random group of HDT patients and their relation to PTH (parathyroid hormone) and some other biochemical markers.

Material and methods: 4 middle-range arteries a.a. carotis communis sinistra et dextra and a.a. femoralis sinistra et dextra were investigated by B-mode echography; 4 typical for calcium deposits periarticular regions of the body were checked by x-ray and visible skin calcifications were registered in 40 patients (on HDT more than 3 months) for evaluation of calcification rate, comparing them with some biochemical parameters: PTH, AP, Ca, Ca⁺⁺, P and C-reactive protein (CRP).

Results: The study found a high percentage of vascular calcifications (VC) – 95%, and a low percentage of periarticular and skin calcifications – 3.3%. A significant correlation were found between PTH/AP ($r=0.7$, $p<0.001$), PTH/VC ($r=0.51$, $p<0.001$), PTH/Ca⁺⁺ ($r=0.40$, $p<0.01$) and PTH/CRP ($r=0.39$, $p<0.01$) as well as between CRP/VC ($r=0.38$, $p<0.01$)

Conclusion: The study suggests an influence of secondary hyperparathyroidism and existing inflammatory status on vascular calcifications in dialysis patients, but no relation of both factors to periarticular and skin calcium deposits, that would require a different kind of therapy.

P77

RENAL OSTEODYSTROPHY (ROD) IN PERITONEAL DIALYSIS (PD) AND HEMODIALYSIS (HD) PATIENTS-WHAT IS DIFFERENT?

D. Yonova¹ and P. Dukova²

Dialysis Clinic¹, Central Lab², Medical University Hospital "Alexandrovska", Sofia, p-1431, Bulgaria

Two general types of ROD are recognized in patients (pts.) on dialysis, excluding the third, mixed one - high bone turnover ROD (HBT) and low bone turnover ROD (LBT). When the "golden standard" – bone biopsy – could not be used, a complex of serum markers quite successfully replace it: intact PTH, bone alkaline phosphatase (BAP), osteocalcin (OC), reflecting bone formation rate and β -crosslaps (BC), reflecting bone re-absorption.

The study tries to compare the prevalence of HBT or LBT in 15 pts. on PD (7 males and 8 females) and 15 HD pts., (8 males and 7 females) more than 2 years on dialysis, all of them non-diabetic, registering their

biochemical bone markers, above mentioned. The results showed a prevalence of HBT in patients on HD – in 11 of them – significantly higher than normal PTH, BAP, OC and BC and oppositely – a prevalence of lower levels of PTH, BAP, OC and BC in 12 of PD patients. Interestingly 2 patients on HD (but not any on PD) had low-normal PTH and higher β -crosslaps ($p < 0.01$), that probably may be a different subtype of LBT, recently described as "LBT-ROD with increased bone re-absorption". The findings proved the difference of prevailing type ROD in HD and PD treatments and pointed on the importance of investigation and following up each one of the dialysis patients, as HBT and LBT are not definitively the privilege of any kind of extra-renal purification method. The existence of a different LBT subtype in HD pts. and lack of it in PD pts. may be due to the influence of the artificial HD materials on the production of cytokines, potent to increase bone re-absorption.

P78

VALVE CALCIFICATIONS AND THEIR RELATION TO MYOCARDIAL FUNCTION AND SOME RISK FACTORS IN HEMODIALYSIS PATIENTS

Georgiev M., Yonova D., Antonov S. and Kirijakov Z.

Dialysis Clinic, Med. Univ. Hosp "Alexandrovska", Sofia, p-1431 Bulgaria

The aim of the study: To find some risk factors for development of cardiac valve calcifications and their relations to myocardial function in patients on hemodialysis treatment.

Methods: Conventional M-mode and B-mode echocardiography (Echo) and Pulse-doppler were made, accounting myocardial function and aorta valve calcifications (Ca-Ao), mitral valve calcifications (Ca-M) and total valve calcifications score (Ca-Ao+M) of 40 patient (21 males and 19 females), mean age 56 ± 13 years on haemodialysis treatment (HDT), mean duration 7.27 ± 4.5 years. Arterial blood pressure (ABP) and pulse rate were also registered. Tests of serum levels of Ca^{++} , P, AP, PTH and C-reactive protein (CRP) were compared to some myocardial functions (ejection fraction-EF; endsystolic stress - ESS; VpE/VpA), muscle mass index (MMI), and valve calcifications rate.

Results: Some significant correlations were found as follows: $Ca^{++}/Ca-Ao+M$ $r=0.46$, $p < 0.01$; $PTH/Ca-Ao+M$ $r=0.43$, $p < 0.01$; EF/ESS $r=0.81$, $p < 0.01$; $EF/Ca-Ao+M$ $r=-0.38$, $p < 0.05$; CRP/EF $r=-0.4$, $p < 0.01$; MMI/ABP $r=0.52$, $p < 0.01$; $VpE/VpA : Ca-Ao+M$ $r=-0.38$, $p < 0.05$; $Age/Ca-Ao+M$ $r=0.4$, $p < 0.01$; $Dur.HD/Ca-Ao+M$ $r=0.28$, $p < 0.05$; PTH/EF $r=-0.22$, n.s..

Discussion and conclusions: The results prove the negative influence of increased myocardial burden (ESS, ABP) on the left ventricular function and on MMI. Close relations of disturbed mineral metabolism, PTH, inflammatory status (CRP), age and duration of HD with the rate of valve calcifications show that cardiac calcium deposits have multifactorial origin. The study also suggests that valve calcifications are involved in the complex of risk factors, causing damage of the valve structures and left ventricular dysfunction in HD patients.

P79

THE ILL CHILD AND HIS QUALITY OF LIFE

Michopoulou, A., Belesioti, B., Tampakaki, E., Papadopoulou, E.

*Penteli Children's Hospital, Psychology Department
8, Ippokratous str., 152 36 Palea Penteli, Greece*

This study aims to compare quality of life between three groups of children: a) hospitalized children at Penteli Children's Hospital b) children consulting the different outpatient services (such as Pediatric, Endocrinology, Allergiology, Orthopedic, Child Development and Psychological sections) and c) a control group of schoolers. Children, aged between 6 and 14, were given a questionnaire of quality of life to fill. The questionnaire is based on Kid-KINDL questionnaire for children (translated and standardized by Vidalis A. and Vidali L.E.). Five domains of quality of life were evaluated: somatic, psychological, social, family and school life. Hypothesis was confirmed that control group had better quality of life than the other two groups of ill children and especially children with chronic illness.

P80

MANAGEMENT OF ANXIETY DISORDERS: DOES ROUTINE CLINICAL PRACTICE MEET TREATMENT GUIDELINES?

Nestoris C., Dafoulis P., Argyropoulos Y., Rosis P., Simos G.

*Community Mental Health Center, Central District, Thessaloniki,
Greece*

Introduction: Quality in clinical practice is synonymous to effective clinical management, and effective clinical management correlates directly to appropriate choice and application of disorder-specific treatment modalities according to unanimously accepted evidence-based treatment guidelines. Aim of the present study was to check the appropriateness of offered treatment in the most common anxiety disorders at a CMHC, always according to the above rational.

Method: Subjects were 167 consecutive outpatients of our CMHC that after a careful clinical evaluation according to DSM-IV criteria were diagnosed as suffering from a common primary anxiety disorder (Panic Disorder without Agoraphobia-PD/ n=38, Panic Disorder with Agoraphobia-PDA/ n=57, Obsessive-Compulsive Disorder-OCD/ n=39, and Generalized Anxiety Disorder-GAD/ n=33). Suggested allocation to psychotherapeutic management (Supportive Psychotherapy-SP, Analytic Psychotherapy-AP, Behaviour Therapy-BT, Cognitive Behaviour Therapy-CBT, Cognitive Analytic Therapy-CAT, Family Therapy-FT, and Couples Therapy-COT) as well as adjunctive medication-MED (Necessary MED-NMED or Optional MED-OMED) were taken into consideration.

Results: No patient was referred to FT or COT, only 2 patients were

referred to AP, while the vast majority of patients were referred to BT and CBT. Concerning comparisons among individual diagnoses, PDA was more frequently referred to CBT and BT ($P<0,000$ and $P<0,05$ respectively) and less frequently referred to SP ($P<0,000$), OCD was more frequently referred to BT ($P<0,000$) and less frequently referred to SP ($P<0,000$), GAD was more frequently referred to CAT ($P<0,000$), while PD did not relate to any specific psychotherapy option. Concerning medication, OCD was more frequently referred to NMED, PDA was more frequently referred to OMED, whereas PD and GAD did not discriminate from other anxiety disorders in frequency of referral to either NMED or OMED.

Discussion: Although clinical picture is often complicated by secondary, both Axis I and Axis II, diagnoses, presenting problem (primary diagnosis) is the major factor in determining decisions for appropriate psychotherapy and medication management. Present results seem to correspond to what is considered to be treatment of choice for specific anxiety disorders, ascertaining thus optimal treatment and possible excellence in clinical practice.

P81

PATIENT'S SATISFACTION AS A MEASURE OF QUALITY OF CARE

Theofanidis D¹, Fitsioris F², Fountouki A³, Rudolf G²

¹*Technological Educational Institute of Thessaloniki*

²*Neurological ward, "PAPAGEORGIU" General Hospital,*

³*Neurosurgical ward, "AXEPA" General Hospital,*

Introduction: Consumer satisfaction is central to the strategy of marketing-orientated organizations such as hospitals because they serve as a central measure of measuring quality of care. As yet, no single method has been widely accepted as the gold standard for measuring patient's (consumer's) satisfaction. Some researchers have used indirect measures focusing on expectations, beliefs and attitudes, while others preferred a more direct methodology measuring patient's satisfaction or dissatisfaction levels.

Objectives: To describe the three main factors which define patient's satisfaction.

Results: Performance levels: when a patient seeks treatment the provider can perform at various levels ranging from way below established standards to ideal (use of clinical protocols and managed care) consumer expectations: patient's expectations have a key role in determining how satisfied patients are with the care they received as consumers who expect low quality service generally feel dissatisfied after leaving hospital. consumer perceptions: as health care quality is so difficult for patients to assess, hospital managers have an opportunity to influence patient's perception of care quality.

Conclusions: in order to provide the highest level of care, hospitals need to control both expectations and perceptions of treatment quality as knowledge of actual and perceived treatment quality provides the necessary information for designing programs to satisfy patients.

P82

QUALITY OF CARE AND HEALTH ECONOMICS

Theofanidis D¹, Fitsioris F², Fountouki A³, Rudolf G²

¹*Technological Educational Institute of Thessaloniki*

²*Neurological ward, "PAPAGEORGIU" General Hospital,*

³*Neurosurgical ward, "AXEPA" General Hospital,*

Clinicians are increasingly accepting a broad social responsibility as allocators and too often managers of scarce health care resources. Yet, in a quest for cost effectiveness we must not ignore questions of quality. Thus, economists have to work close with clinicians, patients and the general public to ensure that health care is delivered within a quality environment by some degree of social consensus. Furthermore, we need to explore the constraints within which society wishes health care to be provided. The two main models that prevailed the way health care is delivered are discussed as follows.

The traditional clinical decision model: In this model, the clinician makes decisions on the basis of "what is in the best interest" of the patient. However, costs are seen as irrelevant in pursuit of the best interests of the individual. Many clinicians think that not only should any treatment that might reasonably be expected to do some good be provided, but also there is a technological imperative to try even if there is no real prospect of benefit to the patient.

The traditional health economics model: In principle, economists traditionally argue on a collective, rather than individual paradigm, which is focusing on the relationship between costs to society as a whole and the benefits to society as a whole. Therefore, the economist's priority is societal well being.

P83

QUALITY OF LIFE IN PATIENTS WITH ACUTE CORONARY SYNDROME

Uuskyla, M. Kaasik, E.

*Department of Cardiology, Tartu University Clinics,
L.Puusepa Str 8, EE-51014 Tartu, Estonia*

Objective: To describe the quality of life (QOL) and psychoemotional state in survivors from sudden cardiac arrest (SCA) and patients with acute myocardial infarction (AMI).

Methods: 54 patients, successfully resuscitated from SCA, mean age 58.4 years, in good Glasgow-Pittsburgh Cerebral Performance Category, 72% males; 20 patients with acute myocardial infarction (AMI), matched for gender and age. Depression and anxiety was measured with self-report Emotional State Questionnaire EST-Q; vital exhaustion and fatigue during the last month before SCA or AMI event was

measured by 21-item Maastricht Questionnaire; Medical Outcomes Study Short Form SF-36 was used to validate health-related QOL. Results: The mean score of the depression and anxiety subscales was significantly higher in victims of SCA and AMI patients. They suffered considerably more frequently from vital exhaustion and fatigue before event, compared to population control. Patients reported the importance of physical symptoms, uncertainty of prognosis and decline in the cognitive function.

P84

"INNOCENT" DIETARY PROTEIN SUPPLEMENTS AND FOCAL NODULAR HYPERPLASIA. SHOULD WE FORBID THEIR USE?

Karadimou Vasiliki, Kourou Eugenia, Genaridis Isaak, Iatropoulos Vasilios.

Department of Radiology, General Hospital of Veria, Greece, P.O. 59100

OBJECTIVE: To reveal a possible correlation between dietary protein supplements considered as complements without side effects and benign liver tumors such as focal nodular hyperplasia (FNH).

METHODS: A 29 years old patient was ultrasonographically examined in our hospital after a car accident. US findings indicated FNH - that did not exist in previous US - confirmed by CT and MRI while liver biopsy put definite diagnosis excluding malignancy.

RESULTS: The patient was a non-smoker athlete. His medical history was free of any disease. He reported no use of alcohol, drugs or other chemical substances. Exception was the use of oral supplements for almost 2 years that he considered as natural complements used for muscle building. These products can be found mainly in gymnastic areas without prescription.

CONCLUSIONS: FNH is a rare benign lesion that probably reflects a local hyperplastic response of hepatocytes to a vascular abnormality. FNH occurs at least twice as frequent in females. A relationship with oral contra-ceptives has been demonstrated. Anabolic androgens, prescribed therapeutically or abused, are known to cause liver neoplasms, primarily hepatocellular carcinoma, adenomas, FNH, cholangiosarcoma and angiosarcoma. Cases of carcinoma development in preexisting FNH have been reported. In literature, however, evidence for malignant transformation is lacking. In our case, there is a strong indication that these supplements containing anabolic androgens in low doses were responsible for FNH. We suggest that 1) further investigation is absolutely necessary since a growing number of athletes is using them 2) users should be informed about the substances and the side effects and 3) these products should be forbidden or at least not given without prescription.

P85

FATIGUE, COGNITIVE DEFICITS AND QUALITY OF LIFE IN MULTIPLE SCLEROSIS PATIENTS

Adamantia Dourouma, Ria Pita, Anastasia Efklides, Grigoris Kiosseoglou, & Anastasios G. Orologas

Aristotle University of Thessaloniki, Greece

The purpose of this study was to investigate the relations of quality of life (QoL) with attention, fatigue and demographic data in MS patients. Seventy-seven patients (42 women and 35 men), aged 17-67 years, were administered the QOLIE-89, Fatigue Impact Profile (FIP), Fatigue Severity Scale (FSS), Test of Everyday Attention (TEA), and STROOP Test. Hierarchical regression analyses were conducted having as dependent variables the factors of QOLIE-89 and independent variables FIP, FSS, TEA and STROOP. Gender, type of MS, duration of illness, years of education and marital status were used as control variables. The results revealed that illness duration affected the "visual selective attention performance" factor of TEA and "physical function" of QOLIE-89. Type of MS, "switch of attention or cognitive flexibility" (TEA), and "cognitive fatigue" (FIP) affected the "energy/fatigue" of QOLIE-89. Marital status affected "relapse worry" of QOLIE-89 through the "switch of attention or cognitive flexibility" and the "visual selective attention" (TEA), and the "physical and social fatigue" (FIP). Furthermore, marital status via "social fatigue" of FIP affected "medication effects" of QOLIE-89. Years of education through "alertness" (TEA) and "cognitive fatigue" (FIP) affected "overall quality of life". Besides, "alertness" (TEA) and "physical fatigue" (FIP) affected the "role-limitations emotional" of QoL, as well as "switch of attention or cognitive flexibility" (TEA) and "cognitive fatigue" (FIP) associated with "attention-concentration" of QOLIE-89. There were no associations between QoL, fatigue, and STROOP. The results of our study, in accordance with current literature, suggest that fatigue has significant interactions with QoL, and this is related to demographic data and attention in MS patients.

P86

STUDY OF DIAGNOSTIC COST OF LIVER SOLID EXPANSIVE LESIONS IN A PROVINCIAL HOSPITAL

Kourou Eugenia, Karadimou Vasiliki, Genaridis Isaak, Sarafopoulos Apostolos, Iatropoulos Vasilios.

*Department of Radiology, General Hospital of Veria, Greece.
P.O. 59100*

AIM: The calculation of cost when CT and MRI are required in solid expansive lesions of the liver, in a provincial hospital that does not have available CT and MRI.

MATERIAL – METHOD: Eighty three patients were studied and separated in 3 groups depending on the radiological method used (Group A: only US, group B: US plus CT, group C: US, CT plus MRI). Then we proceeded to calculation and comparison of hospitalisation time and cost between groups. Final diagnosis was reached by liver biopsy in all cases.

RESULTS: Hospitalization time was doubled in group C compared to group A while average hospitalization cost was tripled mainly due to the need for transfer to other hospitals for CT and MRI. Cost per day increased up to 44 % and 89 % in the second and third group respectively, while cost per day per patient was found 4,5 times higher in the third group compared to group A.

CONCLUSION: For the treatment of liver solid expansive lesions final and definite diagnosis is required that can be achieved only by liver biopsy. In a provincial hospital without available CT and MRI, we confine their diagnostic help to cases with absolute contraindication of biopsy. The dramatic increase of hospitalization cost, the extension of hospitalization time that affects the patient's quality of life, the social repercussions and inconvenience of patients render the use of MRI rather prohibitory, while CT is considered essential in the diagnostic approach for disease classification. Thus we suggest the following alternative protocol: "In solid expansive lesions of the liver we advance directly to liver biopsy in a provincial hospital that does not allocate CT and MRI".

P87

QUALITY OF LIFE FOR PATIENTS IN THE FINAL STAGES OF DEMENTIA

Gatos K., Bourelia St., Papazova M., Karachaliou F., Paxinou P., Repana O., Gatos G-Th.

Neurological clinic SAINT GEORGE

The aim of this paper is to present the ways of care that improve quality of life of patients in the final stage of dementia. At the same time to point out that from 1981 to 2003 there is an increase rate of demands for beds (from 5% to 50%) for demented patients.

Patients are classified in the final stage of dementia according the score they achieve in the Mini Mental Test but in some of them the test cannot be carried out.

The most frequent co-existing health problems were: diabetes 13 individuals, hypertension 7, cardiovascular disorders 14, serious anemia 7, fractures of the femoral neck 7, history of alcoholism 3, decubitus 11 individuals (in 3 extended).

We describe the ways of intervention such as medical attention, nursing care, physiotherapy and administration of drugs, to help these patients.

It, s our belief that providing effective care in the specialized department not only improves the quality of life of these patients but also

prolongs the time they are expected to live. Furthermore we think that relieves the family from burden and guilt whereas at the same time they feel that their relatives are properly taken care.

P88

QUALITY OF LIFE ISSUES PERCEIVED FROM ANXIETY-DEPRESSIVE PATIENTS' SAMPLE

S. Tsilikas, G. Mitregas, A. Mpozis, Cleopatra Fylactou, A. Vidalis

Psychiatric Department, Hippocratio General Hospital, Thessaloniki

The goal of our study was to determine first of all the issues that a patient population sample believe are keys for their "quality of life" and secondly how these issues are perceived from the general population. Forty-one psychiatric patients of our Out Patient Department and of Health Centers with anxiety-depressive disorder in the stage of total remission, recorded the factors they believe have to deal with the issue of "quality of life". From the written free texts that were collected, key words and phrases were distinguished, put into groups-categories and finally used to form forty-four items, which in a random order constituted the "questionnaire".

Subsequently, the above sentences were given to groups of people (hospital doctors and Health Centers, nursing personnel, para-medical, administrative and auxiliary hospital personnel, teachers, university students, public, municipal and private employees, freelancers etc.), of the general population. The results of the 209 questionnaires that were collected were compared, analyzed and then interpreted according to theoretical records.

P89

SUICIDAL BEHAVIOR IN A SAMPLE OF ADOLESCENTS WHO VISIT MEDICAL UNITS OF A GENERAL HOSPITAL

Asteriadou F., Kouri A., Christianopoulos K.

Psychiatric department of child and adolescent, Hippokratio G.H., Thessaloniki

Objective: to investigate the psychopathology of adolescents and their parents, plus the structure of the family environment in relation with the suicidal behavior.

Subject-Methodology: the subjects were drawn from the clinic, the liaison and the outpatient department of the Psychiatric department of child and adolescent, Hippokratio G.H. We examined 20 adolescents in the age of 13-18 years, between January 2000 to December 2003. Information was collected by means of semistructured interviews of

adolescents and their parents. We examined the following parameters: demographics, individual psychopathology, family history of psychiatric disorders, quality of support environment, alcohol and drug abuse, characteristics of the suicide attempts and existence of stressful factors.

Results: all the adolescents suffered from intense psychopathology (mood disorders, anorexia nervosa, personality disorders, sexual abuse, mental retardation, gender identity disorder). 2\3 of the sample had positive or possible family history for psychiatric disorders. 13 of 20 adolescents had inadequate support environment and 3 of them lived in a institution. Stressful life events came before every suicide attempt (family conflicts, loss, financial problems, abuse). Occasionally substance and alcohol abuse was referred by 3 of the adolescents. Conclusion: therapeutic treatment of the individual psychopathology of the adolescents is very important. Moreover, the opportune intervention in the disturbed environment is necessary for the prevention and decrease of suicidal behavior among youth.

P90

QUALITY OF LIFE (QOL) AMONG GREEK CHILDREN WITH CYSTIC FIBROSIS- COMPARISON BETWEEN CAREGIVER AND PATIENT RESPONSES

E. Hatziagorou¹, A. Vidalis², J. Tsanakas¹ and the DISABKIDS Group.

¹*Pediatric Pulmonology Unit, Aristotle University of Thessaloniki, Greece,* ²*Psychiatric Unit, Hippocratio General Hospital, Greece.*

Background: Considerable progress has been made over the past two decades in defining and measuring Health-Related –Quality of Life (QOL). There is increasing evidence that these measures provide objective information on the impact of a chronic illness and it's treatment on a patient's daily activities and life. Aim: To assess the QOL in children with Cystic Fibrosis (CF) and to make comparisons between patients and their parents on the effect of CF on their QOL. Patients and methods: Twenty-nine children with CF and their parents used the well-validated DISABKIDS Questionnaire (including a chronic generic and a disease- specific questionnaire for CF). The children group, aged 8-16 years, comprised of all grades of disease severity. Results: There was a strong correlation between the scores of the children and their parents in the generic and the disease- specific questionnaire (of all of the domains: independence, limitation, emotion, social exclusion, treatment, impact) ($p<0,05$). There was a poor correlation only between the social inclusion score of the children and their parents, with parents having higher scores; children thought that they had a better family and school life while their parents didn't share that opinion. Conclusion: A strong relationship between caregiver and patient perceptions of CF Quality of Life has been found. Both of these parameters should be taken under consideration in order to monitor CF control adequately.

P91

UVULOPALATOPHARYNGOPLASTY WITH ULTRASONIC HARMONIC SCALPEL IN PATIENTS WITH SNORING AND MILD OBSTRUCTIVE SLEEP APNEA SYNDROME

Petropoulos I, Konstantinidis I, Triaridis Ath, Karagiannidis K, Kontzoglou G.

ENT Department, Hippokratio Hospital, Thessaloniki, Greece.

OBJECTIVE: To evaluate the efficacy of harmonic scalpel in the surgical management of snoring and mild obstructive sleep apnea syndrome (OSAS).

MATERIAL-METHOD: This is a prospective study of five patients with snoring and ten patients with mild OSAS who underwent uvulopalatopharyngoplasty within the last six-months of 2003 in our ENT department. Preoperative evaluation included nasendoscopy with flexible endoscope and Muller's maneuver, and polysomnography. All patients completed a Quality of Life questionnaire. Single snorers, had a preoperative mean snore index (SI) 102,3 and those with mild OSAS had a preoperative SI 65,8 and Apnea/Hypopnea index (AHI) 20,5. All patients underwent uvulopalatopharyngoplasty (including tonsillectomy) with ultrasonic harmonic scalpel under general anesthesia. Postoperatively no major complications were observed and all patients had an uneventful recovery.

RESULTS: The use of harmonic scalpel offered a clear surgical field with minor hemorrhage. Patients did not reported excessive postoperative pain and the mean used quantity of paracetamole in the postoperative period in the Hospital was 2,4 gr/day. In a follow up appointment three months later, 12 patients returned and had the previous mentioned evaluation. The majority of patients had significant improvement of their symptoms according to their subjective opinion. Polysomnography results showed a significant reduction of the mean SI in both groups of patients (snorers SI:22,7 and OSAS patients SI:15,3). There was also improvement in AHI in patients with mild OSAS(mean postoperative AHI:6,9).

CONCLUSION: Ultrasonic uvulopalatopharyngoplasty is an alternative safe and effective procedure for the treatment of snoring and mild OSAS when preceded by careful selection of the candidates.

P92

LATE ADVERSE EFFECTS AFFECTING QUALITY OF LIFE AFTER HEMOPOEITIC STEM CELL TRANSPLANTATION

Somali M.¹, Mpatakoias V.¹, Kalogiannidis P.², Fassas Ath.², Avramides Av.¹

¹*Endocrinology Department, Hippokrateion General Hospital Thessaloniki, Greece* ²*Haematology Department, 'G. Papanikolaou' General Hospital, Thessaloniki, Greece*

Introduction: As the number of survivors after allogeneic or autologous hemopoietic stem cell transplantation (HCT) constantly increases, the issue of providing a good quality of life has become extremely significant. Endocrinopathies such as thyroid and gonadal dysfunction due to the toxicity of the conditioning regimens impose a strong negative impact on quality of life post HCT. Adverse effects such as hypothyroidism, hypogonadism, reduced reproductive ability and sexual function and osteoporosis have to be considered.

Objective: The objective of our study was to observe the incidence of possible endocrinopathies affecting the quality of life in our study population consisting of adult men and women having recently undergone HCT. **Material and methods:** In our series we included 72 patients (41 females and 31 males) at a mean time of 1,5 years post HCT (range 0.2 – 9.8 yrs), with a mean age at the time of examination 32,6 years (SD 10,0) and a mean age of 30,4 (SD 9,7) years at the time of HCT. No gonadal or thyroid dysfunction was reported in any of the patients prior to HCT. Thyroid and gonadal function were evaluated by determination of basal levels of FSH, LH, testosterone (in men), TSH, FT4 and functional tests of the hypophysis - gonadal and the hypophysis - thyroid axes. Determination of bone mass density by DEXA was also carried out in all patients. The work up was given at the beginning of the study and annually thereafter for two consecutive years.

Results: Clinical hypergonadotrophic hypogonadism was observed in 33% and subclinical hypogonadism in 22% of our male patients. Defective spermatogenesis as indicated by high levels FSH and normal levels of LH was observed in up to 82% of male patients. Hypergonadotrophic hypogonadism indicative of gonadal failure was also observed in the majority of our female patients (97%). Osteoporosis either as a result of hypogonadism or chronic corticoid therapy was observed both in males and females (58% and 66% respectively). Overt hypothyroidism was observed in 13% of our study population (8% males and 5% females), whereas subclinical hypothyroidism was observed in 16% of our study population (11% males and 5% females).

Conclusion: Quality of life post HCT is significantly compromised by the incidence of endocrinopathies as a result of the toxicity of the conditioning regimens. Premature gonadal failure, hypogonadism, hypothyroidism, reduced reproductive ability and premature osteoporosis are some of the adverse effects that have to be seriously considered by the medical community and efforts should be made to overcome these “handicaps” in order to provide the highest possible quality of life to HCT survivors.

P93

ROLE OF THREE-DIMENSIONAL COMPUTED TOMOGRAPHY (3D-CT) IN THE STUDY AND MANAGEMENT OF CRANIOSYNOSTOSIS

G.Grollios¹, J. Anagnostopoulos², I. Kazantzidou¹, D. Daravigas¹, M. Siopi¹, G. Terzis¹, K. Tsarouchas¹, K. Tsinoglou¹

¹A Radiology and Imaging Department, Ippokrateio General Hospital, Thessaloniki, Greece ²2nd Neurosurgery Clinic, Aristoteleio University of Thessaloniki, Greece

Purpose: to demonstrate the role of three-dimensional computed tomography (3D-CT) in the diagnosis and study of the various types of craniosynostosis, and to help the correct management of the disease.

Materials and methods: B32 children, aged from 24 days to 5 years, with a clinical or radiological indication of craniosynostosis, were referred for a helical CT scan of the skull, from January 2002 to December 2003. The examination was performed with the use of a Phillips Tomoscan SR7000 scanner. A 1.5mm collimation and a pitch of 2 were used, with an overlapping of the axial images every 2mm. A three-dimensional reconstruction of the acquired axial images was afterwards performed in bone window settings.

Results: B In every case, the diagnosis of craniosynostosis was clear. In particular, 12 children (38%) exhibited scaphocephaly; 10 (31%) exhibited plagiocephaly; 3 (9%) exhibited brachycephaly; 3 (9%) trigonocephaly; 2 (6%) oxycephaly; and 2 (6%) microcephaly. Concomitant intracranial (brain) pathology was revealed in 8 cases (3 children presented hydrocephalus and 5 showed brain atrophy). The surgical repair was planned based on the results of the three-dimensional CT reconstructions.

Conclusion: In conclusion, we can claim that three-dimensional computed tomography, combined with classic axial CT imaging, contributes to the diagnosis of the type of craniosynostosis, providing detailed information about the extent of the disease and revealing also possible coexisting intracranial abnormalities; finally, 3D-CT can be used as a base for the surgical planning of patients with craniosynostosis

P94

ROLE OF SPIRAL COMPUTED TOMOGRAPHY IN THE DIAGNOSIS OF ACUTE PULMONARY EMBOLISM

G.Grollios, I. Kazantzidou, D. Daravigas, K. Tsinoglou, T. Fidanis, G. Mihailidou, V.Voultsinos, H. Geranou

A Radiology and Imaging Department, Ippokrateio General Hospital, Thessaloniki, Greece

Purpose: The demonstration of the value of spiral computed tomography (SCT) for the prompt diagnosis of acute pulmonary embolism.

Materials and methods: Materials: Eight patients (6 men, 2 women, mean age 62.1) with a clinical suspicion of acute pulmonary embolism were submitted to a SCT examination of the chest, between January and December 2003. Only one patient had previously undertaken a ventilation-perfusion scintigram, which was of high probability for pulmonary embolism. None of the patients was subjected to a pulmonary angiography. A post-thrombolysis follow-up SCT scan was performed in two patients.

Methods: The CT scans were performed with the use of a Phillips Tomoscan SR7000 scanner. The chest was first scanned with 10mm-thick contiguous slices from the lung apices to the diaphragm. Then, a single-breath-hold spiral CT scan was performed from the level of the aortic arch to the lower pulmonary veins, using 3mm collimation and a pitch of 1. Scanning was initiated with a time delay of 15 sec after the intravenous injection of 100ml of iodine contrast material, with the use of an automated injector at an injection rate of 4 ml/sec.

Results: All patients demonstrated multiple emboli as filling defects within the lumen of the opacified pulmonary arterial branches. More specifically, four patients showed emboli into 2nd order branches (right or left pulmonary artery), seven showed emboli into 3rd order branches (lobar) and four showed emboli into 4th order branches (segmental). No emboli in subsegmental or more peripheral branches could be identified. Concomitant findings included the presence of pleural effusions (five patients), oligoemic low-attenuation areas of the lung parenchyma (one patient) and pleural-based wedge-shaped opacities, indicative of pulmonary infarcts (one patient). SCT also disclosed underlying lung pathology such as pneumothorax (one patient) and multiple lung metastases (one patient). The two patients that underwent a post-thrombolysis follow-up SCT scan showed lysis of the emboli and reperfusion of the oligoemic parenchymal areas.

Conclusions: In our experience, spiral computed tomography can be used as a fast, noninvasive method for the prompt diagnosis of acute pulmonary embolism in the central pulmonary branches (up to the segmental level), even without the need for a prior scintigraphic study.

P95

THE IMPACT OF ANXIETY ON THE PERCEIVED SATISFACTION FROM QUALITY OF LIFE IN SCHIZOPHRENIC AND SCHIZOAFFECTIVE PATIENTS

S. Kaprinis, A. Konsta, S. M. Kandyli, M. Nakou, D. Kandyliis.

3rd University Psychiatric Department of the Aristotle University of Thessaloniki.

2nd University Psychiatric Department of the Aristotle University of Thessaloniki.

Introduction: There has been an ever increasing interest in the measurement of the quality of life, initially in the field of general health and then also in that of mental health, in order to assess personal prob-

lems, to meet the needs of groups of mentally ill patients, for research purposes as well as for the planning of adequate services concerning mental health in the community. The measurements contain and correlate demographic as well as clinical factors.

Purpose: The purpose of our study is the assessment of the possible influence of anxiety on the perceived satisfaction from quality of life in schizophrenic and schizoaffective patients.

Material: Fifty three (53) patients have been investigated, 27 male and 26 female, with an age average of 35.8 years. Of these patients, 42 were schizophrenics (Group 1) and 11 were schizoaffective (Group 2), according to the DSM-IV diagnostic criteria. Twenty three (23) patients were living alone, 30 with their families. Of the investigated patients 13.2% had gone to school for 6 years, 9.4% for 9 years, 32.1% for 12 years, and 53% had a higher education. Twelve (12) patients had an accompanying chronic somatic illness.

Method: The patients have been assessed using the WHOQoL-Bref scale for the measurement of the quality of life, as well as with the PANSS, MMSE and HARS scales. Patients with a MMSE score ≤ 23 were excluded from the study, as were patients with neurodegenerative diseases, or addiction to alcohol or illegal psychoactive substances.

Results: In our subjects, anxiety seems to be connected with a lower quality of life, whereas no statistically significant correlations are found with the positive symptoms scale, the negative symptoms scale and general psychopathology scale.

Conclusion: The results lead us to the conclusion that anxiety has a significant impact on the quality of life in schizophrenic and schizoaffective patients.

P96

SATISFACTION FROM QUALITY OF LIFE IN STUDENTS OF THE ARISTOTLE UNIVERSITY OF THESSALONIKI: THE IMPACT OF DEMOGRAPHIC FACTORS

Kaprinis S, Kandyliis M S, Filippaki E, Kandyliis D

3rd University Psychiatric Department of the Aristotle University of Thessaloniki

Introduction: In Medicine, the interest on the investigation of satisfaction from quality of life stems from the definition of health by the W.H.O. "as a condition of full physical, mental and social well-being and not just the absence of disease or handicap". Quality of life constitutes an important variable that needs to be taken into account in order to organize social mental care systems for the community, and in our case, for the student population of the Aristotle University of Thessaloniki (A.U.Th.).

Purpose: The purpose of our study is the assessment of the possible impact of certain demographic factors and their correlation to the perceived quality of life in a group of students at the A.U.Th.

Material: Two hundred and fifty (250) students at the A.U.Th. have

been investigated, 127 male and 123 female. Of these students, 154 came from an urban environment, 78 from a semi-urban environment and 18 from a rural environment. 37.6% of the students were living alone, 32.8% with their families and 29.6% with another/other person(s). A percentage of 16.4% of the students were working along with their studies and 1.2% was being treated for a chronic physical illness. We investigated students in the entire range from the 1st to the 7th year of their studies. The students investigated were equally distributed in five categories of schools: 1) Medical school, 2) Technical University schools, 3) Schools of Law, Political Sciences and Finances, 4) Philosophical school, and 5) Schools of the Exact Sciences.

Method: All students have been assessed using the WHOQoL-Bref scale, which is a reliable and suitable cross-cultural tool for the measurement of the perceived satisfaction from quality of life. The scale consists of 4 units assessing: 1) physical condition, 2) psychological condition, 3) social relationships, and 4) living conditions in the environment. **Results:** At first we examined whether the 5 groups of students were comparable between them by performing the One-Way ANOVA and the Turkey HSD statistical analysis criteria. We found out that the 5 groups were comparable between them where sex, original home environment, living conditions, and the existence of chronic physical illness were concerned, whereas there were statistically significant differences where work and years of study were concerned. We then proceeded to ascertain the possible affinity of the demographic variables with the 4 units of the WHOQoL-Bref scale. By using the Spearman rho criterion we found out that: 1) the students' sex, original home environment, and the existence of chronic physical illness have a statistically significant correlation with the 1st unit, 2) the students' sex, living conditions and the existence of chronic physical illness have a statistically significant correlation with the 2nd unit, 3) the students' original home environment has a statistically significant correlation with the 3rd and 4th units, and 4) there is no statistically significant correlation with the students' University school.

Conclusion: The perceived quality of life in the group of students that we investigated depends on the students' sex, original home environment, living conditions, and the existence of chronic physical illness. It does not depend, however, on the content and difficulty of their studies.

P97

QUALITY OF LIFE (QOL) AMING GREEK CHILDREN WITH ASTHMA-COMPARISON BETWEEN PARENT AND CHILD PERCEPTION OF QOL

E. Hatziagorou¹, A. Vidalis², J. Tsanakas¹ and the DISABKIDS Group.

¹*Pediatric Pulmonology Unit, Aristotle University of Thessaloniki, Greece,* ²*Psychiatric Unit, Hippocratio General Hospital, Greece.*

Background: Health-Related –Quality of Life (QoL) has become an essential part of health outcome in chronic disorders. QoL measurement is important in determining the impact of asthma and its treat-

ment on everyday life. Aim: To assess the QOL in children with asthma and to compare the QOL scores achieved by children with the views of their parents on the effects of their child's asthma on family life. Patients and methods: Thirty-eight children with asthma and their parents used the well-validated DISABKIDS Questionnaire (including a chronic generic and a disease-specific questionnaire for asthma). The children group, aged 8-16 years, comprised of all grades of disease severity. Results: There was a poor correlation between the scores of the children and their parents in the generic questionnaire ($p < 0.05$), but they both had similar scores in the asthma-specific questionnaire. Parents had higher scores in independence and social inclusion than their children, while children had higher scores in physical limitation. Parents thought that their children had a better family and school life and that they were more independent than what their children thought. Children thought that they had less physical limitation; they probably underestimated their symptoms. Conclusion: It is important to recognize that there may be little relationship between the concerns of the child regarding his or her asthma, and the burden on the family-life, as reported by the parent. This recognition may affect treatment planning with the family and may be taken into account during consultation with the patients or with the caregivers.

P98

EUROPEAN APPROACH TO MEASURING QUALITY OF LIFE IN CHILDREN WITH CHRONIC CONDITIONS - THE DISABKIDS EXPERIENCE.

Monika Bullinger, Silke Schmidt, Corinna Petersen, Holger Muehlan and the DISABKIDS Group

Institut for Medical Psychology University Clinics Hamburg-Eppendorf, Hamburg, Germany

Chronic conditions in children and adolescents pose a challenge both to the young patients as well their families. To better understand how a chronic conditions might affect well-being and functioning, self-report of children and adolescents as well as a proxy report by parents are necessary. Although quality of life research in children has always been confronted with very specific problems such as the developmental change over the age span and the value of self-report, several instruments to measure the Quality of Life (QoL) of children and adolescents as well as that of their families have been developed recently and are increasingly employed. However, most instruments are available only in one language or are designed to measure quality of life in only one health condition.

Within the European DISABKIDS-project, an attempt was made to develop and test a set of instruments for quality of life assessment and children/adolescents as well as their parents in seven countries, three age-groups of children (4-7, 8-12, 13-16) and for the following chronic conditions: asthma, cystic fibrosis, diabetes, epilepsy, arthritis, cere-

bral palsy, and atopic dermatitis. After a pilot phase, in which the instrument-set was developed (using focus groups and item writing) as well as psychometrically pretested, it was included in a larger field study with 1600 children and families from the participating countries. The modular structure of instrument, including both chronic generic assessment (tapping at the experience of having a chronic as such as) as well as a disease specific part (in which questions are related to the specific health condition) is described. For very small children, an interview version is used, while for older children self-reported questionnaires are employed, as it is the case for parents of all children. Selected results of the field-study will be presented in terms of a brief overview over the psychometric properties of the newly developed tool-set, and with regard to the distribution of quality of life evaluations within the different conditions as well as the relationship between quality of life and selected parameters such as clinical characteristics, socio-demographic and psycho-social determinants. Results from the DISABKIDS-project will be discussed in reference to the growing literature on quality of life assessment in paediatric research a clinical practice.

P99

RISK FACTORS AFFECTING TEN YEAR KIDNEY GRAFT SURVIVAL

G. Vergoulas, C. Tasiopoulou, A. Angelou, Gr. Miserlis, I. Katsara, V. Papanikolaou, K. Ioannou, A. Avdelidou, G. Sakellariou

Organ Transplant Unit, Hippokratio General Hospital, Thessaloniki, Greece

Background: One of the main reasons for the long patient – waiting list for kidney transplantation is the loss of the allograft. Fifty per cent of the kidney allografts are lost 10 years after transplantation. The aim of this study was to investigate the factors that may affect long – term kidney, more than 10 years, graft survival.

Patients and methods: Among 293 transplants performed from 1.1.1987 to 17.12.1993, eighty-five had > 10 year graft survival (group A) and eighty-nine had > one year and < 10 year survival (group B).

All recipients received triple or quadruple sequential immunosuppression (steroids, azathioprine, cyclosporine, ALG). We compared the two groups of patients as far as their the body weight (BW), systolic and diastolic blood pressure (SBP, DBP), serum creatinine (Scr) measured in the 7th, 15th posttransplant day, 1st, 3rd, 6th month and then yearly up to the 10th posttransplant year. Also the differences on cold ischemia time (CIT), panel reacting antibodies (PRA), blood transfusions (BT), delayed graft function (DGF), acute rejection (AR), donor age, graft origin, HLA matching, donor and recipient sex were investigated. Repeated measures analysis, paired, independent t test and non-parametric tests as well as descriptive statistics were used for statistical analysis.

Results: Scr levels at six months and one year after renal transplantation (RT) were statistically significantly (ss) lower in group A compared

to group B (1.42 ± 0.36 mg/dl / 1.57 ± 0.54 mg/dl and 1.39 ± 0.32 mg/dl / 1.62 ± 0.54 mg/dl, $p: 0.04$ and 0.002 respectively), SBP was ss lower from the first to the sixth posttransplant year ($p: 0.011$) in group A, PRA were ss higher before transplantation in group B ($p: 0.006$) and AR episodes recorded in group B were 62.9% and in group A 33.7% ($p: 0.001$).

Conclusions: From the variables measured we conclude that factors characterizing > 10 year graft survival are Scr levels < 1.5 mg/dl at the end of the first year, low frequency of AR, low PRA levels before RT and low systolic blood pressure.

Gold Award Prize

P100

CLINICAL OUTCOME AND PATIENTS' SATISFACTION AFTER SIMULTANEOUS BILATERAL BREAST RECONSTRUCTION WITH FREE TRANSVERSE RECTUS ABDOMINIS MUSCLE FLAP

Laszlo Kovacs¹ MD, Nikolaos A. Papadopoulos¹ PhD, Samir A. Ammar¹ MD, Markus Klöppel¹ MD, Peter Herschbach² PhD, Gerhard Heinrich² PhD, Edgar Biemer¹ PhD

¹Department of Plastic and Reconstructive Surgery, Klinikum rechts der Isar, Technical University Munich

²Institute and Outpatients Clinic for Psychosomatic Medicine, Psychotherapy and Medical Psychology, Klinikum rechts der Isar, Technical University Munich

A review was performed on 34 patients who underwent simultaneous bilateral breast reconstruction with a free TRAM flap between 1988 and 2001. Long-term outcome and patients' satisfaction were assessed. Flap complications affected 13 of 68 flaps (19.1%). Anastomosis revision was needed in 6 cases (8.8%), the salvage rate being 50%. The rates of total and partial flap losses were 4.4% respectively 1.5%. Bilateral flap loss did not occur. 4 out of our 34 patients developed donor site complications (11.7%), with wound healing problems being the most common (5.8%). Most of the patients were satisfied with their decision to have had breast reconstruction with free TRAM, 91% would choose the same operation again and would recommend this procedure to other patients. The patients felt an improvement in their sexual life (20.8%), which, however, was minor to improvements they reported concerning their social life (37.5%) and life in general (50%).

Every effort has been made to faithfully reproduce the abstracts as submitted. However, no responsibility is assumed by the organizing committee for any injury and/or damage to persons or property as a matter of products reliability, negligence or otherwise, or from any use or operation of any methods, products, instructions or ideas contained in the material herein. Due to the rapid advances in the medical sciences, we recommend that independent verification of diagnoses and drug dosages should be made.

**Speech at the OPENING CEREMONY by
Prof. J. Tzafettas**

NIKOLAUS DUMBA (1830-1900)

After the fall of Constantinople in 1452, the capital of the Byzantine empire renamed later on as Istanbul, a number of Greeks sought refuge abroad, mainly in Italy and Venice in particular, where the interest in studying philosophy and literature continued. The contribution of these Greek scholars and intellectuals in establishing the Renaissance is beyond doubt, as is their importance for the transition from the barbaric middle ages to the modern European civilization. Vienna later on became the epicentre of their commercial and intellectual activities. Significant treaties between European states and the Ottoman empire (i.e. the treaties of Carlowitz in 1699 and Pazarevac in 1718) gave the opportunity to a large number of Greeks from Macedonia, Thessaly, Ipeiros and Asia Minor to leave their birthplaces and mobilise themselves mainly within the wide borders of the Austrian and Ottoman empires. Here they successfully established prosperous and well organized communities and prevailed as merchants along with Serbs, Armenians and Jews in a productive rivalry with their counterparts the Italians, Swiss and Germans. In their new homeland they were allowed to preserve their national and religious identities. Apart from their most impressive economical achievements in a free environment, many of them succeeded in becoming distinguished members of their new societies. Among them was the Dumba family which settled in Vienna where there was a dynamic Greek community, the strongest outside Greece a country then still under Turkish occupation. These inspired Greeks never forgot their country of origin which they supported with great enthusiasm, while it was still struggling for independence.



Makart's room in the Dumba Palais in Vienna. A popular meeting place for eminent people of arts, politics and economy. It was classified as one of the most attractive spots of Vienna.



"Meeting at Nicolaus Dumba"
A historical picture by Hans Temple (Museum of history in Vienna). Nicolaus Dumba in his Palais (touching Makart's mini statue) surrounded by all eminent personalities who shaped New Vienna.

The aim of this presentation is to make known to our, and future, generations mainly in Austria and Greece, one of the most outstanding personalities of the Viennese society in the second half of the 19th century. Considering the unparalleled achievements of this exceptional man, this is only a humble effort to somehow acknowledge his great contribution to humanity, encourage further research and promote his deserved historical recognition.

This presentation is derived from

the recently published illustrated biography of Nikolaus Dumba, the enthusiastic Viennese who dominated in imperial Vienna at the peak of its glory, mostly in cultural life, but also in politics and the economy, among others. Referring to Dumba, Polychronis Enepekides, the recent professor of history in Vienna, wrote characteristically: «...in the world capital of music, Vienna, nobody else influenced the developments in the field of music, as he did...». The grandeur of Dumba is also well reflected in the words of his contemporary professor Victor Tilgner, the sculptor of Mozart's monument. In 1886 he wrote to him: « ... today in our empire nobody deserves the title of 'your Excellency', more than you do...».

His contribution to the erection of many of the outstanding public buildings in Vienna in the second half of the 19th century, like the Musikverein and the Parliament, as well as most of the statues in the center of the capital of the Hapsburgs, was second to none. Referring to the Musikvereins-Gebäude, the Eldorado of classic music in Vienna, Dr Biba, the present director of the archives of the Gesellschaft der Musikfreunde, pointed out recently: «...without Dumba this building wouldn't have been standing...those who enjoy the concerts in it today, should express their gratitude to him...».

In 1896, following the unveiling of Mozart's statue, to which Dumba played a protagonistic role, the emperor Franz Josef appointed him, to a top position as his personal adviser.

Dumba was a great admirer of Schubert's. In an honorary publication for Dumba and following an exhibition in the Rathaus about his life, during the Schubert's year celebrations in 1997, Dr. Hervig Wuertz, the library director of the city of Vienna, stated: "Without the Dumba's-Schubert collection, we would have known very little about this famous musician..." . Nikolaus Dumba donated this invaluable collection, the largest in the world, to his beloved city of Vienna and in 2001 it was entered in the UNESCO list of achievements.

For many years he served the famous "Vienna Men's Choir" (Vienna men's Singing Society:Wiener-Männergesang-Verein) as its president and he was also vice-president to the "Society of Friends of Music" in Vienna (Gesellschaft der Musikfreunde). When the historical Music Hall (Musikvereins-Gebäude) was opened on the 5th of January 1870, a day of great celebration for the whole of Vienna, it was he who announced the completion of the building to the emperor and asked him to sign the formal protocol.

On July 25th 1890, the mayor Dr J. Prix declared Dumba "an honorary citizen of Vienna" and his name was inscribed in the "Golden Book" of the city. Following his death the city also honored him with his monument in an honorary section of the cemetery (musiker, section 32A, No 25), along with the great musicians Beethoven, Schubert, Mozart and Johann Strauss and next to his close friend Johannes Brahms. The street outside the famous Musikvereins-Gebäude also took his name soon after his death, called "Dumba-stra_e". Without his advice and his dynamic presence we wouldn't today have been able to admire the grand buildings of Musikvereins Gebäude, the Austrian Parliament, the University, the Rathaus, the Votivkirche, the Academy of Arts (Kuenstlerhaus) and many others. The statues of the musicians and the artists that decorate the streets and the parks of Vienna were primarily the outcome of his personal initiatives in cooperation with other distinct personalities of his era.

It is worth mentioning that, at an extraordinary meeting soon after his



Franz Schubert

The erection of this monument was the result of Nicolaus Dumba initiatives. Without Dumba we would have known very little about this great musicians. Dumba donated his collection of Schubert's manuscripts invaluable to the city of Vienna.

death, held by the mayor of Vienna and with the participation of most of the Institutions at the time, it was unanimously decided for a statue of Nikolaus Dumba to be erected in the city. A decision which, unfortunately, did not materialise - perhaps because the driving force, the person who could carry out such decisions, was not there anymore ...he was no longer alive. Nevertheless, appreciating how well Vienna knows to honor its citizens, those who have glorified their beloved city worldwide, there is always a possibility that this unanimous decision may yet be carried out. It is an unpaid tribute.

Nikolaus Dumba never forgot his duty to the country of origin of his parents, Greece, which he strongly supported in many ways while it was struggling



Musikverein Gebaude.
The world concert Hall in Vienna. It was materialized by the famous Danish architect Theophil Hansen but was inspired by Nikolaus Dumba.

for survival. This was facilitated by his influential position as a distinguished member of the then powerful Parliament of Vienna . He was then, unlike today, very well known to the Greek people. According to his contemporary professor in the University of Athens, Theagenis Libadas, the Cretans, appreciating his outstanding capabilities, had secretly offered him the role of Governor of their island when it was fighting for independence. In 1872, in Athens, he was made an honorary member of the local Music and Dramatic Society and in 1891 hono-

rary president of the Athens Philarmonic Society. The name of Nikolaus Dumba and his father Sterio are both inscribed on a plaque bearing the names of the benefactors of the University of Athens, in the main entry, under the colourful frescos "Zooforos" which was also their donation.

Together with his father Sterio Dumba and other members of their rich and gifted wider family, they led the strong Greek community in Vienna for decades. After his death on 23.3.1900, the international press from the "Manchester Guardian" in England to the newspaper "Independent" in Buffalo of the United States, presented him as «one of the most distinct personalities of the 19th century», most of them underlying his Greek origin, of which he was very proud. Today, his portrait and those of other members of his family, dominate in the reception hall in the Greek Orthodox church of Agia Triada in Vienna, as the least recognition and reminder of their generous contributions.



National Cemetery of Vienna (Musicians section).
The city of Vienna honored Nikolaus Dumba by including his grave with his monument (1st right) together with those of the great classical musicians Beethoven, Mozart, Schubert, Strauss and Brahms in the National Cemetery.

The illustrated biography of Nikolaus Dumba, by J. Tzafettas and E. Konecny, is available in the bookshop 'IANOS' in Thessaloniki.

*John M.Tzafettas, MD, FRCOG
Professor in Obstetrics and Gynaecology
Aristotle University of Thessaloniki-Greece*

Chair-persons & Introducers Index

Athnasiades A.	19	Louridas G.	13,14
Athnasiadis A.	14	Mamopoulos A.	19
Athanasopoulos G.	13	Mantekou-Lefaki I.	17
Baltas A.	12	Mavridis Ch.	18
Barbullushi M.	10	Mezilis N.	13
Bellos G.	20	Minasidou E.	16
Block P.	14	Monas K.	16
Bullinger M.	15	Montgomery A.	19
Chaidemenos G.	17	Mourellou-Tsatsou O.	17
Chaplin J.	15	Moutzoukis Ch.	20
Chatziagorou E.	12,15	Nenov D.	10
Chryssomallis F.	17	Orologas A.	20
Doulianaki E.	15	Panagopoulou E.	19
Economidis A.	13	Panteliadis Ch.	15
Efstratiadis G.	10	Papadopoulos V.	16
Efstratopoulos D.	12	Pavlidou E.	15
Fokas K.	14	Perunicic-Pekovic G.	10
Fountoulakis K.	12,14	Pita R.	20
Geleris P.	13	Pitsis A.	13
Gombakis-Pistevou K.	15	Psarra N.	19
Hackett D.	17	Sotiriadis D.	17
Harlaftis N.	16	Souliotis K.	21
Harokopos N.	13	Syngelakis M.	10
Iakovidis A.	18	Syrakou-Chatzicocoli S.	16
Ierodionou-Mpenou I.	14	Tsalamanios E.	20
Ioannides D.	17	Tsakos E.	18
Ivanovski N.	10	Tsikoulas J.	15
Kambaroudis A.	16	Tzafettas J.	11,18,19
Kandilis D.	16	Tzitiroidou M.	15
Kaprinis G.	14,16,18	Vaksevanis A.	10
Karotsis A.K.	20	Vergoulas G.	10,12
Karyda-Kavallioti St.	15	Vidalis A.	10,17
Kenditis D.		Voyaki S.M.	12
Koopman H.	15	Yphantopoulos J.	21
Kourkoubas A.	18	Zafeiriou D.	15
Lionis Ch.	20	Zervakakis T.	21
Loufopoulos A.	18		

Authors Index

AGOROGIANNI-TSAMI IOANNAP	P026, P029	CHRISTODOULOPOULOU A.	P023, P024
AKRITIDOU A.	P010	CHRISTOFORIDOU M.	P015
ALABAKOVSKA SONJA	P004	CJATA M.	P061
ALEVRAS - KOKKALI SOFIA	P026, P028, P027, P029, P030, P031, P032	DAFOULIS P.	P080
ALEXOPOULOS G. Ch.	P069	DANGIC A(3)	P001
ALEXOUDIS A.	P007, P039, P040, P041, P048, P049, P050	DARAVIGAS D.	P093, P094
ALKETA KOROSHI	P011	DEMERTZIDOU VASILIKI	P005, P019, P021, P022
AMMAR A.	P100	DIAMANTIS Z.	P066
ANAGNOSTOPOULOS J.	P093	DIGKAS Ch.	P045, P046
ANGELOPOULOS N.	P023	DISABKIDS GROUP	P090, P097
ANGELOU A.	P074, P099	DOULIANAKI E.	P045, P046
ANTHIS LITSA	P002	DOUNOUSHI E.	P073
ANTONIADI G.	P053	DOUROUMNA A.	P060, P085
ANTONOPOULOS P.	P046	DOURSIU S.	P049
ANTONOULAS A.	P062, P068	DOURTSIOU STELLA	P007
ANTONOV S.	P075, P076, P078	DRAGANIC -CAJIC S.	P019
ARGYROPOULOS Y.	P080	DUKOVA P.	P076, P077
ASSIMAKOPOULOU A.	P014	EFKLIDES A.	P085
ASTERIADOU F.	P089	EKONOMOU An.	P035
ASTERIOU A.	P050	ELEFTHERIADIS Th.	P072, P073
ATHANAILIDIS I.	P044	ELIOPOULOU M.	P013, P014
ATSALOU M.	P010	FASSAS A.	P092
AVDELIDOU A.	P072, P073, P074	FIDANIS T.	P094
BAKALLI I.	P003	FILIPPAKI E.	P096
BARABAROUSHIS M.	P062, P068	FILIS K.	P062, P068
BARBOUTIS K.	P053	FITSIORIS F.	P063, P081, P082
BARBULIUSHI GJATA	P011	FLORAS T.	P070
BARBULLUSHI M.	P061	FOUNTOUKI A.	P063, P081, P082
BELESIOTI B.	P079	FRONTZOU D.	P062, P068
BIEMER E.	P100	FRONTZOU R.	P008
BIEMER EDGAR	P001	FYLACTOU C.	P088
BIRJUKOVA I.	P054	GAMVROULA K.	P024
BOKAN LJ.(6)	P001	GANIDOU M.	P070
BORGHY L.	P036, P037, P039, P040, P041, P048, P049, P050	GATOS G.	P087
BORGHY LUISA	P007	GATOS K.	P087
BOURBOULAS Th.	P034, P035	GENARIDIS I.	P084, P086
BOURELIA S.	P087	GEORGIADIS M.	P024
BULLINGER M.	P098	GEORGIEV M.	P076, P078
CAJA T.	P017, P042, P055	GERANOU H.	P094
CAKALAROVSKI K.	P056	GIAGLIS G.D.	P006
CELIKU S.	P061	GIANNAKOPOULOS I.	P013, P014
CHARALAMPOUS Ch.	P059	GIOULBASANIS I.	P015
CHATZIMAROULIS K.	P059	GIOULEME O.	P073
CHRISOVITSINOS I.	P012	GITIRIDIS D.	P067
CHRISTIANOPOULOS K.	P089	GOTSIS A.	P036, P037, P039, P049
CHRISTIANOPOULOS Kr.	P034	GOTSIS ALEXANDROS	P007
		GOULIS D.G.	P006
		GOURTZIS F.	P023, P024

GROLIOS G.	P093, P094	KOUKOUTSIS I.	P036, P037
HATZIAGOROU E.	P090, P097	KOUNELIS E.	P057
HEINRICH GERHARD	P100, P052	KOURI A.	P089
HERSCHBACH PETER	P051, P052, P100	KOUROU E.	P084, P086
IATROPOULOS V.	P084, P086	KOUTSOGIANNIS Z.	P008, P057, P058, P062, P064, P068
IDRIZI ALMA	P011, P061	KOUTSOGIANNIS O.	P036, P037, P041, P048, P049, P050
IOANNIDOU I.	P023	KOUVELIS E.	P058, P064
IOANNOU A.	P099	KOVACS LASLIO	P051, P052, P100
IOANNOU K.	P072, P074	KRAMMER SUSANNE	P051
JAHANSEN K.L.	P016	KRISHNAN M.	P038
JOVCESKI D.	P056	KRSTESKA T.	P056
KAASIK E.	P083	KUS K.	P047
KAFANTARI A.	P024	KYRIAZOPOULOS G.	P008
KALLINIS CH.	P024	LADUDOVIC DANICA	P004
KALOGIANNIS P.	P092	LAGANI V.	P023
KANDYLIS D.	p096	LATOUFIS C.	P015
KANDYLIS M.	p096	LAVRENTZOU E.	P024
KAPRINIS S.	P095, P096	LEONTSINI M.	P073
KAPSALI ELEFThERIA	P020, P022	LIAKOPOULOS V.	P038
KAPSOS A.	P053	LITSAS I.	P036, P037
KARACHALIOU F.	P087	LIUKA R.	P003
KARADIMOU V.	P084, P086	LYMBERAKI G.	P023
KARADONTA IOANNA	P028	MAINAS E.	P015
KARADONTA ARGYROULA -	P026, P027, P028, P029, P030, P031, P032	MALLIARA M.	P066, P067
KARADONTA IOANNA	P026, P030, P031, P032	MANTOUVALOU M.	P008, P057, P058, P064
KARAGHIOZAKI V.	P036, P037	MAVRIDOU E.	P024
KARAGIANNIDIS K.	P009, P091	METALIDOU S.	P041
KARAKIRIOU MARIA	P007, P049	MICHAELIDIS M.	P045, P046
KARALI A.	P039, P040, P041, P048, P050	MICHAILIDOU G.	P094
KARAVATOS A.	P023	MICHAILIDOU M.	P015
KARDARAS PANAGIOTIS	P005	MICHOPOULOU A.	P079
KARNOUTSOS K.	P070	MILOVANOVIC N.	P019
KAROKIS A.	P023, P024	MISERLIS G.	P072, P073, P074, P099
KATRIVANOU A.	P014	MITREGAS G.	P088
KATSARA I.	P074	MOUZAS O.	P024
KATSARA V.	P099	MPAKOLAS B.	P057
KAVELIS E.	P008	MPATAKOIAS V.	P092
KAZANTZIDOU I.	P093, P094	MPLIOUMI E.	P070
KESSIDIS V.	P040, P041, P048, P050	MPOYZIKAS G.	P044
KESSIDOU N.	P040, P041, P050	MPOZIS A	P088
KIOSSEOGLOU G.	P060, P085	MUEHLAN H.	P098
KIRIJAKOV Z.	P078	NALBANTI FILARETIP	P005, P020, P021, P022
KITA M.	P006	NARBUTS Z.	P043
KITO I.	P003	NESKOVSKI J.	P056
KLOEPEL MARKUS	P052, P100	NESTORIS C.	P080
KOJA B.	P003	NAVIS G.	P053
KOLA E.	P003	NIKOLAIDIS N.	P073
KONSTA S.	P095	NIKOLAKOPOULOU N.	P013, P014
KONSTANTINIDIS I.	P009, P091	NOWAKOWSKA E.	P047
KONTOPOULOS M.	P006	OGNJANOSKI V.	P056
KONTZOGLOU G.	P091	OROLOGAS A.	P060, P085
KOROSHI A.	P061	OSPANOVA T.	P018, P054
KOSTIC N.(4)	P001	OZOLINS A.	P043
KOTULEVICH N.	P018, P054	PALIOGIANNI E.	P008, P057, P058, P064
KOUGIOUMTZOGLOU D.	P066	PANAGIOTOPOULOU P.	P062, P068

PANAGIOTOU A.	P049	SOFIANOY LYDIA	P033
PANAGIOTOU I.	P015	SOLONAKI F.	P072, P073
PANAGOOTSOS P.	P023	SOMALI M.	P092
PAPADAKI N.	P023	SPANOU A.	P024
PAPADIMITRIOU K.	P015	SPANOU Z.	P053
PAPADOPOULOS A. NIKOLAOS	P051,	STATHAKIS I.	P023
P052		STAUAKAKI EVGENIA	P005, P020,
PAPADOPOULOS K.	P059		P021, P022
PAPADOPOULOS LINDA	P002	STEFANIDIS I.	P016, P038
PAPADOPOULOS N.	P100	STILIDOU V.	P039, P040, P048
PAPADOPOULOU G.	P059	TAKOUDAS D.	P072, P073
PAPADOPOULOU E.	P079	TAMPAKAKI E.	P079
PAPADOPOULOU VAS.	P034	TASE M.	P061
PAPAGIANNIS A.	P072, P073	TASIOPOULOU C.	P074, P099
PAPAGIANNOPOULOU V.	P023, P024	TERZI SOFIA	P007,P036,P037,P039,P049
PAPAKONSTANTINOY N.	P045, P046	TERZIS G.	P093
PAPANASTASIOY S.	P050	THEOFANIDIS D.	P063, P081, P082
PAPANIKOLAOU K.	P099	TOSHESKA KATERINA	P004
PAPANIKOLAOU V.	P074	TRENDAFILOV I.	P075
PAPASTAUROY THEODULI	P005	TRIARIDIS A.	P009, P091
PAPAZOV V.	P075	TRIARIDIS S.	P009
PAPAZOVA M.	P087	TSANAKAS J.	P090, P097
PASALIDOU M.	P036, P037, P041, P048	TSARAKTSIDOU T.	P037
PASCHOS KONSTANTINOS	P025	TSAROUCHAS K.	P093
PASSALIDOU M.	P039, P040	TSIAMPAS D.	P012
PAXINOY P.	P087	TSIANTOULAS A.	P053
PEKOVIC P.	P071	TSIKOULAS I.	P045, P046
Perunicic-Pekovic G.(2)	P001	TSILIKAS S.	P088
PERVOS I.	P059	TSINOYLOU K.	P093, P094
PETERSEN K.	P098	TSIOURIS IOANNIS	P005
PETROPOULOS I.	P009, P091	TSIPTIOS J.	P059
PETROU C.	P070	TSIRKAS CH.	P024
PITA R.	P060, P085	TZANAKAKI M.	P023
PLJESA S.	P071	UUSKYLA M.	P083
PLJESA S.(2)	P001	VARDAKAS D	P012
QATIPI M.	P003	VERGOULAS G.	P072, P073, P074, P099
RASIC G.	P071	VIDALIS A.	P090, P097
Rasic-Milutinovic Z.(1)	P001	VLAHAKI K	P023
REINHILDE ZIMMER	P051	VOULTSINOS V.	P094
REPANA O.	P087	VOUTIADOU G.	P066, P067
RICHTER P.S.	P047	XAFENIAS M.	P067
RISTIC V.	P071	XARITOS STEFANOS	P007, P036,
RIZOS CHRISTOS	P012		P037, P039
ROSI S.	P080	XATZIGEORGIOY D.	P036
SAKELLARIOY G.	P074, P099	XHARALABOPOULOS K.	P001
SAKKAS G.K.	P016	XHUMARI P.	P055
SALLABANDA S.	P003	XINIAS IOANNIS	P005
Samardzija V.(5)	P001	YFANTIS A.	P024
SAMIR A. AMMAR	P052, P100	YFANTOPOULOS J.	P023, P024
SARAFPOULOS A.	P086	YONOVA D.	P075, P076, P077, P078
SCHMIDT S.	P098	ZAFEIRIOY D.	P045, P046
SEMYDOTSKA Zh.	P018, P054	ZAIMI E.	P061
SFIRAS D.	P064	ZAROTIS G.	P044
SIMOS G.	P080	ZAVALINI F.	P003
SIOPI M.	P093	ZIDAROV R.	P075
SITZOYLOU K.	P059		
SKODRA L.	P015		