

(SPSS): descriptive statistics, t-criterion, correlation, Mann-Whitney criterion.

Discussion: of 70 delinquent adolescent girls (DAG), 97% were exposed to some traumatic event in lifetime, 77% had PTSD symptoms, including 38,5% in severe form. The largest risk of PTSD development in DAG was associated with rape, the death of a parent, long enforced separation from them. Risk factors of PTSD development in DAG depended on personality, cranial-brain injury, sexual-role behavior disturbance, family problems. A high index on the Spilberger test for personality anxiety, hypochondria, affect rigidity, psychasthenia, autization with a low index on the MMPI correction scale and primary use of immature personality defense mechanisms (regression and projection)- are personality predictors of PTSD development in DAG.

Conclusions: practically all DAG were exposed to single traumatic event in lifetime. Roughly 40% of DAG developed clinically severe PTSD, almost three times more than in girls with socially approved behavior. The largest risk of PTSD development in DAG was associated with rape. The other significant predictive risk factors: low socioeconomic family status; lack of social and psychological support; anxiety tendency in early childhood; unformed mature personality defense mechanisms when adolescent. It is typical for severe PTSD in delinquent girls to be relatively equally represented by reexperience, avoidance, increased arousal; high degree comorbidity with other anxiety disorders (panic attacks, obsessive-compulsive disorder), somatoform and depressive disorders.

P241

Nonbenzodiazepine versus benzodiazepine hypnotic efficiency analysis in older people

D. Vasile, O. Vasiliu, M. Vasile, M. Sarmache, M. Terpan.
Department of Psychiatry, Emergency Military Hospital, Bucharest, Romania

Background: Poor sleep quality causes frequently and seriously impairments in older people daily functioning. More than that, inadequate treatment of insomnia side effects further decrease patients quality of life.

Objective: We examined whether between nonbenzodiazepine and benzodiazepine hypnotic treatment are significant differences regarding sleep quality, total sleep time, sleep onset latency, number of awakenings during the night, global functioning and side effects.

Method: A group of 40 outpatients, 16 male and 24 female, mean age 67.9, diagnosed with insomnia, was divided in two equally groups, each of them receiving for at least 7 days either zolpidem 5 mg/day or diazepam 10 mg/day, overnight. Inclusion criteria: age over 65. Exclusion criteria: physical illness and psychiatric disorders that disrupt sleep, simultaneous administration of other sedative drugs. An assessment using Clinical Global Impressions (CGI), Global Assessment of Functioning (GAF) and self reports for depth, total perceived time, onset latency of sleep, number of awakenings during night and side effects were realised every day for a week.

Results: The intent-to-treat (ITT) and last-observation-carried-forward (LOCF) analysis reflected statistically significant differences from the day 2 in four variables- depth of sleep (+3/+1.2, $p < 0.01$), number of awakenings (+3.2/+4.9, $p < 0.01$), GAF (+7.8/+5.5, $p < 0.01$) and CGI (-1.9/-0.7, $p < 0.01$) in favor of zolpidem treated patients. Also, side effects were significantly more frequent reported in benzodiazepine group (15/10, dropouts 3/1, $p < 0.01$).

Conclusion: Zolpidem is a first choice treatment in older people because it is well tolerated and have a good efficacy profile compared to diazepam.

P242

The problems of individual dynamics of stress-related disorders

D.Y. Veltishchev, K.B. Kovalevskaya, O.F. Seravina, G.S. Bannikov.
Department of Stress-Related Disorders, Moscow Research Institute of Psychiatry, Moscow, Russia

It is known now that the dynamics and prognosis of stress-related disorders depends on the persistence of stress syndrome (re-experiencing, avoidance/overcoming, arousal) related to the symptoms of anxiety. Much less attention had paid to other ways of dynamics of stress-related disorders. The preliminary results of the investigation of stress-related disorders in general and specialized medical practice have shown three affective ways of psychic trauma fixation and stress-related disorders persistence – anxious, melancholic and apathetic. For further elaboration of affective model of stress-related disorders integrated psychiatric and psychological approach is applying.

P243

A psychophysiological investigation of emotional processing in subjects with panic disorder

U. Volpe, A. Mucci, F. Centanaro, E. Merlotti, S. Galderisi.
Department of Psychiatry, University of Naples SUN, Naples, Italy

Recent evidence reveals that subjects with panic disorder tend to interpret ambiguous stimuli as dangerous and/or threatening and present an attentional bias for threat-related cues. The present study is aimed to investigate, by means of high temporal resolution imaging techniques, the automatic processing of emotional stimuli in subjects with panic disorder (PD).

To this aim, we enrolled 33 drug-free patients with a DSM-IV diagnosis of PD and 26 healthy controls. The two groups were comparable for age, education and gender distribution. Event-related potentials (ERP) were recorded from 30 scalp electrodes while subjects were attending a modified visual oddball task, in which rare target and frequent standard stimuli were randomly intermixed with emotional (neutral, phobic, erotic and threatening) rare distractors. The topographic characteristics of the ERP components were analyzed using the brain electrical microstates (BEM) technique.

Patients with PD had a shorter duration of the first microstate for all distractors, except for the threatening stimuli, as compared to controls; in PD patients, the processing of threatening stimuli was associated with a different microstate sequence in early cognitive stages and a longer duration of microstate classes in early and late cognitive stages, with respect to healthy subjects.

In line with previous findings, our study showed abnormalities of emotional processing in subjects with PD. Furthermore, in line with cognitive models of PD, our results indicate an attentional bias for threatening information.

P244

Assessment of exposure and resistance to emotional stress

J. Suliburska¹, G. Duda², Z. Krejpcio¹, R.W. Wojciak¹.
¹ *Department of Human Nutrition and Hygiene, August Cieszkowski Agricultural University of Poznan, Poznan, Poland* ² *Department of Bromatology, University of Medical Sciences in Poznan, Poznan, Poland*

Emotional stress has been reported to be related to higher blood pressure and unfavorable cardiovascular profile. The aim of this study was to estimate the exposure and the resistance to emotional stress in

hypertensive patients. The study population comprised: 91 subjects with diagnosed primary hypertension (study group: 46 women and 45 men, mean age 50.6 ± 8.5 ys) and 71 healthy volunteers (control group: 41 women and 30 men, mean age 45.3 ± 7.3 ys). The level of exposure and the resistant to emotional stress in subjects was assessed on the basis of a questionnaire that included items related to emotional stress in all life periods (from childhood throughout adolescence to adulthood, both in the private life and in social situations) as well as the resistance to stress in their own sense as good, moderate or weak. All the participants had also measured blood pressure. Significantly higher percentage of hypertensive subjects declared weak resistance to stress than healthy people. The least percentage of the study group declared low exposure to stress, the greatest percentage of subjects was exposed to frequent and relatively high stress in all periods of life, while an inverse proportion was found in the control group. Analysis of blood pressure did not show significant dependence on the stress level in both studied groups. It is justified to conclude that hypertensive patients were more exposed and less resistant to emotional stress than healthy people.

P245

The complex therapy of anxiety-depressive disorders at adolescents

I.V. Zabozaeva, F.F. Belikov. *Department of Child and Adolescent Psychiatry, Ural Medical State Academy of Additional Education, Chelyabinsk, Russia*

Introduction: It's sometimes difficult to choose whether drug therapy or/and psychotherapy for adolescents with anxiety-depressive disorders. An antidepressant's therapy is sometimes complicated by a defensible position of adolescent, because the prolonged course of antidepressants has negative side effects. An early improvement plays an important role when psychotherapy is used. In most cases it helps to achieve prolonged remission and to avoid relapses.

It's necessary to form a rational approach in therapy of anxiety-depressive disorders by combination of drug therapy and psychotherapy.

Methods: 35 adolescent in the age of 15 – 17 with symptoms of anxiety – depressive disorders were observed. SSRI fluvoxamine maleate and course of cognitive psychotherapy were used. The effectiveness of therapy was valued at once and also in 6 and 12 months after the therapy. The degree of improvement, remission, convalescence and exacerbation were measured by Beck's scale.

Results: Those adolescent who received a complex therapy had an early positive results. Also they had more expressive improvement at once and in 6 and 12 month after course of the therapy and had a lower rate of exacerbation and had prolonged remission.

Conclusions: The complex therapy revealed to be more effective than drug therapy and psychotherapy separately. Combining SSRI antidepressants with cognitive psychotherapy helps clinicians to prolong remissions and to decrease the exacerbation rate at adolescents with anxiety-depressive disorders.

P246

Increased risk of mortality after an acute coronary syndrome among patients with comorbid anxiety and depression

B.D. Thombs¹, R.C. Ziegelstein², D.E. Stewart^{3,4}, S.E. Abbey^{3,4}, S.L. Grace^{3,4,5}. ¹ *Department of Psychiatry, Sir Mortimer B. Davis - Jewish General Hospital and McGill University, Montreal, QC, Canada* ² *Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA* ³ *Women's Health*

Program, University Health Network, Toronto, ON, Canada

⁴ *Faculty of Medicine, University of Toronto, Toronto, ON, Canada*

⁵ *School of Kinesiology and Health Science, York University, Toronto, ON, Canada*

Background and aims: Symptoms of at least mild depression (Beck Depression Inventory [BDI] ≥ 10), are associated with mortality in acute coronary syndrome (ACS) patients. The BDI, however, is largely a measure of general distress and does not discriminate well between anxiety and depression. We examined the independent contributions of anxiety and depression, as classified by the self-report version of the PRIME-MD, to mortality 1-year post-ACS.

Methods: Prospective observational study of 765 ACS patients assessed with the PRIME-MD and BDI during hospitalization and followed for 1 year. Logistic regression to predict 1-year mortality based on in-hospital assessments.

Results: Based on the PRIME-MD in-hospital, 99 patients (12.9%) screened positive for panic disorder, 58 (7.6%) for general anxiety disorder, and 174 (22.7%) for depression. Of 266 patients (34.8%) with a BDI ≥ 10 , 100 (37.6%) had no PRIME-MD diagnosis, 70 (26.3%) had only depression, 23 (8.6%) had only an anxiety disorder, and 73 (27.4%) had depression and an anxiety disorder. Controlling for age, gender, Killip class, prior myocardial infarction (MI), and cardiac diagnosis (MI vs. unstable angina) and compared to patients with no PRIME-MD diagnosis, the odds ratio of mortality was 1.75 (95% confidence interval [CI] 0.66 to 4.64, $p = .26$) for patients with depression alone, 2.97 (CI 0.93 to 9.55, $p = .07$) for patients with anxiety alone, and 4.43 (CI 1.72 to 11.40, $p < .01$) for patients with both depression and anxiety.

Conclusions: When assessing the psychosocial status of ACS patients, both depression and anxiety should be considered.

P247

The effects of therapeutic touch on anxiety and cardiac dysrhythmia in cardiac catheterization clients

M. Zolfaghari, M. Haztati, G.H.R. Sameh. *Nursing & Midwifery School, Tehran Medical University, Tehran, Iran*

This research is a quasi-experimental study that was performed in a Tehran hospital. The purpose of this study was to determine the effect of therapeutic touch on anxiety, vital signs and cardiac dysrhythmia in cardiac catheterization female clients. The non-random sample consisted of 71 subjects, that case 3 was omitted for some reason. 68 clients were randomly assigned to: experimental (26), placebo (21) and control group (21). Experimental group received therapeutic touch for 10-15 minutes (one hour before catheterization). Placebo group received mimic therapeutic touch (without centering or intent to help) and control group did not receive any therapy.

Basic data collected by Spielberger anxiety test, check list of cardiac dysrhythmia and paper of record vital signs before and during catheterization.

Analysis of data was computerized adopting SPSS package software.

Results: Finding of this study indicated: therapeutic touch caused a reduction in the state of anxiety ($p=000$), no effect on trait anxiety. In addition, therapeutic touch was effective on systolic blood pressure ($p=0.002$), pulse rate ($p=000$) and respiratory rate ($p=0.0014$) during catheterization and effective on cardiac dysrhythmia only on sinus tachycardia ($p=0.005$).

Conclusions: Results suggest this method is effective on anxiety in stressful situations.