inventory for disorders of Axis II. Overall 369 diagnoses of personality disorders were made, which amounts to a mean number of almost five diagnoses for each patient. From the comparison between the patients of these two major diagnostic classes, no statistically significant differences were found with respect to the particular categories of personality disorder. Similarly no differences were found with respect to both patients' scores on the three clusters of DSM-III-R personality disorders (i.e. the anxious, dramatic and eccentric ones) and their global score on SCID-III-R for Axis II. The preceding findings suggest that the co-occurence of personality disorders in patients with schizophrenic or affective disorders is quite frequent. Moreover they indicate that although quite common in schizophrenic and affective disorders, personality disorders, at least as specified in DSM-III-R, lack any specificity with respect to patients' diagnosis on Axis I.

BORNA DISEASE VIRUS ANTIBODIES ARE NOT RAISED IN PANIC DISORDER PATIENTS — PRELIMINARY FINDINGS

J. Windhaber, D. Maierhofer, W. Baischer, M. Amering, K. Dantendorfer, A. Holzinger, G. Sachs, P. Berger. *Department of Psychiatry, University of Vienna, 1090 Wien, Austria*

Ten percent of a population has a panic attack once in their life, three percent suffer from panic disease (PD), which has no etiologic entity. Several studies reported subtle morphologic brain abnormalities in PD patients. In subgroups of PD high frequencies of brain abnormalities, especially in the right temporal lobe and in structures of the limbic system were found with MRI. Borna disease virus (BDV) is a RNA virus which is intensely neurotopic and cumulates in the limbic system of animals and men. 4 to 13 percent of psychiatric patients have positive BDV antibodies. We are searching for BDV in panic disorder patients and for the possible link to pathologic MRI findings.

Method: If the patients gave informed consent, we carried out a SCID report based on DSM III-R to diagnose PD, and created a antibody screen for BDV. We did so in a group of age and gender matched healthy controls. All patients who are BDV antibody positive should be scanned with MRI.

Results: Because it is an ongoing study, the findings are preliminary. Until the end of January 1996, we tested 41 patients and 17 controls. No Borna Disease Virus antibodies were found, either in panic group or the healthy controls.

Conclusion: There seems to be no relationship between BDV and PD.

EATING DISORDERS IN AUSTRIAN MEN: AN INTRA-CULTURAL AND CROSS-CULTURAL COMPARISON STUDY

B. Mangweth [1], H.G. Pope, Jr. [2], J.I. Hudson [2], R. Olivardia [2], J. Kinzl [1], W. Biebl [1]. [1] *Department of Psychosomatics, University Hospitals of Innsbruck, Anichstr. 35, A-6020 Innsbruck, Austria;* [2] *Biological Psychiatry Laboratory, McLean Hospital, Belmont, Massachusetts, USA; Department of Psychiatry, Harvard Medical School, Boston, USA*

We compared 30 male university students with eating disorders and 30 male comparison subjects without eating disorders recruited by advertisement at the University of Innsbruck, Austria. Subjects were interviewed using instruments that we had previously used in a controlled study of college men with eating disorders in the United States. The Austrian men with eating disorders differed sharply from Austrian comparison subjects, but closely resembled their American counterparts, on prevalence of personal and familial psychopathology, adverse family experiences, and scores on rating scales for eating disorder. Interestingly, dissatisfaction with body image was consistently greater among American subjects regardless of eating disorder status. Our data suggest a weak association between eating disorders and homosexual or bisexual orientation in men, and no consistent association between eating disorders and childhood sexual abuse.

THE MOCLOBEMIDE EFFICACY IN PSYCHOTIC, AGITATED DEPRESSION IN ELDERLY PEOPLE

D. Marinković, S. Totić, T. Babinski, V.R. Paunović. *Clinical Center of Serbia, Institute of Psychiatry, Pasterova 2 11000 Belgrade, Yugoslavia*

The efficacy of moclobemide, a selective and reversible inhibitor of monoamine oxidase A, has been confirmed in numerous studies in various types of depression. The aim of this study was testing efficacy of moclobemide in psychotic, agitated depression in aged people. The study included 9 inpatient (2 females and 7 males), mean age 65.6 ± 4.2 years, who met ICD-9 criteria for endogenous depression. Efficacy was evaluated using the Hamilton Rating Scale for Depression (HRSD, 21-item version) and Clinical Global Impression (CGI) scale on the 7th, 14th, 21st and 28th day of treatment. All patients were treated with moclobemide, dose range of 450–600 mg/day. Due to severe agitation, simultaneously was applied promazine 25–100 mg/day (3 patients), chlorpromazine 25–100 mg/day (2 patients) and diazepam 15–30 mg/day (4 patients). Because of poor therapy response one patient (11.1%) was dropped out from study. In two patients (22.2%) has been achieved moderate therapeutic effect (total HRSD score reduction of 30–50%), while in six patients (66.7%) the therapeutic response was good, obtaining HRDS score reduction more than 50% after 28 days of treatment. Total HRDS score and CGI analysis pointed out that significant therapeutic effect is achieved yet on 14th day of treatment ($p < 0.01$). Cluster items monitoring of agitation, psychic and somatic anxiety, and suicidal tendency demonstrated the significant score reduction at the end of the second week, resulting discontinuation of concomitant therapy. The results of this study pointed out good efficacy of moclobemide in the treatment of agitated, psychotic depression, specially in high risk suicidal cases in aged patients.

MENTAL AND SOMATIC HEALTH IN OCTO- AND NONAGENERIANS — AN EPIDEMIOLOGICAL COMMUNITY STUDY

I. Meller, M. Fichter, H. Schröppel. *Department of Psychiatry, University of Munich Nussbaumstr. 7, D-80336 München, Germany*

Data were based on a representative random sample of 402 persons aged 85 years and older chosen from the residence register of Munich City. In the first cross-section 89% could be interviewed. Subjects were interviewed in their homes by research psychiatrists. Psychiatric diagnoses were reached with the aid of the Agecat algorithm for GMS-A by Copeland. In the first cross-section 25.4% of the sample assessed fulfilled criteria for dementia, 23.6% fulfilled criteria for depression. In the second cross-section, one year later, 73.5% of the interviewees of the first cross-section could be traced. None cases, depressed and demented subjects of the first cross-section are compared according to socio-demographic data, somatic health status, need of care, course of mental illness and mortality.

SUBTYPES OF PANIC DISORDERS

I. Micluţia. *Psychiatric Clinic and Chair of Psychiatry, University of Medicine and Pharmacy "Iuliu Haţieganu", str. E. Isac Nr. 13, 3400 Cluj-Napoca, Romania*

The review of the psychiatric literature suggest that the former classifications for panic disorders are much too broad. The clinical experience dictates that subtypes of panic exist on the basis of prominent

symptoms such as: cardiorespiratory, autonomic, gastrointestinal, urinary etc (Aronson & Logue-1988, Bass-1987). Briggs-1993 divided panic patients into two groups: a group with predominant respiratory symptoms, responded to imipramine and a group with nonrespiratory symptoms, responded more to alprazolam.

The aim of our study is the accurate description of all symptoms reported by the subjects and the intention of depicting the subtypes of panic disorders. Therefore, the study was performed on a sample of 33 subjects with panic disorders. Diagnostic assessment was done by Anxiety Diagnostic Interview Schedule-Revised (ADIS-R), as well as reports of other complains. Each patient was submitted to STAI-S, STAI-T.

Our results indicate an overwhelming subthreshold and situation bound panic attacks. We shall present some culture specific panic profiles, the relation of specific subtypes of panic to STAI-S, STAI-T.

The phenomenological dissection proved the hypotheses of subtypes of panic disorders, the need for more precise subtyping, criteria, the degree of disability of subthreshold panic attacks, the requirement for pharmacological assessment.

TRAITEMENTS CHIMIOTHERAPIQUES DES PHOBIES SOCIALES REVUE DE LA LITTERATURE

F. Mourgues, G. Pupeschi. *Assistant Secteur 17, PH Secteur 16, CH de Montperrin, 109 Avenue du Petit Barthélémy, 13617 Aix en Provence, France*

Les phobies sociales constituent une entité clinique récemment individualisée, et leur thérapeutique est un domaine bien moins exploré que dans les autres troubles anxieux. A ce jour la grande majorité des patients n'est pas traitée. Les conséquences de cette inaccessibilité aux soins, à laquelle patients et médecins participent, peuvent être désastreuses au niveau de la qualité de vie.

Les molécules appartenant aux IMAO irréversibles ont été les premières a être utilisées avec un certain succès dès les années 70 par des équipes américaines. Cette classe médicamenteuse est réputée efficace par différentes études contrôlées, mais sont d'un maniement délicat; les IMAO A réversibles semblent pour l'instant prometteurs. Les benzodiazépines, dont le clonazépam, ont peu fait l'objet de protocoles expériementaux rigoureux. Si elles semblent dotées d'une réelle efficacité, les effets de tolérance et de rebond au sevrage en limitent les indications. Les Béta-Bloquants qui sont fréquemment utilisés de manière empiriques, sont controversés et délaissés par les dernières recherches. Parmi les antidépresseurs, si les IMAO présentent un intérêt, l'action des tricycliques reste à démontrer. Pour des molécules plus récentes, dont les inhibiteurs de la recapture de la sérotonine, les résultats préliminaires sont favorables mais à confirmer. Après ce passage en revue des différents traitements qui s'offrent au médecin, nous tenterons d'organiser une stratégie thérapeutique à proposer à nos patients souffrant de phobie sociale.

ANXIETY AND DEPRESSION: SYNDROME DIFFERENTIATION

J.A. Mullaney. *St. Itas Hospital, Eastern Health Board, Dublin, Ireland*

Objective: To reanalyse, rationalise and re-interpret the data from published Principal Component Analytical studies in affective disorders, and to thereby demonstrate an invaluable consistency in the results, with direct clinical and heuristic relevance.

Methodology: Some forty studies published between 1934–1977 which used Principal Component Analysis of symptoms, personality or illness features in patients with affective disorder were examined. This examination is comprehensive and exhaustive in that no other data was available for scrutiny. They have been subjected to a more rigorous application of statistical logic. Ten of the most often quoted of the forty are shown and reviewed in detail to illustrate how the authors shaped divergent conclusions.

Results: In each study two dimensional plotting of the item saturation on the first two components showed factor clusters, dimensions or syndromes or syndromes indicative of anxiety and depression.

Comments: The authors did not interpret their data in this manner. Even when close to the interpretations here, they chose to emphasize other aspects. The failure was a consequence of a preoccupation with subgrouping depression, a failure to focus on a comparative aspects and perhaps over-valuing the display of data in algebraic as opposed to geometric form. They tended to mislabes the anxiety as a type of depression.

Conclusion: The likely befit of correct appellation of these syndromes is highlighted. In accordance with factor theory the benefits are largely in purification of comparative description. In addition, revision of classificatory conclusions from previous and current studies is indicated.

THE ENDORPHIN CONNECTION

G. Ulett, James J. Nichols. *School of Medicine, Missouri Institute of Mental Health, University of Missouri-Columbia, 5247 Fyler Avenue, St Louis, Missouri, U.S.A. 63130-1361; F.R.A.N.Z.C.P., D.P.M. (R.C.P. (Lond) R.C.P. (Eng)) 660 Pacific Highway, Belmont, City of Lake Macquarie, N.S.W. Australia, 2280*

Neuro-stimulation at certain motor points, using a H.A.N.S. LY257 T.E.N.S. at given frequencies of 2, 15 or 100 cycles per second improved the outcome in the management of narcotic addicts. Its use represents an easily mastered economic method for the adjunctive treatment of other psychiatric and neurological disorders A review of the literature and our own experience suggests that the following effects occur:

1. Improvement of mental activity
   a) Concentration and diminution of obsessive worrying and paranoid thoughts.
   b) Quality of thinking and conceptionalisation.
   c) Emotional responsiveness and stamina.
   d) Normalisation of the sleep cycle and less chaotic dream content.
   e) Mood modulation and antidepressent effect.
2. Elevation of the pain threshold and potentiation of the external narcotics.
3. Reduction in the intensity of withdrawal symptoms. Approximately fifty percent in the case of narcotic withdrawal.
4. Healing effect on the nervous system.
5. Global calming effect on the bodily systems.
6. Improvement of the Immune Response.

Programmes incorporating the use of T.E.N.S. machines at certain frequencies and certain points offer the chance of diminished costs, thereby representing a useful adjunct to therapy. Unresponsive symptoms or clusters of symptoms, especially if severe and increasing in intensity, should have professional assessment.

BORDERLINE PERSONALITY DISORDER IN BULGARIA: PERIOD PREVALENCE, SYNDROME VALIDITY AND COMORBIDITY

G. Onchev, K. Ganev. *First Psychiatric Clinic, Alexandrovska University Hospital, G. Sofiisky str1, 1431 Sofia, Bulgaria*

Aim: To test some aspects of DSMIIIR borderline personality disorder (BPD)'s validity in a nonWestern culture and to study its relationship with other psychiatric disorders. *Methods:* "Naturalistic" and "epidemiologic" designs were involved. Instruments: a) Personality Disorder Examination (Loranger 1988), b) PSE-10 symptom checklist, c)