

tension and big percentage of factors causing stress: up to 80% of doctors-psychiatrists and psychotherapists have SPB signs of different degrees.

As a new methodological instrument of studying professional activity of the psychiatric community, one can use synergetics which allows to look for transitions between spirit and substance occurring in persons. Arbitrariness of human behavior is dictated both by subjective (biopsychosocial properties) and objective factors simultaneously, it is not determined as simple summation of factors, but as system determination that contributes to human self-organization as a result.

The synergic approach presupposes considerable reconsideration of preventive and medical €“ rehabilitation strategies of care of persons with the syndrome of professional burnout. The biopsychosocial synergic model requires introduction of multidisciplinary brigade forms of organization of psychoprevention and SPB correction.

P0032

Influence of stressful life events frequency on multiple sclerosis disease activity

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Background and Aims: There is growing body of evidence that support an association between stressful life events (SLEs) and an increase risk for Multiple Sclerosis (MS) exacerbations. The aims of this study were: first, to examine the relationship between SLEs and MS exacerbations; second, to investigate how SLEs frequency influence MS disease activity.

Methods: Twenty six ambulating women (Expanded Disability Status Score, EDSS ≤ 3) with relapsing-remitting Multiple Sclerosis were followed-up for one year or more. Patients documented SLEs weekly in self report diaries which were then collected at regular clinic visits every 4 weeks. Neurological examination was performed, at baseline and at every regular and additional visit after a suspect exacerbation.

Results: A Cox univariate regression analysis showed that 1 or 2 SLEs had no effect on risk for relapses. In the opposite 3 and ≥ 4 SLEs were associated with 5.3 (95% CI 1.7 to 16.4, $p=0.003$) and 16.7 (95% CI 4.6 to 60.5, $p<0.001$) times respectively the rate of relapsing during the following four weeks. The number of the reported SLEs was not correlated with the EDSS score [$r(26)=-0.10$, $p>0.05$], the system involved [$r(26)=0.01$, $p>0.05$], or the duration of the relapse [$r(26)=0.02$, $p>0.05$].

Conclusions: This data provide prospective evidence that SLEs may trigger MS exacerbations. The effect of stress on relapse risk in MS is cumulative. A higher density of stress is not related with a mayor inflammation process.

P0033

Narrative Exposure Therapy compared to treatment as usual for refugees with PTSD - Preliminary results from a randomized controlled trial

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Background: There exist almost no data on the efficacy of treatment of posttraumatic stress disorder (PTSD) in refugees coming to Western countries, even though many studies show a very high prevalence of posttraumatic problems among refugees. The present study focuses on the efficacy of a culture sensitive treatment for PTSD primarily designed for work in refugee camps in third world countries. Using a randomized controlled design, Narrative Exposure Therapy is compared to Treatment as Usual in a sample of refugees and asylum seekers in Norway.

Methods: Adult refugees or asylum seekers diagnosed with PTSD according to DSM IV were included in the study. Treatments comprised of 10 sessions and follow-up interviews were conducted 1 and 6 months after treatment using Clinician Administered PTSD Scale, Mini International Neuropsychiatric Interview, and the Hamilton Rating Scale for Depression. The study will continue until the end of 2008.

Preliminary Results: So far, 72 patients with PTSD have been included in the trial, and among them 40 have completed treatment and post-tests. Preliminary results at 1 month follow up show a significant PTSD and depression symptom reduction in patients who had received NET and, to a much smaller extent, in those treated with usual therapy protocols. However, data present so far indicate that only in the NET group, PTSD and Depression symptom reduction remains stable over time.

Preliminary findings indicate the importance of providing also refugees and asylum seekers with focused treatment of PTSD, where Narrative Exposure Therapy seems to be a promising treatment approach.

P0034

Social functioning and stress coping in schizophrenic patients

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Introduction and Aims: We assumed that the schizophrenic patients with low social functioning use less successful stress coping skills. The study was designed to examine connection between social functioning and stress coping skills in a group of schizophrenic patients according to the influence made by age, gender, professional education, involvement in occupation therapy, guardianship, duration of illness and social contacts.

Methods: Examinees ($n=123$) with diagnosed schizophrenia accommodated at a social care Institution for mentally ill persons. The housing process was identified as a stressful event. Coping skills scale adapted from Arcel and Ljubotina and an Adaptive function scale according to Bellack have been used in the study. The following methods have been used for statistics: descriptive analysis, regression analysis, discriminatively analysis and group centroids.

Results: There were statistically significant between better social functioning and use of special types of stress coping, especially by females and patients involved in occupation therapy. There is no statistically significant difference between groups of examinees considering their age, professional education, guardianship and duration of

illness in relation to social functioning and stress coping skills. In reference to social contacts, statistically significant difference exists in the segment of stress coping while in social functioning there are no significant differences.

Conclusions: There were statistically significant differences between social functioning and stress coping skills in schizophrenic patients in term that patients with better social functioning use more successful coping skills. The results suggest that stress coping program for schizophrenic patients can influence the outcome of disease.

P0035

Role of psychogenic and stress factors in the formation of clinical forms of mental disorders

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Number of mental disorders, evolving as a result of old stress, is characterized of steady increase. Object of the work: determine the role of psychogenic and stress factors in the evolution of clinical forms of mental disorders. 84 patients (10 males and 74 females) from 18 to 64 years old were assessed. Each patient passed the questioning for the development of stress factors, where they specified one or several events of their life, which they qualified as a strong stress. The analysis of obtained data allowed to find out that 6 patients (7,14%) survived a death of child; 14 (16,67%) - death of husband and other members of family; 9 (10,71%) - a severe illness of the family member; 2 (2,38%) - an extremal situation with the life threat; 2 (2,38%) - a rape; 3 (3,57%) - a severe somatic disease; 8 (9,52%) - loss of work; for 7 (8,33%) of the subjects the alcoholization of husband became the main stress. In the most numerous group, consisting of 33 (39,29%) patients, the divorce was a reason for mental disorder. The study allowed to reveal, that the situations of death and illness of the relatives and kindered, divorce and alcoholization of the member of family became the cause of the development of depression (51,19%) and disorder of adaptation (30,95%). The anxious-phobic disorder developed in the patients (14,29%), which have lost the work. In the patients, who have had a severe somatic illness, a hypochondriac (2,38%) and anxious-phobic disorder (0,84%) were diagnosed.

Poster Session I: Personality Disorders

P0036

Relationship of substance use disorder to aggression in male subjects with antisocial personality disorder

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Objective: Aggression is a particular problem commonly observed in personality disorders, especially in antisocial personality disorder (APD). It is well known that APD is closely related to substance

use disorder (SUD). Individuals with higher aggression levels have also been suggested to have higher rates of SUD. The aim of this study is to investigate aggression levels and substance use characteristics of APD subjects with and without violent criminal behavior.

Method: A total of 124 male subjects with APD consecutively admitted to the Forensic Psychiatry Department of GATA Haydarpaşa Training Hospital were involved in the study. All subjects were evaluated with an assessment battery using a semi-structured interview for socio-demographic, APD, and substance use characteristics, APD section of SCID-II, SCID-I, and Aggression Questionnaire. The sample was divided into 2 groups in terms of having a history of violent criminal behavior and compared correspondingly.

Results: Of the APD subjects, 90.3% reported a lifetime history of substance abuse and 75% had a current co-diagnosis of SUD. APD subjects with violent criminal behavior were more likely to be diagnosed with SUD as compared to those without violent crimes. Moreover, APD subjects with SUD had higher aggression levels than those without SUD.

Conclusion: Our results indicate that substance use may mediate the association between APD and aggression. Therefore, the treatment of SUD in APD subjects is an important target particularly for prevention of violent criminal behaviors.

Keywords: antisocial personality disorder, substance use disorder, aggression

P0037

Alexithymia and aggression in patients with antisocial personality disorder

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Objective: Alexithymic characteristics have been observed in antisocial personality disorder (APD). On the other hand, aggression is a particular problem commonly observed in personality disorders, especially in APD. We investigated the alexithymic features and aggression levels in outpatients diagnosed with APD in a military hospital setting.

Methods: 71 male subjects diagnosed with APD and 81 sex and age matched normal subjects with no known medical or psychiatric disorder were assessed with an assessment battery using a sociodemographic data form, APD section of SCID-II, the Toronto Alexithymia Scale (TAS)-20 items, and Aggression Questionnaire.

Results: The subjects with APD have showed significantly higher rates of unemployment, lower educational and socioeconomic status. The APD group also displayed significantly higher scores on alexithymia and aggression than control group. APD subjects with higher scores of aggression revealed significantly higher scores of alexithymia.

Conclusion: Use of action to express emotions, a commonly observed feature of APD, was once considered to be a part of alexithymia. The subjects with APD may have less developed cognitive skills which lead to a failure in communicating their feelings. This may result in immature methods of communicating distress. Our study indicate that alexithymia may contribute to aggressive behavior in patients with APD. To draw a more definitive conclusion on this issue, larger community based studies that compares APD subjects with sociodemographically matched patient control groups are necessary.