months. Children with higher number of routines appear to belong to families with significantly higher OC scores, and significant family histories for OCD spectrum disorders.

Conclusion: OC behavior is common among young children, and its persistent presence is associated with higher number of OC behaviors as well as the presence of OCD in the household. The frequencies are comparable to Israeli and American findings using the same methodology.

YRP.22

Dissociation, pain threshold and treatment of eating disorders

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Objective: In eating disorders pain sensitivity has been repeatedly described to be changed without plausible explanation. We studied the relation between pain threshold and dissociation scores rated by Body Attitude Test (BAT, Probst et al. 1995) as we hypothesized that the changed body image perception (overestimation of the body size) may result from similar dissociative phenomenon as pain perception.

Methods: The pain threshold and body perception were tested in control group of young healthy women (n=13) and in the DSM IV diagnozed hospitalized patients with eating disorders (n=14) at the admission and discharge period. The pain threshold latency was measured 3 times both in rest and stress conditions using thermal Analgesia Meter. The rest periods were followed by mental arithmetic task (MAT-subtraction 7 from 700), alimentary test (AT-consumption of sweet biscuits) and cold pressor test (CPT – left hand was immersed in ice-water mixture about 2°C.) BAT was administered at the beginning and unpleasantness of stresses was assessed using 100-mm visual analogue scale at the end of the experiment. Data analysis was done using Pearson's correlation and ANOVA.

Results: Our results showed a significant relation between pain threshold measured during the rest and mental and cold stress and the BAT 2 subscale scoring the degree of dissociation. The scores of unpleasantness during AT only correlated positively with BAT subscales 1,2 and total score and with the 3rd pain threshold during the AT and during the rest preceding the AT. The unpleasantess of MAT correlated negatively with the 3rd measurement of pain threshold and positively with the illness duration. The pain perception and BAT changed during the treatment in correlation with BMI and diagnostic subtype (anorexia and bulimia nervosa).

Conclusion: Our results reflect the associatin between pain perception and dissociation and its changes with the course and the severity of the illness as shown in previous study (Yamamotová, Papežová 2001). The correlation analysis revealed that 1st and 3rd measurements of pain threshold had different values. The 1st modified by higher general arousal of new task corresponds to anticipatory anxiety and subscale of BAT with affective dimension. The 3rd may be considered habituated and objectively reflecting intensity of specific stressor (sweet food offer during alimentary stress in eating disorders). Subjective unpleasantness during AT corresponds to several factors of BAT and therefore could measure the intensity of diagnose specific stressor as well. Futher studies are needed to specify clinical benefits and predictive value of changes of the pain treshold answer to different stresses in diagnostic eating disorders subtypes.

Supported by grants: NF 6137/3 and MSM111100001.

YRP.24

The candidate gene approach in affective disorder: the European Collaborative Project on Affective Disorders

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Linkage analyses and association studies are the two common types of strategies used in genetic studies. Linkage analyses aim at detecting a cosegregation of a specific variant (allele) of a genetic marker with a particular disorder in families. Association studies aim at demonstrating a significantly different distribution of gene variants (alleles) in control and affected populations. Evidence supporting the possible role of neurotransmitter changes in the pathogenesis of some psychiatric disorders has led to a candidate gene strategy in association studies. The European Collaborative Project on Affective Disorders (ECPAD) «Interactions between genetic and psychosocial vulnerability factors», involving 14 european centers apply a multicenter-based methodology to examine the possible role of candidate genes (see table) in affective disorders. Special attention is given to statistical analysis, the statistical power of the samples and the interaction with psychosocial variables. More than 3000 subjects have been recruited for case-control association studies with candidate genes. This material provides a powerful tool in the search for susceptibility genes in affective disorders and also takes into account non-genetic aetiological factors. Phenotypic heterogeneity has been considered and subgroups analyses have been conducted with relevant variables: age at onset, family history, suicidal behaviour, psychotic features and diagnostic stability. The results of association studies in Bipolar and Unipolar affective disorders will be presented.

Gene	Name	Position
TH	Tyrosine Hydroxylase	11 p 15-5
TPH	Tryptophane hydroxylase	11p15.3-p14
DRD3	Dopamine receptor D3	3q 13-3
DRD2	Dopamine receptor D2	11 q 22 - q 23
GABRA1	gamma-aminobutyric acid - A receptor, alpha 1	5 q 34 - q 35
DRD4	dopamine receptor D4	11 p 15.5
HTR2a	5 hydroxytryptamine receptor 2a	13 q 14 - q 21
HTR2c	5 hydroxytryptamine receptor 2c	Xq24
HTT	Serotonin transporter gene	17 q 11.1 - q12
GABRA5	Gamma-aminobutyric acid-A receptor, α 5	15 q 11 - q 13
GABRA3	Gamma-aminobutyric acid-A receptor, α 3-	Xq 28
NOS	Nitric Oxyde Synthetase	12q24.2-12q24.31
PLA2	Phospholipase A2	12q23-12qter

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https://doi.org/10.1016/S0924-9338(02)80958-0 Published online by Cambridge University Press