Mon-P32
SSRIs AND SEXUAL OBSESSIONS

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With the advent of serotonergic specific reuptake inhibitors (SSRIs), effective pharmacologic management of obsessive compulsive disorder (OCD) has become possible. Sexual obsessions have not been adequately addressed with this intervention. Some hypothesize that the sexual dysfunction associated with SSRIs, rather than true control of OCD features, is the mechanism of action. The authors report two different cases wherein sexual function was unchanged and the mechanism of action is clearly control of OCD. In the first case, a patient with a twenty-five year history of compulsive phallus sightings without sexual arousal or subsequent increased masturbatory or heterosexual activities was controlled with 20 mg fluoxetine daily. In the second case, a bipolar patient in manic phase became hypersexual on the Internet (6–8 hours daily on-line in sex chat rooms) with such behaviors continuing as he cycled down into euthymic and then post-manic depressed states until the activities were controlled with 150 mg sertraline daily. The effective treatment by SSRIs in both cases without sexual dysfunction assisted in defining these cases as OCD as opposed to addictions. The authors recommend the use of SSRIs in the treatment of sexual OCD. Further, the authors recommend prospective studies to determine which SSRI is most efficacious while having the least adverse effects in this population.

Mon-P33
COMORBIDITY OF OBSSESIVE COMPULSIVE SYMPTOMS WITH CHILDHOOD STUTTERING

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Object: In our clinical observation, the obsessive symptoms could be seen often in stuttering children. This study is aimed to evaluate obsessive symptoms in children and adolescents with stuttering.

Method: 22 child and adolescent outpatients, aged 9–14 (mean 10.95 ± 1.73) were interviewed at Cukurova University School of Medicine Child and Adolescent psychiatry department between January and September 1997. Only the children whose primary symptoms were stuttering without a comorbid disorder were included. Maudsley Obsessive Compulsive Questionnaire (MOCQ), Depression Inventory for Children (CDI) and State-Trait Anxiety Inventory for children (STAI-C) were administered. 20 children and adolescents aged 9–14 (mean 11 ± 1.59) with nocturnal enuresis without a comorbid disorder were taken as control group.

Results: No statistical difference was found between the groups in the mean scores of questionnaires given. In stuttering group, 7 children (%32) were assessed to have severe preoccupation with stuttering while the rest of them had it mildly. MOCQ scores were slightly higher in stuttering group (mean 21.14 ± 5.53 to 17.95 ± 5.22) with no statistical significance ($t = 1.92$, $p = 0.063$).

Conclusion: This study underline the obsessive symptomatology in children and adolescents with stuttering.

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THE RELIABILITY AND VALIDITY OF POLISH VERSIONS OF THE LEYTON OBSESSIONAL INVENTORY-CHILD VERSION AND THE CHILDREN'S YALE-BROWN OBSESSIVE COMPULSIVE SCALE (CY-BOCS)

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A number of rating instruments have been used in the assessment of obsessive compulsive symptoms. Common approaches include various self-reports, clinician-rated interviews and clinical-rated global impression scales. Self-report commonly used with obsessive children and adolescents is the Leyton Obsessional Inventory-Child Version (LOI). The standard and specific measure of the severity of obsessive-compulsive symptoms is the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and its modified version for children, the Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS).

Objective: to evaluate the reliability and validity of Polish Versions of the LOI, the CY-BOCS and author's questionnaire based on DSM-IV diagnostic criteria.

Method: the reliability and validity of above mentioned scales were examined during a two-stage epidemiological study designed to investigate obsessive-compulsive (OC) symptoms in non-referred adolescents. LOI was fulfilled by 2884 pupils in the fists stage of study, CY-BOCS by 148 pupils in the second.

Results: The internal reliability of LOI (Cronbach's alpha) was 0.81. Cronbach's alpha coefficient for the 10 items of CY-BOCS Total Score was 0.91, for the 5 items of the Obsession Subscale of CY-BOCS was 0.85 and for the 5 items of the Compulsion Subscale was 0.8. The CY-BOCS significantly correlate with the LOI and author's questionnaire based on DSM-IV criteria for OCD.

Conclusions: Polish Versions of the Leyton Obsessional Inventory-Child Version and the Children's Yale-Brown Obsessive Compulsive Scale are reliable and valid instruments assessing various aspects of obsessive-compulsive symptoms.

Mon-P35
ELECTROCONVULSIVE THERAPY IN SEVERE OBSESSIVE-COMPULSIVE DISORDER

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Introduction: The general consensus is that ECT is not useful in the obssesive-compulsive disorders (OCD) patient who is not endogenously depressed or alone on OCD. Approximately 50% of patients fail to respond to an apparently trial with serotonin reuptake inhibitor (SRI) or cyclic and a typical antidepressants.

Material and Method: The sample was consisted 66 inpatients with diagnosis of obssesive-compulsive disorder. Two groups were stablished: seventeen with ECT treatment and forty nine with SRI or cyclic antidepressants.

Results: There were not statistical differences between them in relation of gender and age. The therapeutic efficacy of ECT was assessed by using Hamilton Rating Scale for Depression and Yale-Brown Obssesive-compulsive Scale.

Clinical Global Impression Scale showed marked improvement in 60% of patients in both groups. There were not differences in both groups. Group with ECT (average 7.9/patient) showed more days of hospitalisation: 37.68 versus 30.15 days.

Conclusion: ECT is not useful in the therapy of obsessive-compulsive disorder.

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Mon-P36

CLINICAL VARIANTS OF OBSESSIVE-COMPULSIVE DISORDERS OF ORGANIC GENESIS

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We analysed the group of patients (N = 44) of specialized hospital of exogenous-organic psychical disorders and epilepsy. These patients were suffering from the consequences of the organic decease of brain with different genesis including neonatal pathology, repeated brain injures, neuroinfections etc. In the status of 26 patients we diagnosed paroxysmal disorders. The control group included patients with the same psychical disorders suffering from schizophrenia. Comparative clinical and psychopathological analysis of obsessive - compulsive disorders in both groups demonstrated some specialities of structure and dynamics of the following syndromes, determined by the organic brain decease including secondary neurotic mechanisms. Compulsive ideatoral and motoric disorders appeared in patients with the different range of psycho-organic syndrome including mnemic and intellectual, paroxysmal disorders and psychopathic behaviour. Affective disorders also frequently accompanied or preceded obsessive and compulsive syndromes, such as anxious depression, dysphoria. The contents of impulsive-compulsive syndromes were simple, without tendency to complication. Also some obsessions stereotyped, frequently repeated, but symbolic actions we observed seldom. In dependence with the dominating components of obsessive-compulsive syndrome we can distinguish the following variants: 1. motoric (simplex and complex compulsive disorders); 2. ideatoric obsessions; 3. mixed disorders with the symptoms of 1 and 2 variants.

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PHENOMENOLOGY OF OBSESSIVE-COMPULSIVE SYMPTOMS IN NON-REFERRED POLISH ADOLESCENTS

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Obssesive-Compulsive Disorder (OCD) is a debilitating problem for many patient who suffer from it. Phenomenology of OCD is well described, however in referred patients. There are a few studies concerning the obsessive-compulsive symptomatology in non-referred child and adolescent population. In practically all studies, obsessions regarding dirt and contaminations, as well as compulsive washing rituals, are described as the most common symptoms.

Objective: To assess the phenomenology and severity of obsessions and compulsions in a nonclinical adolescents population.

Method: In the second part of a two-stage epidemiological study of obsessive-compulsive (OC) symptoms in non-referred adolescents, clinicians interviewed 148 primary schools pupils selected based on the Leyton Obsessional Inventory-Child Version administered in the first stage: 96 subjects reflecting possible subclinical or clinical OCD and 52 from control cohort. Severity of OC symptoms was assessed with the Children's Yale-Brown Obsessive-Compulsive Scale.

Results: The OCD cases identified (10 from high-risk cohort and 1 from control cohort) had characteristics similar to those of clinical cases. Of special interest is that none of these children were under the professional care. The were no significant differences between prevalence of subclinical OCD in these both cohorts.

Mon-P38

CREATIVE THERAPY AND SOCIAL PHOBIA. A NATURALISTIC CASE-STUDY

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A twenty-two years-old female with social phobia (DSM IV) was in treatment for five mounths in a weekly consultation basis with a creative therapy technique, without any psychopharmacologic medication, and with total symptomatic remission. Drawing, painting and storymaking with pictures aid, were used to achieve meaningfull representations of emotionally charged past and present situations. Memory for visual information is sometimes greater than for verbal information and what we tend to remember is the picture's meaning, not its physical appearance. As past recollections often become distorted by the "misinformation effect", even when they produce "catarsis", the present case-study discusses the results not on a reupdating conflicting memories basis, but within a cognitive changing life-narrative framework and a modified systematic desensitization approach, using a imagining creative technique as a facilitator. As social phobia is usually rooted in a very strong imagery, when assotiated with specific personality traits, the author thinks that this kind of creative and integrative therapy could represent a good tool for this particular pathological situation, what needs obviously replication with a representative sample.

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PAROXETINE IN SEVERE SOCIAL PHOBIA

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Social phobia is a common and treatable condition. However, sufferers are reluctant to request medical help and by the time they present for treatment, the condition may have developed into a severe form associated with secondary comorbidity and maladaptive behaviour. Both patient disability and the most serious consequence of severe social phobia, suicidality, are increased with disease severity and the presence of comorbidity. Clearly, treatment of social phobia must be shown to be effective in patients with the most severe disorder and, ideally, should also be effective in common comorbid conditions, such as depression.

The SSRI paroxetine has previously been shown to be effective in a large randomised trial in patients with social phobia. The efficacy of paroxetine in severe social phobia was examined in a post hoc analysis of this 12-week, placebo-controlled trial. Severity of social phobia was defined as severe (Liebowitz Social Anxiety Scale (LSAS) total score $\geq$ 82; n = 85), moderate (LSAS total score 52–81; n = 78) or mild (LSAS total score $\leq$51; n = 19). At the end of treatment, the paroxetine-placebo difference in mean LSAS total score was greater in the severely affected patients (20.0; p = 0.001) than those with moderate disease (13.7; p = 0.02). Similarly, the paroxetine-placebo difference in percentage of patients rated as 'very much' or 'much' improved, as rated by Clinical Global Impression global improvement scores, was greater in the severe