

condition. There are few systematic studies in nonclinical child and adolescents population. On the basis of these epidemiological data it is concluded that OCD is far more common than was previously believed. However, good epidemiological studies in other parts of the world than the US are still needed.

**Objective:** To investigate the frequency of OCD and subclinical OCD in Polish young adolescents.

**Method:** During a two-stage epidemiological study, a total number of 2884 pupils in Warsaw (Poland), aged 12–16 years completed the Leyton Obsessional Inventory-Child Version, consisting of 20 items. In the diagnostic stage the author's questionnaire based on DSM-IV diagnostic criteria for OCD and the Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS) were administered to 96 subjects reflecting possible subclinical or clinical OCD and 52 subjects from control cohort.

**Results:** The prevalence of OCD and subclinical OCD were found to be 0.38% and 2%, respectively.

**Conclusion:** Findings suggest that obsessions, compulsions and OCD are not infrequent among young adolescents and the disorder usually is not seen or recognized by health care professionals.

### FC66-3

#### HALLUCINATORY PHENOMENA IN EATING DISORDERS: FUNCTION AND SIGNIFICANCE

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By reporting some clinical cases we will attempt to analyze the function and importance that hallucinations play in anorexic and bulimic patients.

The defensive purpose against emotions of these psychopathologic symptoms becomes indeed obvious when they are going to be solved.

In clinical experience we found that hallucination and delirium, even if they are often hidden or confined to "body" and "food" territories, are always present among the symptoms in patients with eating disorders. Their range is extremely rich, ranging from negative hallucination to the appearance of monsters and goblins. In these pathologies, such phenomenology, often underestimated because usually not much evident, makes the border classically drawn between psychosis and neurosis useless, and if outlined and "understood" by the therapist, may lead to interesting developments in the treatment of these patients.

### FC66-4

#### ALTERATIONS OF AUTONOMIC CARDIAC CONTROL IN ANOREXIA NERVOSA

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**Background:** The author investigated autonomic cardiac function in anorexia nervosa.

**Methods:** Forty-eight patients, who in the present or past met the DSM-III-R criteria for anorexia nervosa, and sixteen normal control subjects participated in a standardized analysis of heart rate variability (HRV) during supine and standing postures.

**Results:** Several HRV-parameters showed an inverse correlation to the present weight of the anorexic subjects. The values of the spectral power analyses were significantly ( $p < 0.01$ ) lower in patients ( $n = 18$ ) weighing less than 75% of ideal weight when compared to the control group; however, the heart rate variability parameters of anorexic patients with restored weight ( $n = 12$ ) did not differ from those of the control subjects.

**Conclusions:** The obtained results provide evidence for autonomic cardiac dysfunction in acutely ill anorexic patients. The significance of these findings are threefold. First, there is an increasing evidence that alterations of the autonomic control should be considered as a risk factor for deleterious complications of the heart. Therefore, HRV-analysis is supposed to be a useful tool in monitoring the health of patients with anorexia nervosa. Second, in future studies it may be profitable to investigate whether anorexic patients with rigid cardiac autonomic nervous system function show a different treatment response to psychotropic as well as to psychotherapeutic methods than patients with intact autonomic regulation. Third, the strong influence of weight on the results of power spectral analysis deserves attention when investigating HRV in other psychiatric diseases, e.g., in depression and anxiety disorders.

### FC66-5

#### BONE MINERAL DENSITY IN ADOLESCENT GIRLS WITH ANOREXIA NERVOSA

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Osteoporosis is one of the physical complications of anorexia nervosa (a.n.). In order to determine the prevalence of osteoporosis in adolescent patient with a.n. and possible contributing factors the bone mineral density (BMD) were measured in cross-sectional and longitudinal studies.

**Material:** BMD of the lumbar spine (L2–L4) and the whole body (BMD-total) and body fat (%FAT) were measured during the first month of hospitalization in 49 a. n. girls aged 10.8 to 22.25 y (mean age 12.7). All patient met DSM-III-R criteria for a.n.. 25 patients returned for a follow-up examination after approx. a year (mean 12, 7 months) and 12 patients again after approx. 2 years (mean 25 months).

**Method:** The BMD was measured by dual-energy X-ray absorptiometry (using densitometer DPX-L Lunar). The values of BMD were expressed as BMD (g/cm<sup>2</sup>) which is calculated by dividing the bone mineral content by the projected bone width and Z-score below or above mean BMD for age. The correlation between BMD and clinical data (duration of illness, duration of amenorrhea, body mass index, % standard body weight, activity level, %FAT) were analyzed using Spearman's correlation coefficients. Differences between groups were analyzed using one way-ANOVA.

**Results:** 1) Low BMD occurs early in the course of the a.n.. 2) There were negative correlations between BMD and the duration of illness and the degree of undernutrition. 3) There was no correlation between BMD and duration of amenorrhea in patients with secondary amenorrhea. 4) The patients with primary amenorrhea had significantly lower BMD (3rd examination) than those with secondary amenorrhea.

### FC66-6

#### PREVALENCE OF BULIMIA NERVOSA IN MIDDLE ADOLESCENCE

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Studies of prevalence of bulimia nervosa have focused on female population from their late teens. The aim of this study is to assess