

stress disorder), or even be completely removed (dissociative identity disorder).

This work presents three cases observed by the Service of Psychiatric Consultation of Policlinico A. Gemelli in Rome through several types of intake: psychiatric consultation from neurological ward, call from first aid station, psychiatric interviews. It's about three young girls (A., 19; E., 20; F., 19), all of them suffering from disorders of the dissociative spectrum, all of them with characteristic alterations of memory and conscience (amnesia, gaps, flashbacks, nightmares). On the personal history all the cases presented traumatic experiences (fiscal and sexual abuse), in particular within the family.

A Research Proposal: Our research wants to individuate an association between Dissociative Disorders (as described by DSM IV) or Borderline Personality Disorder (as described by DSM IIIR) and mourning or traumatic experiences. The study will use very specific valutive tests (ITI-QEL-DES-SCID.D).

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A COMPARATIVE STUDY OF VENLAFAXINE VERSUS BUSPIRONE IN OUTPATIENTS WITH GENERALIZED ANXIETY DISORDER: PRELIMINARY RESULTS

L. Sevincok*, H. Kaynak, F. Derebooy, A. Uslu, F. Baklac. *Department of Psychiatry, Medical School of Adnan Menderes University, Aydin, Turkey*

Background: Recent studies have shown that venlafaxine might be effective in the treatment of generalized anxiety disorder (GAD). In this study, the efficacy of venlafaxine and buspirone were compared in a randomized, double-blind, parallel-group study in outpatients with GAD.

Design: 35 patients, who met DSM-IV criteria for GAD without comorbid major depression (MD) were randomly assigned to 6 weeks of treatment with either venlafaxine XR (75–150 mg/day) or buspirone (15–30 mg/day). The severity of symptoms were assessed before and during treatment using the Hamilton Rating scale for Anxiety (HAM-A), Clinical Global Impressions (CGI) Improvement scale, the CGI Severity of Illness scale.

Results: According to the two-dimensional criterion of response, of the 26 patients who completed the trial, 11 of 13 subjects in the venlafaxine group (84.6%) and 9 of 13 subjects in the buspirone group (69.2%) were defined as responders ($p = 0.35$). At week 6, there was no significant differences between the groups in respect to HAM-A scores ($p = 0.66$), the rating of CGI improvement ($p = 0.40$), and the rating of CGI severity ($p = 0.39$). Weekly analyses revealed that statistically significant differences for venlafaxine emerged at week 2 (HAM-A, $P = 0.02$; CGI Improvement, $P = 0.05$; and CGI Severity, $P = 0.04$).

Conclusions: Although both drugs were found to be effective in the treatment of GAD, venlafaxine appeared superior to buspirone in terms of rapid onset of action.

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THE MAN WHO LIVES IN A BATH TUBE. CHRONIC PAIN: A CASE REPORT

S. Uguz*, Y.E. Evlice, I. Bilgen. *University of Cukurova, Faculty of Medicine, Department of Psychiatry, Adana, Turkey*

This paper is about a case, aiming to discuss the relationship between Chronic Pain and depression. Mr. A., 73 year old man who has been working as a physician for 30 years. His complaint was abdominal pain persisting over four decades. Once he had laparoscopy for his pain. He could hardly eat at least for one year

because of the provocation effect of food, and had weight loss of about 11 kgs. He began to spend about 20 hours a day in a bath tube full of hot water, because he thought it was the only way relieving his pain. In this case Mirtazapin 30 mgs/day was prescribed with the diagnosis of Chronic Pain. In 3 weeks improvement in the severity of pain was minimal. Therefore Olanzapin 5 mgs/day was added to the treatment. After 6 weeks he began to gain weight, and by the end of the third month the pain relieved. He returned to his previous level of functioning. After stopping Mirtazapin treatment, symptoms of depression such as anhedonia, depressed mood, fatigue, tearfulness has been occurred as well as an obvious increase in severity of the pain. All of those symptoms relieved in 2 weeks following readministration of Mirtazapin 30 mgs/day. He has been functioning well and practicing in his private office with still using the same drugs.

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PSYCHIATRIC MORBIDITY IN THE POPULATION IMMIGRATED FROM THE SOUTH-EASTERN PART OF TURKEY: A RANDOMISED CONTROLLED STUDY

Y.E. Evlice¹, I. Bilgen¹, S. Uguz^{1*}, M.L. Soyulu², E. Yoldascan³. ¹University of Cukurova, Faculty of Medicine, Department of Psychiatry, Adana; ²University of Baskent, Faculty of Medicine, Department of Psychiatry, Adana; ³University of Cukurova, Faculty of Medicine, Department of Public Health, Adana, Turkey

Objective: To determine the Psychiatric morbidity in the population immigrated from the South-eastern part of Turkey.

Method: In a randomised controlled study, Prime MD* was used to determine the psychiatric morbidity among the subjects consisted of 179 immigrant group and 160 non-immigrant control group.

Results: The mean age of the immigrant group was 41.7 and 40.3 for the control group. Subjects in immigrant group were generally poor, unemployed and spoke poor Turkish. 10.6% of the immigrant group had more than one immigration; 68.7% uneducated; 87.2% were immigrated from villages; in 70.3% had immigrated for economic reasons. The psychiatric morbidity in the immigrant group were as follows: 20.1% depression, 6.7% hypochondriasis, 9.5% generalised anxiety disorder, 0.6% alcohol problems, 10.6% somatoform disorder. Whereas psychiatric morbidity among the control group were as follows: 13.1% depression, 0.6% hypochondriasis, 6.3% generalised anxiety disorder, 6.9% alcohol problems. The proportion of immigrants with The diagnosis of hypochondriasis was significantly higher ($p < 0.05$) than the control group.

Conclusion: The relationship between somatisation and immigration seems worth to study.

* Prime MD; was developed as an outpatient module according to DSM III R by Spitzer et al.

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FOR HOW LONG CAN BE EXPECTED A SUSTAINED IMPROVEMENT IN SCHIZOPHRENIC PATIENTS TREATED WITH ANTIPSYCHOTICS? A CLINICAL EXPERIENCE WITH RISPERIDONE

J. Gibert^{1*}, J. Bobes², M. Gutiérrez³. ¹Universidad de Cádiz, Cádiz; ²Universidad de Oviedo, Oviedo; ³Hospital de Cruces, Bilbao, Spain

(a) A post-marketing surveillance study was carried out to assess the long-term safety and effectiveness of risperidone in a large sample of schizophrenic patients.