

follow-up 68%). Mental health was screened for symptoms of anxiety and depression at baseline by self-report on 12 items (the Anxiety Depression Index-12). Self reported whiplash trauma was registered as a dichotomy at follow-up, and followed up with age at whiplash trauma in positive cases.

Results: Whiplash trauma was reported by 956 individuals at follow-up, whereof 277 were reported to have occurred between baseline and follow-up. Symptoms of anxiety and depression increased the likelihood of self-report of whiplash trauma at follow-up (OR=1.24 per SD increase in mental symptom load, 95% confidence interval 1.10 – 1.40, $p < .001$), adjusted for age and gender. Whiplash was associated with increased disability pension award.

Discussion: Our finding suggests that the increased level of psychopathology found in individuals with a history of whiplash trauma might partly be present already prior to the whiplash injury. This finding is contrary to the common conception of causality in the whiplash-mental health association.

Symposium: Recent findings in alexithymia research

S25.01

Alexithymia among Finnish male prisoners

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Some earlier studies have reported a positive association between alexithymia and delinquency. We studied this association in a sample of Finnish prison inmates. A questionnaire including the 20-item Toronto Alexithymia Scale (TAS-20), the 13-item Beck Depression Inventory and questions on socio-demographic variables as well as current and previous convictions, was delivered to 209 male prisoners. Of these, 113 individuals (54.1%) aged 17-65 years (mean 33.5) returned the questionnaire acceptably filled in. From a general population study, 1300 men aged 30-50 years (mean 40.3) were drawn as a control group.

The prevalence of alexithymia (TAS-20 cut-off point 60/61) was 7.5% in the population sample and 26.5% in the prisoner sample ($p < .001$). In a logistic regression analysis, controlling for age, marital status, basic education and depression, being a prisoner was still highly significantly associated with dichotomous alexithymia (OR 2.60, $p = .003$). Moreover, the mean TAS-20 score differed significantly between the samples (45.9 vs. 50.6 points, $p < .001$).

Of the prisoners, 18 (15.9%) reported having committed homicide. When they alone were compared with the population sample, no significant difference in the prevalence (7.5% vs. 11.1%) or level (mean TAS-20 score 45.9 vs. 46.8) of alexithymia was found. In a logistic regression analysis with confounders, being a convict confessing to homicide was not associated with alexithymia.

Male prisoners are more alexithymic than men in general population. There are, however, differences between different types of crimes. Those who confessed to homicide were, surprisingly, not more alexithymic than controls. Studies with larger samples are needed.

S25.02

Familial transmission of alexithymia

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Alexithymia represents a risk factor for psychiatric and psychosomatic disorders and is associated with a less favourable outcome in various treatments modalities. With prevalence rates up to 30% in subjects seeking psychiatric or psychotherapeutic treatment, there is an urgent need for a better understanding of the psychobiology of alexithymia. Previous studies have described an association between alexithymic traits of mothers and their offspring but did not investigate the fathers' contribution. Therefore, psychological mechanisms like the mother-child bonding may exclusively account for the observed association. The aim of the present study was to extend this research strategy to fathers, too.

The familial transmission of alexithymia was assessed in 86 child-parents trios. Significant associations between the TAS-20 scores of the children and mothers and children and fathers were found. The results were adjusted for age, gender and education. Factor 1 (difficulties identifying feelings) showed the largest intrafamilial association.

The significant association of both fathers' and mothers' TAS-20 scores with the TAS-20 scores in the offspring strongly support a familial transmission of alexithymia. As both parents contributed to the TAS-20 score of their offspring, psychological and genetic factors may be responsible for the observed association. Thus, in addition to psychological research of affect development and differentiation the search for genetic mechanism for alexithymia should be started.

References

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S25.03

Does alexithymia predict non-response to psychotherapy?

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Background and Aims: Some studies have shown that alexithymic patients respond poorly to pharmacotherapy and that alexithymia may have a negative impact on the naturalistic course of psychiatric illnesses. The view that alexithymic patients are also less responsive to psychotherapy is often described in the literature, but few empirical studies have examined this issue, with inconsistent results.

Methods: We conducted two prospective studies (pre/post/follow-up) with patients with panic disorder and obsessive-compulsive disorder, to evaluate alexithymia as a potential predictor of the outcome of cognitive-behavioral therapy (CBT) including exposure response management. A further aim was to examine the absolute and relative stability of alexithymia.

Results: Regression analyses revealed that alexithymia, as measured with the 20-item Toronto Alexithymia Scale, was related neither to the post-treatment nor to the follow-up outcome. The repeated measures ANOVA showed a significant decrease of alexithymia over time,