

stressors was in better correlation with subsequent posttraumatic pathology than it was exposure alone.

Conclusion: Our results have shown that our Scale of Exposure and Distress could contribute to a better evaluation of the interrelations between intensity, frequency and subjective reactions to stressors and posttraumatic pathology in population exposed to different categories of traumatic experiences.

P03.472

PROGNOSIS OF REMISSION IN PARANOID SCHIZOPHRENIC PATIENTS

N.V. Govorin*, T.P. Zlova. *Medical Academy, Chita, Russia*

This paper presents the results of lipid peroxidation (LP) in patients with paranoid schizophrenia in therapeutic dynamics. The group under study included patients with continuous course of paranoid schizophrenia (n = 88, code F20.00) and episodic course (n = 47, code F20.02). The treatment consisted of insulin therapy and psychopharmacotherapy. The LP intensity was controlled by MDA, DK, KD and ST contents in blood serum. The antioxidant protection was estimated by katalasa contents in blood serum and the level of general antioxidant activity. The patients condition was determined in therapeutic dynamics according to psychiatric scale BPRS. The correlations among normalisation degree of LP, antioxidant protection and the quality of remission were testified. The most qualitative remission of schizophrenia of type "A" gives the complete normalisation of the indices ($p < 0.01$; $p < 0.001$). Schizophrenia of type "B" gives the decrease of LP activity up to control data only in patients with episodic course without growing defect (code F20.02). The schizophrenic patients with continuous course had no complete normalisation of the system "LP - antioxidant protection". The signs of antioxidant protection deficiency and high levels of LP activity were remained in remission of schizophrenia of type "C". The results showed that there is correlation between the remission type and the levels of normalisation of the factors in the system "LP - antioxidant protection". LP figures may be used in prognosis for quality of remission in patients with paranoid schizophrenia.

P03.473

OUTCOME IN PANIC DISORDER

S. Gariboldi, C. Cimmino, C. Balista, M.E. Menini, G. Paulillo, M. Amore, C. Maggini. *Institute of Psychiatry - University of Parma, Italy*

Objective: Results of a one-year-follow up study aimed to find out personality and clinical predictors of response to pharmacological therapy in patients with Panic Disorder are reported.

Method: A sample of 31 patients (9 males, 29% and 22 females, 71%; mean age: male 35.6 ± 13.3 ; female 31.2 ± 8.6) with a DSM-IV diagnosis of Panic Disorder with (n = 23; 74.2%) or without (n = 8; 25.8%) agoraphobia were assessed from the baseline to the end point visit with the following instruments: HAM-A, HAM-D, SCL-90, PAAAS, WAYS OF COPING, DSQ-40, TCI. At the end patients were divided into Responders (R: n = 23; 74.2%) and Non-Responders (NR: n = 8; 25.8%) on the basis of score reduction of anticipatory anxiety < 5 and absence of panic attacks for at least 4 weeks, were compared regarding symptoms, age of onset, coping, defence style, personality, temperament and character features.

Results: There was a significant difference in mean age of onset between R and NR (R: 29.9 ± 11.8 vs NR: 19.3 ± 4.1 ; $p = 0.02$). R differ significantly from NR in the intensity of unexpected attacks (R: 1.29 ± 2.9 vs NR: 4.5 ± 4.4 ; $p = 0.043$) and in the percentage of anticipatory anxiety (R: 38.7 ± 8.8 vs NR: 27.3 ± 10.3 ; $p = 0.032$). As for SCL-90 Scale R scored significantly lower in the dimension of paranoid ideation (R: 4.95 ± 4.2 vs NR: 8.87 ± 5.69 ; $p = 0.046$) while concerning coping and defence styles they adopted less avoidant-flight behaviours (R: 11 ± 4.8 vs NR: 20.1 ± 12.9 ; $p = 0.014$) and less immature defence than NR (R: 3.78 ± 0.87 vs NR: 4.89 ± 0.80 ; $p = 0.005$). Regarding temperamental dimensions R differ from NR in significantly lower scores in Harm Avoidance (R: 23.4 ± 3.9 vs NR: 27.5 ± 6.4 ; $p = 0.04$) and higher scores in Persistence (R: 4.6 ± 1.4 vs NR: 3.1 ± 1.9 ; $p = 0.02$). Character differs between R and NR: almost all dimensions of Self directedness were significantly higher in R than in NR (Self directedness tot, R: 26.5 ± 6.4 vs NR: 19.8 ± 4.8 ; $p = 0.01$). Purposefulness vs lack of goal direction, R: 4.5 ± 1.5 vs NR: 3.0 ± 1.6 ; $p = 0.02$. Self-acceptance vs self-striving, R: 4.0 ± 1.5 vs NR: 2.0 ± 1.6 , $p = 0.04$. Congruent second nature vs incongruent habitus, R: 7.9 ± 2.0 vs NR: 5.2 ± 0.8 ; $p = 0.01$).

Conclusions: These results suggest that an earlier onset of Panic Disorder, severity of unexpected panic attacks and anticipatory anxiety are negative predictors of outcome. Furthermore high scores of paranoid ideation, an avoidant style of coping and higher immature defences are indicative of poor response to treatment. Regarding Temperamental and Character aspects high scores in Harm Avoidance, low scores in Persistence and in all dimensions of Self Directedness suggest a poor outcome.