tation Scale points were statistically different among the groups ($p<0.05$).

Conclusions: These results confirmed that to determine the subtypes of conversion disease may be important as much as to make the diagnosis.

P51.02

Conversion and somatization disorders: the dissociative symptoms and other characteristics

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Objectives: There is a difference in classification of conversion and somatization disorders in ICD-10 and DSM-IV.Conversion Disorders are included in Dissociative Disorders in ICD-10. In view of these we aimed to clarify this discrepancy in these diagnosis.

Methods: We assessed 87 patients with conversion disorders and 71 patients with somatization disorders for socio-demographic charecteristics, suicide ideation, social adaptation, psychiatric symptoms and dissociative symptoms using Patient Knowledge Form, the Dissosciative Experience Scale (DES), the Symptom Check List (SCL-90-R), Social Adaptation Scale, Suicide Ideation Scale.

Results: The number of the high school graduate, single and who are students patients with conversion disorders was higher than the number of patients with the same charecteristics who have somatization disorders. In conversion disorders the SCL-90-R anxiety, anger-hostility, paranoid ideation, psychoticism subgroups item and total score were higher than the score in somatization disorders. There were no statistical differences in suicide ideation and social adaptation scale scores between the two disorders. There were no statistical difference between the two disorders total score of dissosiative symptoms (in DES), but the number of patients whose total DES score of 20 and above was higher in conversion disorders.

Conclusions: As a result of this present study we concluded that to enlighten the concepts of conversion, somatization and dissosiation further studies are necessary.

P51.03

Somatoform disorders and depression in pregnant women with preterm labor

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A significant reduction of birthrate from 17,1/1000 in 1986 to 8,8/1000 in 1997 was estimate in Belarus. 17% of all pregnant women experienced preterm labor. Mental disorders are known as the important risk factors of a preterm labor.

Objective: Assessment of the depression level in pregnant women with preterm labor who had a numerous somatic symptoms without physical basis. All of them met the criteria of somatoform disorders (F-45 ICD-10).

Methods: Hamilton depression rating scale (HDRS) and Zung self-rating depression scale (ZSRDS) were applied.

Results: All of the examined women (53) have had the moderate depression level according to ZSRDS. 47 women (88,6%) have had mild depression level and 6 women (11,4%) have had moderate depression level according to HDRS. Middle rates of ZSRDS were 10,5. Middle rates of HDRS were 27,8. Data analyses revealed statistically significant ($p<0,05$) predominance of level in ZSRDS over HDRS.

Conclusion: Pregnant women with symptoms of preterm labor accompanying somatoform disorders suffer from depression rather frequently. Applying only HDRS may result in underestimation of depression in pregnant women increasing the possibility of preterm labor.

P51.04

Somatoform disorder or affective disorder? Questions about a correct diagnosis

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Aim of the present study is helping to a timely differential diagnosis between affective and somatoform disorders, a complex of somatizations being very common in affective disorders, thus inducing a misled or equivocal diagnosis. This may especially happen in general practitioner's office, where a somatoform symptom is much more likely to come across rather than a mood deflection does. During the last five years the Division for Study of Psychosomatic Diseases and Management of Stress used the SDS interview (Somatoform Disorder Schedule by G.Tacchini & J.Sironi, version 2.0) to systematically diagnose somatoform disorders; the interview includes a section aimed to assess Neurasthenia, a positivity in which may lead to a Somatoform Dirsorder Diagnosis, but could suggest as well that an affective disorder is being misunderstood. Such a diagnostic doubt was enhanced by a positive correlation between Neurasthenia and caseness in Depression cluster referring to the SCL90R questionnaire (Symptom Checklist 90 Revised by Derogatis). Conclusions will follow and will be discussed.

P51.05

Place and characteristics of somatoform disorders in the continuum of affective somatization

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Objective: To study the main psychopathological and psychological characteristics of somatoform disorders as an element of affective disorders continuum.

Hypothesis and results: Anxiety, anxiety-depressive and somatoform disorders are examined as unified continuum in which psychopathological phenomenon change each other in series – anxiety, anxiety depression, depression and anxiety, depression and aggression during somatoform disorders. The chain creates due to intrapsychic mechanisms in which the mechanisms of psychological protection with gradual forming of disorder's positive meaning, which reaches the maximum during somatoform disorders, are increased.

172 patients with generalized anxiety disorder, depressive episode, anxiety-depressive and somatoform disorders were examined by clinical and clinico-quantitative methods. It shows that depression and anxiety are reduced during somatoform disorders. Using of psychological protection, aggression demonstration, including of common dissociative disorders into clinical finding and functioning of positive meaning of disease as a dominating way of frustrated situations' solving, decrease the level of depression and anxiety during somatoform disorders, but intensify filling of guilt. Intensification of this component in combination with aggression led to increasing of forms of behavior, which are directed to search of somatic matrix of disorder, intensification of denial syndrome of psychological mechanism of disorders.

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