

**Conclusions:** The stress of war has serious impact on the refugee's mental health. GHQ-28 can be helpful in detecting mental health problems, especially PTSD, in this high risk group.

### PSYCHIATRIC DISORDERS IN AMPUTEES-VICTIMS OF YUGOSLAV CIVIL WAR

M. Pejović<sup>1</sup>, A. Jovanović, K. Vranić, M. Radotić. *Institute of Orthopedic Prosthetics, 11000 Belgrade, Yugoslavia; Institute of Psychiatry, Clinical Center of Serbia, 11000 Belgrade, Yugoslavia*

Thanks to the source of funding from the Nipon Foundation, Japan, in the Institute of Orthopedic Prosthetics, Belgrade, during autumn 1995, has started the project on "Psychosocial Support to the Disabled Victims of Yugoslav Civil War". The main goal of the project is to provide psychosocial support and psychosocial rehabilitation to the beneficiaries — victims of Yugoslav Civil War hospitalized for limb amputations (i.e. amputees) as soon as possible during their physical rehabilitation and afterwards. The activities of the project involve consultation-liaison psychiatry, psychological services, interventions of social workers and relevant research based on the integration of biomedical and psychosocial models. The authors in this paper present the structure of psychiatric disorders in 35 amputees who were referred to consultation psychiatrists in the period of for months from the beginning of the project. More than 2/3 (24) of the subjects were refugees from B&H and Croatia. According to ICD-10 74% (26) were diagnosed as reaction to severe stress, and leading diagnoses were as follows: PTSD — 14% (5), enduring personality changes after catastrophic experience — 11% (4), Disorders of Extraordinary Stress not Otherwise Specified (DESNOS) — 49% (17); other disorders 26% (9) were predominantly somatoform and anxiety disorders 12% (4), depressive disorders 9% (3) and single cases of alcoholic epilepsy and enuresis nocturna. Statistical analysis didn't find significant difference between refugees and non-refugees nor concerning distribution of frequencies of psychiatric disorders neither concerning mean scores on Global Assessment of Functioning Scale (GAF).

### FRENCH VALIDATION STUDY OF THE TEMPERAMENT AND CHARACTER INVENTORY (TCI) IN HEALTHY VOLUNTEERS

A. Pélioso, J.P. Lépine. *Department of Psychiatry, Hôpital Fernand-Widal, 200 rue du Faubourg Saint-Denis, F-75475 Paris Cédex 10, France*

**Background:** The Temperament and Character Inventory (TCI) is a 226-items true-false self-questionnaire developed by Cloninger on the basis of the Tridimensional Personality Questionnaire, largely translated and used in various clinical studies. Four dimensions of temperament (novelty seeking, harm avoidance, reward dependence, persistence) and three of character (self-directedness, cooperativeness and self-transcendence) are measured. Our objective was to obtain first normative data of these dimensions in a healthy volunteers sample, and to explore the short-term reliability of the assessment.

**Method:** Seventy-three under-graduate students, with a majority of females, completed the TCI jointly with the Hospital Anxiety and Depression (HAD) scale. More than 90% of them completed a second time the same questionnaires one month later. Descriptive analysis of the scores and sub-scores were performed, and test-retest reliability coefficients were calculated.

**Results:** Anxiety and depression sub-scores of HAD were low in this sample (respectively 7.1 and 2.9). Descriptive analysis showed expected scores for temperament dimensions (with mean scores around 50 for dimensions varying between 0 and 100), except for reward dependence scores which were surprisingly high (74). Self-directedness

and cooperativeness were high (respectively 77 and 82), but self-transcendence score was low (28). Test-retest reliability analysis showed satisfying coefficients, of 0.60 or more.

### SEXUAL BEHAVIOR AND QUALITY OF LIFE IN PSYCHOGERIATRIC

Carlos Pol Bravo, M. Báez. *Hospital Clínic, Barcelona*

The main reason for this communication is to try to show a better quality of life in the sexual environment for whom it begins right away known as "golden years" and those who by wrong transculture concepts, based more on a bad report than in physiological limitation, often produce preoccupations and frustrations which are not positive for the psychosocial environment of the patient, or simply for those people whom are in the psychogeriatric state.

In conclusion, sexuality can be kept up throughout the years and its practice can be a continuous gratification thereby special changings as physiological as well as sexological and reeducating, allowing, the couple to confront them and to overcome them.

### ALPRAZOLAM PREMEDICATION AND 35% CO<sub>2</sub> VULNERABILITY IN PANIC PATIENTS

H. Pols. *University of Maastricht, Department of Psychiatry and Neuropsychology, P.O. Box 616, 6200 MD, Maastricht, The Netherlands*

A group of 20 patients who met the DSM-III-R criteria for panic disorder with or without agoraphobia underwent a 35% CO<sub>2</sub> challenge after either 1 mg alprazolam or placebo in a double-blind, randomized, cross over design. Despite the anxiolytic potential of alprazolam, it produced no significant effects on carbon dioxide induced anxiety and panic symptomatology when compared to placebo.

### POST TRAUMATIC STRESS DISORDER CLINICAL MANIFESTATIONS AND TREATMENT

V. Popović, N. Caran, L. Injac. *Institute for Psychiatry, University Clinical Centre, Belgrade, Yugoslavia*

War in the areas of former Yugoslavia and its consequences focused our attention to post traumatic stress disorder (PTSD).

Eleven male patients, participants in combats in E. Slavonia, aged 23–43 years which met the DSM-III-R criteria for PTSD were observed and treated as in patients. Previous treatment in out patients settings showed resistancy and risk for development of chronic PTSD occurred.

It was the first hospitalization for 72% of patients, 81% had high school level education, 72% were married. Psychiatric heredity was present in 3 patients. They were psychologically explored. Depression and anxiety were assessed by Hamilton Depression and Hamilton Anxiety Rating Scales.

Fifty-four percent of patients had features indicative for personality disorders. Main stressors (in 8 patients) were direct life threat in serious combats, fear of becoming a prisoner and exhaustion, followed by (in 7 patients) separation from family and loss of friends. Clinical presentation consisted predominantly of mixed syndromes of reliving the trauma, anxiety and depression. The last two syndromes were moderate according to obtained rating scale scores.

Somatization with hypochondriasis and conversive symptoms were also observed. Psychopharmacotherapy together with psychotherapy were used. Hospitalization varied from 15–60 days. Follow-up (3–6 months) revealed satisfactory remission in 64% of patients. Three out of four patients which showed tendency towards chronicity had psychiatric heredity together with personality disorder that existed before the trauma.