

**P09.02**

Reliable discrimination of axis II disorders in panic disorder

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**Objectives:** to set differential personality profiles for subgroups of patients with panic disorder diagnoses through the Temperament and Character Inventory (TCI), and to test its ability to discriminate those patients with a personality disorder (PD).

**Method:** 82 consecutive outpatients diagnosed of DSM-IV panic attacks with/without agoraphobia were administered DSM-IV structured interviews (SCID, SCID-II) and TCI. T-tests, partial correlations, and linear regression analyses were conducted.

**Results:**

1. Classification in terms of current/previous panic disorder diagnosis shows differences in TCI dimensions: Harm Avoidance and Self-directedness ( $p=0,001$ ;  $p=0,032$ ). No dimension is related to agoraphobia.
2. Presence/absence of comorbid current affective disorder shows differences only in Self-directedness ( $p=0,015$ ).
3. Regression analyses point to Reward Dependence as the only stable significant discriminant of PD ( $p<0,001$ ), though Self-directedness also reflects predictive power ( $p=0,001$ ) as other variables leave the regression equation.

**Conclusions:** the TCI reflects different temperamental profiles depending on emotional states. Nevertheless, presence of anxiety/depression shows distinct overall profiles (anxiety affecting Harm Avoidance, and depression affecting Self-directedness). Besides, the TCI seems to clearly discriminate personality disorders in axis I disordered patients, becoming a very useful clinical tool.

**P09.03**

Psychopathological evolution in patients with bladder tumor

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**Objectives:** It is axiomatic to say that psychopathological features change through time. However, some factors play a key role. In this study we focused on bladder instillation chemotherapy in patients with bladder tumor.

**Methods:** A sample of ten patients with bladder tumor were selected in order to comply with the inclusion criteria. A lag of six months was defined between the two evaluations. The following assessment tools were used: Symptom-Check-List-90-revised (SCL-90) and the "Inventário de Avaliação Clínica da Depressão" (IACLIDE).

The time series data was interpreted by means of an analysis of variance (within-subjects factor). It is a non-controlled study.

**Results:** The values obtained with the SCL-90 in the second evaluation do not show significant differences. However, standard deviations are less relevant. A IACLIDE result regarding incapacity towards work (IVT), shows a significant clinical improvement ( $p=0,047$ ).

**Conclusions:** It seems that the chemotherapy applied had, somehow, a normalising effect on the sample studied. Also, the data suggest that a certain psychopathological profile was imposed. Chemotherapy seems to lessen the incapacity towards work during a six-month period so this particular treatment appears useful, besides obvious medical gains, in the psychopathological profile of the sample studied.

**P09.04**

Heavy cannabis users seeking treatment: prevalence of psychiatric disorders

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**Objective:** To estimate the prevalence of psychiatric disorders among 1439 heavy cannabis users seeking treatment for abuse problems.

**Method:** Using 2 different registers comparisons were made with 9122 abusers of other substances.

**Results:** Cannabis users were younger and more often males, but otherwise demographic data suggested that the group was as marginalized as users of hard drugs. Secondary abuse was common with raised levels of amphetamine, alcohol and ecstasy consumption compared with other users. The prevalence of psychiatric disorders was high. Cannabis users had significantly raised levels of depression ( $p<0,0001$ ) and personality disorders ( $p<0,0001$ ) compared with users of other drugs, while the prevalence of schizophrenia was marginally raised ( $p<0,05$ ). These results were obtained after control for age, gender and secondary abuse, using logistic regression analysis.

**Conclusion:** Co-morbid psychiatric disorders are common among heavy cannabis users, and some disorders occur more frequently compared with users of other substances.

**P09.05**

Social anxiety and anxiety disorders

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Usually, high level of social anxiety is connected to social phobia. However, it is noticed that intense social anxiety may occur in frame of other anxiety disorders. The aim of our work was to estimate the level and characteristics of social anxiety that occur within various anxiety disorders. In order of getting necessary data, we used Anxiety Disorders Interview Schedule – Revised (ADIS), and for estimation of intensity of social anxiety Willoughby Personality Schedule (WPS). Results point to the fact that social anxiety is more intensive in group of patients suffering from anxiety disorders than in control group. The most prominent scores of social anxiety (WPS score >50) were dominant in Generalized Anxiety Disorder and Obsessive–Compulsive Disorder. Moderately increased values of the social anxiety (WPS score 30–50) were dominant in Posttraumatic Stress Disorder and Panic Disorder. In group with normal values of social anxiety (WPS score <30) was dominant Simple Phobia, in which values of social anxiety were closest to control group. Group of patients with positive comorbidity had higher scores of social anxiety compared to group with no comorbidity.

**P09.06**

Hormonal therapy of mental disorders caused by menopause

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We have studied the effectiveness of Hormonal Therapy (HRT) in treating mental disorders of nonpsychotic level among women with natural and surgical menopause. Seventy women have been examined: 33 had natural menopause and 37 underwent hysterophorectomy. We used clinical and psychodiagnosical methods. The astenic syndrome was proved to be not only most frequent, but proved