

Our experience indicates the severity of PTSD and stresses the importance of early diagnosis and prompt initiation of treatment.

PREVALENCE OF SOCIAL PHOBIA AMONG MEDICAL STUDENTS

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One hundred and twenty Czech medical students were examined during their participation in the obligatory course of psychiatry using a structured interview and the Liebowitz Social Phobia Symptom Scale. Only 15% of them were without any symptoms of social anxiety. 85% showed some symptoms of avoiding behavior and 56% experienced somatic symptoms of social anxiety. Social phobia was diagnosed only in 5 cases. None of them has received any appropriate treatment.

WPA educational program on social phobia is a useful material for informing physicians and medical students about this neglected psychiatric disorder and its treatment possibilities.

HYPOCHONDRIACAL FEARS AND BELIEFS IN OBSESSIVE-COMPULSIVE DISORDER

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The relationship of obsessions and compulsions to hypochondriasis is receiving increasing attention, but has not been substantiated by adequate research. Kellner's Illness Attitude Scales (IAS), which identify hypochondriacal patients, were administered to 30 patients with DSM-IV obsessive-compulsive disorder and 30 healthy control subjects matched for sociodemographic variables.

All IAS scales (worry about illness, concern about pain, health habits, hypochondriacal beliefs, thanatophobia, disease phobia, bodily preoccupations) were significantly higher in patients with obsession and compulsion. However, there were no significant differences between patients and controls in the number of subjects whose symptom intensity exceeded a clinical threshold for hypochondriasis and disease phobia. Further, hypochondriacal fears and beliefs were poorly correlated with obsessions and compulsions, as measured by the CPRS and Paykel's Clinical Interview for Depression. The results suggest that patients with obsessive-compulsive disorder display abnormal illness behavior but not to the degree of patients with panic disorder or major depression.

THE ESTIMATION OF THE LEVEL OF INTELLIGENCE QUOTIENT AND ASPIRATIONS IN PATIENTS WITH ANOREXIA NERVOSA

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The purpose of the work was to estimate if the high level of intellectual functioning is the frequent feature of patients with anorexia nervosa and check if it is true that patients with anorexia have the high flow of aspiration. We expected that the high level of intelligence quotient and aspiration should appear, first of all, in patients with restricting type of anorexia nervosa.

There was a group of 30 people aged from 12 to 20 who were examined. Psychological tests were held using Wechsler Test, test of unfinished sentences and TAT. Clinical state was tested by the Halmi Scale. The researches were made during the first 4 weeks since admission to the hospital. Tests showed that most of the ill people had the average level of intelligence from 80 to 113 IQ (17 persons).

About 30% (11 persons) had the level of intelligence statistically significant from 116 to 130 IQ. One person had the intelligence level over 130 IQ. Another had the level of intellectual functioning below 84 IQ.

The estimation of aspiration in all the patients showed the high level of aspiration, very often increasing the actual possibilities of tested patients. The characteristic feature is that the ill people, depending on the kind of school, were trying to achieve extremely well estimated by their environment. The result of it was vasting enormous amount of time on studying (5–6 hours a day). The inclination to perfectionism was connected simultaneously with a big sensitivity to criticism.

The results shown don't confirm the frequently presented opinions about the high level of intelligence of the patients with anorexia nervosa. However these people show the high flow of aspiration which is not always adequate to their real possibilities. This fact should be taken in a account in psychotherapy in order to prevent the reoccurring of anorexia nervosa.

ABNORMAL EATING ATTITUDES AND BEHAVIOURS IN TWO ETHNIC GROUPS FROM A FEMALE BRITISH URBAN POPULATION

David Reiss.

African-Caribbean (N = 136) and White British (N = 192) female family planning clinic attenders were administered the Bulimic Investigatory Test, Edinburgh (BITE) and the General Health Questionnaire (GHQ-28). A proportion of the participants were subsequently interviewed. The African-Caribbeans were found to have both significantly more disordered eating attitudes and a significantly higher level of abnormal eating behaviour than the White British. Although the African-Caribbean group had a significantly higher mean Body Mass Index this did not mediate the difference in levels of eating attitudes. When compared with the White British group more African-Caribbean women reported feelings of failure, guilt, abnormality and self-consciousness concerning their eating habits. The results indicate that eating problems may be highly prevalent in this ethnic minority population and suggest that there may be differences in the nature of eating disorder psychopathology between ethnic groups.

GENDER DIFFERENCES IN AN ANXIETY DISORDERS CLINIC AS REGARD TO PERSONALITY DISORDERS

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Personality disorders have been detrimental factor in the treatment of psychiatric disorders. Observations confirm that the personality disorders influence the progress and intervene with effective therapy of the psychiatric illnesses. We intended to study the gender differences in personality disorders in the anxiety disorders clinic.

Methods We reviewed 693 patients who was admitted to the anxiety disorders clinic between 1991 and 1994. The diagnosis was done on DSM 3 R & SCID 2 and confirmed by a team of specialists. A pre-designed data collection book gathered the information over the years.

Results The mean age of the patients was 34.31 (sd = 23.73, min = 12 max = 70). The patients hospitalized 35.29 days on average (sd = 23.73, min = 1 max = 192). The females were 55.6% (n = 385) and males 44.4% (n = 308) of the total admissions. 192 patients had personality problems and disorders.

Personality Disorder in male subjects were as follows;

Mixed Personality Disorder (PD) 26.2%, Borderline and Antisocial PD 11.9%, Obsessive Kompulsive PD 9.5%, Avoidant PD 8.3%,

Paranoid and Schizotypal PD 6%, Dependent PD 4.8%, Agressive PD 3.6%. The others were classified with the percentage of less than 1%.

Personality disorder in female subjects were, in order of frequency, as below; Hystrionic PD 36.7%, Mixed PD 21.1%, Borderline 11.9%, Narcissistic PD 5.5%, Dependent PD 4.6%, Paranoid and Obsessive Compulsive PD 2.8%, Avoidant and Passive Agressive PD 1.8%. The difference between male and female cohorts were statistically meaningful ($\chi^2 = 61.47$, $d.f = 17$, $p < 0.0001$).

We also compiled the disorders under DSM4 clusters. The most common clusters in male subjects were C,B,A and in female subjects B, C, A in order of frequency. There was a statistically significant difference when the clusters compared ($\chi^2 = 17.16$, $d.f = 2$, $p < 0.001$).

GENDER DIFFERENCES IN HOSPITALIZED PATIENTS WITH ANXIETY DISORDERS

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Epidemiological studies generally note that females are overrepresented in catchment area studies of the anxiety disorders.

It has not extensively studied that the similar pattern applies to hospitalized patients. We studied this matter.

Methods We reviewed 693 patients who was admitted to the anxiety disorders clinic between 1991 and 1994. The diagnosis was done on DSM 3 R and confirmed by a team of specialists. A predesigned data collection book gathered the information over the years.

Results The mean age of the patients was 34.31 (sd = 23.73, min = 12 max = 70). The patients hospitalized 35.29 days on average (sd = 23.73, min = 1 max = 192). The females were 55.6% (n = 385) and males 44.4% (n = 308) of the total admissions. The first axis diagnoses for the females were as follows; Obsessive Compulsive Disorder (19.1%), Major Depression 16.3%, Panic Disorder 13.5%, Adjustment Disorder 9.7%, Conversive Disorder 8.8%, Dysthymia 4.7%, Somatoform Disorder 4.1%, Generalized Anxiety Disorder 3.6% etc.

The first axis diagnosis for males were as follows; Panic Disorder 18.2%, Obsessive Compulsive Disorder 9.1%, Adjustment Disorder 9.1%, Generalized Anxiety Disorder 5.3%, Alcohol Dependence 3.5%. We found statistically significant difference between the sexes in terms of diagnosis ($\chi^2 = 99.73$, $d.f = 59$, $p = 0.0007$).

PSYCHIATRIC AND PERSONALITY DISORDERS IN RELATION TO JOB STATUS

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High anxiety and stress level at certain jobs may lead the patient into anxiety related disorders. The study aimed at assessing job status of an inpatient population at an anxiety disorders clinic.

Methods We reviewed 693 patients who was admitted to the anxiety disorders clinic between 1991 and 1994. The diagnosis was done on DSM 3 R, SCID 2 and confirmed by a team of specialists. A pre designed data collection book gathered the information over the years.

Results The mean age of the patients was 34.31 (sd = 23.73, min = 12 max = 70). The patients hospitalized 35.29 days on average (sd = 23.73, min = 1 max = 192). The females were 55.6% (n = 385) and males 44.4% (n = 308) of the total admissions. Job status of the male cohorts were as follows; Civil servant 29.1, Self employed 28.5% Unemployed 20.2%, Student 10.3%, Worker 6.6%, Retired 5.3% This order were different in female subjects as below;

House wife 77.1%, Civil servant 12.5%, Student 5.2%, Self employed 3.6% and the others were 0.5%.

There was a statistically significant difference between job status of male and female cohorts. ($\chi^2 = 412.51$, $d.f = 6$, $p < 0.0001$).

The most frequent psychiatric illnesses in jobs were as follows;

Civil servants showed Anxiety Disorders (AND) 37.3%, Affective Disorders (AFD) 24.2, Adjustment Disorder (ADD) 13.5%. Self employed, had a different profile with AND 38.9%, AFD%, Somatoform Disorder (SD) 13.7%. Workers had AND 40% and unemployed revealed AND 38% as well. Housewives showed AND most frequently 40.2%. Students and retired had AFD 29.5% and 66.7%.

We noticed a different profile when we reviewed personality disorder and traits. Civil servants, Self employed, Unemployed, Student and Retired had C cluster personality problems most frequently. Whilst, Workers and Housewives scored high on B cluster personality traits and disorders. Different job status revealed different order of the other personality problems with lessening percentage.

ANTECEDENTS OF EATING DISORDER IN A HIGH RISK POPULATION

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Objective: To examine the relationship between putative risk factors and the incidence of eating disorders in female, adolescent ballet dancers.

Methodology: The entire population of full-time (FT) ballet dancers and a random selection of part-time (PT) dancers in Melbourne, all between 13 and 17 years of age, were chosen as the sample. A computerized self-report questionnaire inquiring into weight loss behaviours was twice administered to subjects, at a 1 year interval. The questionnaire was able to generate DSM-III-R diagnoses for anorexia nervosa (AN) and bulimia nervosa (BN). Girls who met two or more but not all the DSM-III-R criteria for either AN or BN were considered to have a partial syndrome (PS). The Adolescent Dieting Scale (ADS), Clinical Interview Schedule (CIS), Rosenberg Self-Esteem Scale (RSES) and the Adolescent Stress Measure (ASM) were applied to subjects at the baseline survey, and body mass index (BMI) was measured.

Results: A total of 178 girls were twice surveyed, representing a response rate of 85% across both survey waves. At the initial survey [mean age 14.6 years (sd 1.5)] 162 girls were not eating disordered. Of these, at 1 year follow up, 17 had developed PS, whereas none had developed AN or BN. The incidence rate for PS was 10.5% per year (CI 5.5–15.5). Independent logistic models predicting the odds of becoming eating disordered at the year follow up, from baseline measures, are presented below:

Measure	Min – max	r ² – unadjusted	Odds ratio	95% CI	p
Prof status	PT or FT	0.14	7.97	2.9–32.1	5×10^{-4}
RSES	0–10	0.06	1.25	1.2– 1.5	0.009
ADS	0–24	0.04	1.06	1.1– 1.3	0.03
ASM	0–10	0.02	1.12	0.9– 1.1	0.2
CIS	0–48	0.02	1.01	0.9– 1.1	0.1
BMI	14.7–27.6	0.01	0.93	0.6– 1.1	0.2

Conclusion: The high incidence of eating disorder in teenage ballet dancers is of concern. Factors predicting the development of eating disorder are: professional status, self-esteem and, to a lesser extent, dieting severity. These areas should be targeted by prevention strategies.