

extension (9 months) in 173 patients showed that continued therapy with either active treatment produced further improvement in all SDS items. The mean change from baseline in SAQ was measured in 231 patients after 10 weeks' treatment with either placebo or paroxetine 10 mg, 20 mg or 40 mg. This scale assesses how patients feel about work, spare-time activities, families and financial matters. All doses of paroxetine produced greater improvement than placebo, although the difference only approached statistical significance in the 40 mg group (the minimum effective dose in panic disorder). In the same study, all SDS items showed increasing improvement with increasing paroxetine dose at endpoint. These data indicate that eradication of panic attacks quickly leads to improvement in key disabilities.

#### ZOLPIDEM POST-MARKETING SURVEILLANCE (PMS) ON 16944 PATIENTS

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16944 insomniac patients treated with zolpidem under routine conditions of use were documented starting in April 1992 through November 1993 by 3229 office-based neurologists, psychiatrists, internists and general practitioners in Germany. The aim of the PMS was to collect data on the safety and tolerance profile of zolpidem, to document the causes of insomnia and to establish the dosage and concomitant medication for a representative insomniac population. 2/3 of the patients were female and 1/3 were male. More than 50% of all these patients were between 50 and 75 years old and 20% of all included patients were treated with 5 mg zolpidem and nearly 75% of them with 10 mg of zolpidem per night. 268 side-effects were registered in 182 patients, thus only 1% of all patients suffered from side-effects which were in decreasing order of frequency nausea, dizziness and malaise during the zolpidem treatment. The adverse event profile reflects the labelling of zolpidem and its pharmacological properties and is consistent with the cumulative international experience of the drug.

#### EATING-DISORDERED BEHAVIOR IN MALES: SIGNIFICANCE OF ADVERSE CHILDHOOD EXPERIENCES

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The authors examined the possible relationship of childhood sexual abuse, physical abuse, and dysfunctional family background, and the risk for developing an eating disorder in adult males. Several anonymous questionnaires were distributed to male university students. Of the 301 men, 12 (4.0%) had experienced childhood sexual abuse, 79 (26.2%) reported an adverse family background, 11 (3.6%) had been victims of physical abuse, and 14 (4.6%) had an increased risk for developing an eating disorder. There were no significant differences in the risk for developing an eating disorder and in total EDI between sexual abuse victims and nonvictims, but a significantly increased risk for an eating disorder in men with an adverse family background. The findings suggest that long-lasting negative familial relationships particularly in connection with physically abusive experiences may increase the risk for eating disorders.

#### TELEPHONE HELPLINE UNIT IN ATHENS: CHARACTERISTICS OF REPEATERS

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The Telephone Helpline Unit (SOS-175) in Athens offers emotional support, counselling and referral for people under a situation of "crisis". The unit is staffed by psychologists, psychiatric residents and social workers with special training and experience. From a random sample of 4877 callers seeking help by phone during a two years period (1988–89), 546 (11.3%) had two or more contacts with the service (Repeaters, group A). The aim of this study is to reveal the differential characteristics of Repeaters comparing those to a group of callers who had only a telephone call during the same time period (N = 4301, group B). Group A and Group B callers were compared in a number of parameters (i.e. sociodemographic, reasons of calling, use of psychotropic drugs, abuse of narcotics or alcohol, psychiatric diagnosis, management). For the statistical evaluation the SPSS package was used (statistical criterion  $\chi^2$ , correlation coefficient PRi- $\phi^2$  or Cramer's V). The characteristics of repeaters are the following: single ( $p < 0.0001$ ), older in age ( $p < 0.0001$ ), unemployed ( $p < 0.003$ ), with family ( $p < 0.001$ ), marital ( $p < 0.002$ ) or financial ( $p < 0.001$ ) problems. More often they abused drugs or alcohol ( $p < 0.0001$ ) had suicidal thoughts ( $p < 0.0001$ ) and a diagnosis of psychiatric disorder ( $p < 0.0001$ ).

#### BORDERLINE DEPRESSION OF PERSONALITY DISORDERS

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In spite of some explanatory hypotheses the relationship between personality disorders and depression still remains controversial. In this study 120 dysthymic patients, 61.6% of which had comorbid personality disorder, were examined by tests for depression (Schedule for Affective Disorders and Schizophrenia, Hamilton Rating Scale for Depression) and by psychometric tests for personality disorders, such as Millon Clinical Multiaxial Inventory, Structured Interview for Personality Disorders and the Diagnostic Interview for Borderlines Revised. Results of the study have shown the following: 1) frequency of the borderline personality disorder was very high in dysthymic patients, ranging from 56% to 75.8% on various tests; 2) there was no difference between borderline and depression dimensions across different categories of personality disorders, and 3) there is a high correlation between borderline and dysthymic dimensions. The borderline level of functioning (what is currently considered as borderline personality disorder) can be induced by depression in many personality disorders, i.e. depression leads to the "borderline decompensation" which can be successfully treated by the antidepressants. Depression of personality disorders, has specific clinical characteristics which authors call a "borderline depression".

#### COMMORBIDITY OF PERSONALITY DISORDERS IN SCHIZOPHRENIC AND AFFECTIVE DISORDERS: A COMPARATIVE STUDY

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We studied DSM-III-R personality disorders in a sample of 75 patients of both sexes with a schizophrenic (48) or affective disorder (27). Patients assessment of personality disorders was performed at a time of substantial remission of their symptoms by means of the SCID-III-R

inventory for disorders of Axis II. Overall 369 diagnoses of personality disorders were made, which amounts to a mean number of almost five diagnoses for each patient. From the comparison between the patients of these two major diagnostic classes, no statistically significant differences were found with respect to the particular categories of personality disorder. Similarly no differences were found with respect to both patients' scores on the three clusters of DSM-III-R personality disorders (i.e. the anxious, dramatic and eccentric ones) and their global score on SCID-III-R for Axis II. The preceding findings suggest that the co-occurrence of personality disorders in patients with schizophrenic or affective disorders is quite frequent. Moreover they indicate that although quite common in schizophrenic and affective disorders, personality disorders, at least as specified in DSM-III-R, lack any specificity with respect to patients' diagnosis on Axis I.

#### BORNA DISEASE VIRUS ANTIBODIES ARE NOT RAISED IN PANIC DISORDER PATIENTS — PRELIMINARY FINDINGS

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Ten percent of a population has a panic attack once in their life, three percent suffer from panic disease (PD), which has no etiologic entity. Several studies reported subtle morphologic brain abnormalities in PD patients. In subgroups of PD high frequencies of brain abnormalities, especially in the right temporal lobe and in structures of the limbic system were found with MRI. Borna disease virus (BDV) is a RNA virus which is intensely neurotropic and cumulates in the limbic system of animals and men. 4 to 13 percent of psychiatric patients have positive BDV antibodies. We are searching for BDV in panic disorder patients and for the possible link to pathologic MRI findings.

**Method:** If the patients gave informed consent, we carried out a SCID report based on DSM III-R to diagnose PD, and created a antibody screen for BDV. We did so in a group of age and gender matched healthy controls. All patients who are BDV antibody positive should be scanned with MRI.

**Results:** Because it is an ongoing study, the findings are preliminary. Until the end of January 1996, we tested 41 patients and 17 controls. No Borna Disease Virus antibodies were found, either in the panic group or the healthy controls.

**Conclusion:** There seems to be no relationship between BDV and PD.

#### EATING DISORDERS IN AUSTRIAN MEN: AN INTRA-CULTURAL AND CROSS-CULTURAL COMPARISON STUDY

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We compared 30 male university students with eating disorders and 30 male comparison subjects without eating disorders recruited by advertisement at the University of Innsbruck, Austria. Subjects were interviewed using instruments that we had previously used in a controlled study of college men with eating disorders in the United States. The Austrian men with eating disorders differed sharply from Austrian comparison subjects, but closely resembled their American counterparts, on prevalence of personal and familial psychopathology, adverse family experiences, and scores on rating scales for eating disorder. Interestingly, dissatisfaction with body image was consis-

tently greater among American subjects regardless of eating disorder status. Our data suggest a weak association between eating disorders and homosexual or bisexual orientation in men, and no consistent association between eating disorders and childhood sexual abuse.

#### THE MOCLOBEMIDE EFFICACY IN PSYCHOTIC, AGITATED DEPRESSION IN ELDERLY PEOPLE

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The efficacy of moclobemide, a selective and reversible inhibitor of monoamine oxidase A, has been confirmed in numerous studies in various types of depression. The aim of this study was testing efficacy of moclobemide in psychotic, agitated depression in aged people. The study included 9 inpatient (2 females and 7 males), mean age 65.6 ± 4.2 years, who met ICD-9 criteria for endogenous depression. Efficacy was evaluated using the Hamilton Rating Scale for Depression (HRSD, 21-item version) and Clinical Global Impression (CGI) scale on the 7th, 14th, 21st and 28th day of treatment. All patients were treated with moclobemide, dose range of 450–600 mg/day. Due to severe agitation, simultaneously was applied promazine 25–100 mg/day (3 patients), chlorpromazine 25–100 mg/day (2 patients) and diazepam 15–30 mg/day (4 patients). Because of poor therapy response one patient (11.1%) was dropped out from study. In two patients (22.2%) has been achieved moderate therapeutic effect (total HRSD score reduction of 30–50%), while in six patients (66.7%) the therapeutic response was good, obtaining HRSD score reduction more than 50% after 28 days of treatment. Total HRSD score and CGI analysis pointed out that significant therapeutic effect is achieved yet on 14th day of treatment ( $p < 0.01$ ). Cluster items monitoring of agitation, psychic and somatic anxiety, and suicidal tendency demonstrated the significant score reduction at the end of the second week, resulting discontinuation of concomitant therapy. The results of this study pointed out good efficacy of moclobemide in the treatment of agitated, psychotic depression, specially in high risk suicidal cases in aged patients.

#### MENTAL AND SOMATIC HEALTH IN OCTO- AND NONAGENERIANS — AN EPIDEMIOLOGICAL COMMUNITY STUDY

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Data were based on a representative random sample of 402 persons aged 85 years and older chosen from the residence register of Munich City. In the first cross-section 89% could be interviewed. Subjects were interviewed in their homes by research psychiatrists. Psychiatric diagnoses were reached with the aid of the Agecat algorithm for GMS-A by Copeland. In the first cross-section 25.4% of the sample assessed fulfilled criteria for dementia, 23.6% fulfilled criteria for depression. In the second cross-section, one year later, 73.5% of the interviewees of the first cross-section could be traced. None cases, depressed and demented subjects of the first cross-section are compared according to socio-demographic data, somatic health status, need of care, course of mental illness and mortality.

#### SUBTYPES OF PANIC DISORDERS

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The review of the psychiatric literature suggest that the former classifications for panic disorders are much too broad. The clinical experience dictates that subtypes of panic exist on the basis of prominent