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Comorbidity of adult attention deficit hyperactivity disorder and its relation to executive functions in patients with antisocial personality disorder

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Background: Main features of antisocial personality disorder (APD) are aggression, tendency to violence, poor frustration tolerance, impulsivity, difficulties in learning from experiences. Attention deficit hyperactivity disorder (ADHD) is characterized with difficulty to sustain attention, hyperactivity and impulsivity. Association between ADHD and violent behavior is well known. Childhood onset ADHD carries a high risk of persisting into adulthood as antisocial behaviors.

Aim: In the present study, comorbidity of adult ADHD was screened in a group of patients with APD. Executive functions and attention were assessed by using neuropsychological test instruments. In addition, their relation to ADHD subtypes was investigated.

Methods: A total of 90 male subjects with APD were included. Also, 90 age- and sex-matched healthy control subjects were involved into the study. The patients and control subjects were assessed by a semi-structured socio-demographic form, SCID-II, Turgay's Adult ADHD Rating Scale, Wender Utah Rating Scale, Wisconsin Card Sorting Test, Stroop Test, Continuous Performance Test, and Trail-Making Test.

Results: Comorbidity rate of adult ADHD was 83.3% in APD group while 6.7% of control subjects had a diagnosis of adult ADHD. The most frequently diagnosed ADHD subgroup was combined type in both APD and control group. In APD group, executive functions were significantly more deficient as compared to the control group. Among all ADHD subgroups, inattention subtype had the worst performance in neuropsychological assessments.

Conclusion: Comorbidity of adult ADHD was quite common in APD subjects. Executive functions were generally deficient in APD patients with a co-diagnosis of adult ADHD.

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Psychiatrists and occupational stress

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Objectives: The purpose of this study is to evaluate the psychiatrists' stress factors related to their work in order to find methods that could improve the work environment.

Method: A 30 items questionnaire was designed for the study, based on discussions with the trainees and psychiatrists and reviewing articles related to this topic. Each item was quantified from 0 to 9, 0 meaning "no stress", and 9 meaning the highest level of stress. The questionnaire was distributed to 200 psychiatrists (72% response rate) from 5 university centers in Romania. The results were analyzed, using the SPSS medical statistic program.

Results: The majority of the respondents were young psychiatrists, in their first 2 years of practice. Even if most of the fellow psychiatrists do not consider themselves stressed at work, they reported high level of stress at several items. The major causes of stress are: "the lack of space in the clinic", "insufficient equipment", "lack of drugs". The items with the lowest scores, meaning that there are

not stress factors are: "too much work on emergency room", "working extra-hours", "doing somebody else's job".

Conclusion: All 5 universities reported the same causes of stress as being the most frequent; these factors are correlated more with economical problems than with medical ones. This reflects the economical status of our country. The stress level can be reduced through economical and administrative measures.

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The nocebo effect: How stress modulates pain

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Background and aims: A close relationship between anxiety and pain has been demonstrated in different conditions. The nocebo effect, whereby a verbal stressor is capable of inducing hyperalgesia, has been shown to be a good model to study such a relationship. In particular, nocebo hyperalgesia has been found to be associated to the hyperactivity of the hypothalamic-pituitary-adrenal (HPA) axis and benzodiazepines can antagonize both nocebo hyperalgesia and HPA hyperactivity, thus suggesting that anxiety play a major role. Here we investigate how stressful stimuli can modulate pain.

Methods: As a stressor, we used a nocebo procedure whereby verbal suggestions of hyperalgesia were given to healthy volunteers before administration of either tactile or low-intensity painful stimuli. Pain perception was assessed by means of a Numerical Rating Scale (NRS), ranging from 0= no pain to 10= unbearable pain. The nocebo procedure was carried out after a pre-conditioning session in which two different conditioned stimuli were associated to either pain or no pain.

Results: We found that the conditioned stimulus that was associated to pain was capable, when presented alone, of turning a tactile stimulus into pain.

Conclusions: These data suggest that a stressor, probably through anticipatory anxiety, can induce allodynic effects, whereby tactile stimuli become painful. These findings, along with previous data about placebo effects, indicate the powerful modulation of pain by placebos and nocebos.

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Use of medical services in the Factitious Disorder

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Invention, production or falsification of physical and psychological symptoms, are the core traits of Factitious Disorder. The aim is to assume a patient role.

Factitious Disorder is associated with high medical, personal and social costs. The reasons are that these patients are difficult to identify, they visit multiple physicians and have frequent comorbidity.

The objective of this study is to investigate the overuse of medical services by these patients. This is a case-control study including patients with the diagnosis of Factitious Disorder with Psychological symptoms in a Psychiatric Inpatients Unit. We analyze the medical and mental health history of these patients in childhood and adult age, the percentage of admissions that require and their duration. Length of stay in a Psychiatric Unit or other medical or surgical units in the last year and five years prior, and the average number of physicians consulted in the last year, are analyzed.

Patients with Factitious Disorder with Psychological Symptoms require more admissions at all ages. Their somatic episodes have a lower average length of hospitalization, although Cases remain at a Psychiatric Inpatients Unit double time that other patients and they visit double number of physicians. This frequent use of hospital cares supports the importance of an early identification of factitious symptoms.

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Adaptative disorder: Relationship between RAHE and PHQ in primary care

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Background and aims: Adaptative disorder included in ICD-10 is considered a residual category in DSM-IV. We hypothesize that having a high amount of recent life changes could determine having a higher incidence of psychiatric pathology.

Methods: A random sample of 197 primary care attendees aged 18-65 was selected from 3 primary care centres in the area of Madrid (Spain). Of them, 191 (97%) completed the Spanish version of Prime MD PHQ, and a recent life changes checklist (RAHE) in the previous 6 months and between 6-12 months. Data about medical conditions, drug treatments, days of work lost (last year) and use of health care services (last 3 months), was also collected.

Results: 73 (38%) had a PHQ diagnosis (including subthreshold conditions). 121 were women (63,4%). We found that work, home and family and personal and social changes both recent and long lasting were significantly higher in men with PHQ diagnosis ($p < 0,05$) and only recent financial changes were related with a PHQ diagnosis ($p = 0,002$). In women only long lasting personal and social and home and family ($p < 0,05$) changes had a significant relationship as well as recent health changes ($p = 0,017$).

Conclusions: Recent life changes seems to have a relationship with psychiatric symptomatology in both men and women. There are some differences between the changes that could influence men and women.

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The forecasting of chronic forms of PTSD

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Under determined conditions acute reactions on stress are transformed in chronic forms of PTSD. The meaning of persisting studies was searching for significant factors of prognosis, defining shaping chronic forms of PTSD. We have investigated 84 military men, beside which in condition of the combat situation acute psychogenic disorders were developed. The average age of respondents was $18,6 \pm 0,6$ years. 34,1% of respondents through 2-4 years after taking acute psychogenic disorders, appeared in condition of the combat situation, are revealed signs posttraumatic stressful disorders with expressed social desadaptation. At acute period of psychogenic disorders these respondents distinguished the more high factors of emotional disorders, depression; the trend to displacing factor, causing anxiety; the low self-evaluation. These are larval particularities possible to consider as predestine factors of chronic PTSD.

On base of psychometric signs, characterizing acute period of the psychic trauma, a mathematical model was built, allowing forecast its remote upshots.

By means of given set signs to manage to realize the forecast remote consequence (2-4 years) stressful disorders of combat situation with degree of validity of the recognition 73-85% - for favorable upshot, 71-79% - for events with shaping of chronic forms of PTSD.

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Conversion disorder misdiagnosed as epilepsy for 12 years, treated successfully with fluoxetine - Case report

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Background: This case report suggests that Conversion Disorder may take years to become evident, so this diagnosis may place the clinician in difficulties and sometimes in misdiagnosis.

Method and results: A 39 years old woman admitted in Neurology Department (September 2005) to determine the nature of her seizures and other motor symptoms. The first symptoms appeared 12 years ago after marital conflicts. Some days later she presented motor symptoms such as, impaired coordination and balance, "epileptic" seizures and convulsions. She was diagnosed as suffering from Epilepsy and was treated with antiepileptic drugs for many years. During last year she presented a variation of motor symptoms, seizures, convulsions and some sensory symptoms, loss of touch (in the left side of the body), and because of instability. Neurological and laboratory examinations ruled out neurological disorders including epilepsy (normal EEG and CT). Psychiatric consultation followed. We realized that our patient met the diagnostic criteria (DSM-IV) for conversion disorder. Gradually, we discontinued antiepileptic drugs and began to treat with fluoxetine at maximum dose 40mg/day. Three months later she was released from previous symptoms, so we continued to treat with 20 mg/day for ten subsequent months. At present days she lives without motor or sensory symptoms. The patient has provided us with a video registration of her "crisis" recorded by her brother.

Conclusions: The clinicians should raise the awareness about this diagnosis. They have to be careful and improve knowledge about treatment and diagnostic techniques.

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Endothelial damage markers in panic disorder and its evolution after the treatment

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Background and aims: Since 1970, a relationship between cardiovascular morbidity and anxiety disorders has been studied. Endothelial dysfunction is one of the possible mechanisms and has been studied in mental stress. The aim of this study is to compare the levels of two of the best known endothelial damage markers (von Willebrand Factor -vWF- and E-selectin) in patients and controls and its evolution after the treatment.