

symptoms such as: cardiorespiratory, autonomic, gastrointestinal, urinary etc (Aronson & Logue-1988, Bass-1987). Briggs-1993 divided panic patients into two groups: a group with predominant respiratory symptoms, responded to imipramine and a group with nonrespiratory symptoms, responded more to alprazolam.

The aim of our study is the accurate description of all symptoms reported by the subjects and the intention of depicting the subtypes of panic disorders. Therefore, the study was performed on a sample of 33 subjects with panic disorders. Diagnostic assessment was done by Anxiety Diagnostic Interview Schedule-Revised (ADIS-R), as well as reports of other complaints. Each patient was submitted to STAI-S, STAI-T.

Our results indicate an overwhelming subthreshold and situation bound panic attacks. We shall present some culture specific panic profiles, the relation of specific subtypes of panic to STAI-S, STAI-T.

The phenomenological dissection proved the hypotheses of subtypes of panic disorders, the need for more precise subtyping, criteria, the degree of disability of subthreshold panic attacks, the requirement for pharmacological assessment.

TRAITEMENTS CHIMIOTHERAPIQUES DES PHOBIES SOCIALES REVUE DE LA LITTERATURE

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Les phobies sociales constituent une entité clinique récemment individualisée, et leur thérapeutique est un domaine bien moins exploré que dans les autres troubles anxieux. A ce jour la grande majorité des patients n'est pas traitée. Les conséquences de cette inaccessibilité aux soins, à laquelle patients et médecins participent, peuvent être désastreuses au niveau de la qualité de vie.

Les molécules appartenant aux IMAO irréversibles ont été les premières à être utilisées avec un certain succès dès les années 70 par des équipes américaines. Cette classe médicamenteuse est réputée efficace par différentes études contrôlées, mais sont d'un maniement délicat; les IMAO A réversibles semblent pour l'instant prometteurs. Les benzodiazépines, dont le clonazépam, ont peu fait l'objet de protocoles expérimentaux rigoureux. Si elles semblent dotées d'une réelle efficacité, les effets de tolérance et de rebond au sevrage en limitent les indications. Les Béta-Bloquants qui sont fréquemment utilisés de manière empiriques, sont controversés et délaissés par les dernières recherches. Parmi les antidépresseurs, si les IMAO présentent un intérêt, l'action des tricycliques reste à démontrer. Pour des molécules plus récentes, dont les inhibiteurs de la recapture de la sérotonine, les résultats préliminaires sont favorables mais à confirmer. Après ce passage en revue des différents traitements qui s'offrent au médecin, nous tenterons d'organiser une stratégie thérapeutique à proposer à nos patients souffrant de phobie sociale.

ANXIETY AND DEPRESSION: SYNDROME DIFFERENTIATION

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Objective: To reanalyse, rationalise and re-interpret the data from published Principal Component Analytical studies in affective disorders, and to thereby demonstrate an invaluable consistency in the results, with direct clinical and heuristic relevance.

Methodology: Some forty studies published between 1934–1977 which used Principal Component Analysis of symptoms, personality or illness features in patients with affective disorder were examined. This examination is comprehensive and exhaustive in that no other data was available for scrutiny. They have been subjected to a more

rigorous application of statistical logic. Ten of the most often quoted of the forty are shown and reviewed in detail to illustrate how the authors shaped divergent conclusions.

Results: In each study two dimensional plotting of the item saturation on the first two components showed factor clusters, dimensions or syndromes or syndromes indicative of anxiety and depression.

Comments: The authors did not interpret their data in this manner. Even when close to the interpretations here, they chose to emphasize other aspects. The failure was a consequence of a preoccupation with subgrouping depression, a failure to focus on a comparative aspects and perhaps over-valuing the display of data in algebraic as opposed to geometric form. They tended to mislabel the anxiety as a type of depression.

Conclusion: The likely benefit of correct appellation of these syndromes is highlighted. In accordance with factor theory the benefits are largely in purification of comparative description. In addition, revision of classificatory conclusions from previous and current studies is indicated.

THE ENDORPHIN CONNECTION

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Neuro-stimulation at certain motor points, using a H.A.N.S. LY257 T.E.N.S. at given frequencies of 2, 15 or 100 cycles per second improved the outcome in the management of narcotic addicts. Its use represents an easily mastered economic method for the adjunctive treatment of other psychiatric and neurological disorders. A review of the literature and our own experience suggests that the following effects occur:

1. Improvement of mental activity
 - a) Concentration and diminution of obsessive worrying and paranoid thoughts.
 - b) Quality of thinking and conceptualisation.
 - c) Emotional responsiveness and stamina.
 - d) Normalisation of the sleep cycle and less chaotic dream content.
 - e) Mood modulation and antidepressant effect.
2. Elevation of the pain threshold and potentiation of the external narcotics.
3. Reduction in the intensity of withdrawal symptoms. Approximately fifty percent in the case of narcotic withdrawal.
4. Healing effect on the nervous system.
5. Global calming effect on the bodily systems.
6. Improvement of the Immune Response.

Programmes incorporating the use of T.E.N.S. machines at certain frequencies and certain points offer the chance of diminished costs, thereby representing a useful adjunct to therapy. Unresponsive symptoms or clusters of symptoms, especially if severe and increasing in intensity, should have professional assessment.

BORDERLINE PERSONALITY DISORDER IN BULGARIA: PERIOD PREVALENCE, SYNDROME VALIDITY AND COMORBIDITY

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Aim: To test some aspects of DSM-III-R borderline personality disorder (BPD)'s validity in a non-Western culture and to study its relationship with other psychiatric disorders. **Methods:** "Naturalistic" and "epidemiologic" designs were involved. **Instruments:** a) Personality Disorder Examination (Loranger 1988), b) PSE-10 symptom checklist, c)

Global Assessment of Functioning scale, d) CAGE (Ewing, 1984), e) the alcohol module from a 1987 version of SCAN, all with estimated reliability. *Results:* 160 patients with variety of diagnoses (without schizophrenia and organic conditions) were assessed: 61 with BPD, 39 with other PDs, and 60 without PDs. 6-month prevalence of BPD in a Sofia psychiatric sample is 3.79% for the Clinic, 1.43% for the out-patient service, and 5.17% for the day hospital. The symptoms with highest discriminative value for BPD (i.e. descriptive validity), and the factor structure of the “borderline” syndrome (thus giving evidence for its construct validity) were estimated. Acute psychoses and dysthymia are significantly more frequent in patients with BPD. The absence of any PD predicts moderately higher probability for major depression, and BPD and female sex have positive predictive power for dysthymia. *Conclusions:* While evidence for the syndrome validity of BPD is good, it is a rarer condition, although not uncommon, in a nonWestern psychiatric sample, where constructs like “cultural anhedonia” may be relevant. Although there is modest predictive power of axis II diagnoses for some axis I disorders, the diagnoses of “personality” and “illness” are relatively independent.

ELDERLY SUICIDE ATTEMPTERS IN TURKEY

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The purpose of this study is to investigate the characteristics of elderly suicide attempters in Turkey with respect to sociodemographic, psychiatric, biological, familial and situational risk factors.

17 suicide attempters (male: 9, female: 8) older than 60 years of age (mean: 72.53 ± 5.04) who were hospitalized at the psychogeriatric unit were included in the study. Psychiatric diagnoses were made according to DSM-IV criteria and sociodemographic variables, methods of suicide attempts, situational factors, previous suicide attempters, personal and family history for psychiatric disorders and life events were noted by interviews with the attempters or their relatives.

Major Depression was present in 82.3% of the patients. Cutting or piercing was the primary method used by attempters (52.9%). This method seemed closely related with multiple previous attempts and the history of multiple psychiatric diagnoses ($p: 0.038$ and $p: 0.014$). Somatic anxiety, somatization, fatigue and delusions were seen in 70.5%, 58.8%, 41.1 and 41.1 of the patients respectively. Severe and disabling physical disorders were the most prominent life events (29.4%) followed by residence changes, marital discord, interpersonal losses and conflicts and object loss. The results seem to show resemblance to the literature. New controlled studies has to be conducted to investigate the cultural differences.

DSM-III-R PERSONALITY DISORDERS AND THE OUTCOME OF TREATMENT WITH SSRI IN PATIENTS WITH OBSESSIVE COMULSIVE DISORDER

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We used the Structured Interview for DSM-III-R Personality Disorders in patients with obsessive compulsive disorder (OCD). The patients met DSM-III-R criteria for OCD. The severity of OCD was assessed by Y-BOCS, NIMH-Oc scale and CGI in the first week and at one-year follow-up visit. All the patients were treated with SSRIs.

In the paper we would like to discuss our results and the possible influence of the type of personality disorder according to the SIDP-R on the one-year therapeutic outcome in our group of patients with OCD.

[1] Pfohl b, Stangl D, Zimmerman M: The Structured Interview for DSM-III-R Personality, SIDP-R. The Iowa University. 1989.

- [2] Baer L, Jenike M: Personality disorders in obsessive compulsive disorder. In: *Obsessional Disorders*. The Psychiatric clinics of North America, Vol. 15, No. 4, Pp. 803–812.
- [3] Baer L, et al.: Effect of Axis II diagnoses on the treatment outcome with Clomipramine in 55 patients with Obsessive-compulsive disorder. *Archives of General Psychiatry*, Vol. 49, 1992, Pp. 862–866.

VOLUMETRIC MRI MEASUREMENTS IN VASCULAR DEMENTIA AND ALZHEIMER'S DISEASE

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In order to improve the diagnostic accuracy of vascular dementia (VD) and dementia of the alzheimer type (DAT) we assessed quantitative MRI changes in patients and age matched controls. Patients were included according to the NINCDS-ADRDA criteria (DAT) and the NINDS-AIREN criteria (VD). Severity of dementia was evaluated on the Mini Mental State Examination (MMSE) and the Global Deterioration Scale (GDS). 3-D MRI sequences were acquired using a Siemens 1.5T scanner. Whole brain volume (WBV), total intracranial volume (TIV), volumes of the temporal, frontal and parietal lobes and volumes of the amygdala-hippocampus complex (AHC) were assessed using the newly developed software NMRWin. This software provides a semiautomated user independent measure of the WBV, while measurements of the substructures need to be manually guided. Measurements were performed by two independent raters (interrater reliability: $r = 0.95-0.96$, $p < 0.0001$) on a conventional 486 PC. The volumetric data were normalized by dividing the absolute values by the TIV. 25 patients with DAT, 13 patients with VD and 10 healthy age matched controls were included. Age, severity of dementia and TIV did not vary significantly between the diagnostic groups. In contrast, we could demonstrate significant mean differences between controls and dementia groups for the WBV, volumes of the frontal, temporal and parietal lobes as well as for the volumes of the AHC. DAT patients tended to have smaller AHC and parietal lobe volumes than VD patients whereas the latter had smaller frontal lobe and temporal lobe volumes. These preliminary results indicate that the extend of atrophy measured by quantitative MRI enables differentiation of either DAT or VD from normal controls. Furthermore, they suggest a different distribution of brain pathology in VD compared to DAT. We conclude that quantitative MRI may support the clinician in the differential diagnosis of the dementia syndrome.

WAR REFUGEES IN A REFUGEE CAMP: THE IMPACT OF WAR STRESS ON MENTAL HEALTH

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Objective: The investigation of the consequences of war on the mental health of those who live in a refugee camp.

Method: Fifty eight refugees (37.9% male, 62.1% female) living in a refugee camp in Serbia, were given the Harvard Trauma Questionnaire (HTQ) and the General Health Questionnaire (GHQ-28) during a medical mission of the RCTV of Ioannina to Pozarevac, Serbia in November 1995.

Results: 44.8% of the sample were found to have Post Traumatic Stress Disorder (PTSD) and 63.8% psychological problems (GHQ > 4) implying mental disorder. The GHQ-28 scores correlated with personal experience of traumatic events, the number of traumatic events and the degree of exposure to the them. Correlations were also found with Trauma symptoms, Trauma Index and PTSD (GHQ).