P35.03
Pindolol in panic disorder

M. Ziegenbein[1]*, A. Steiger[2], H. Murck[2]. [1]*Hannover Medical School, Department of Psychiatry;* [2]*Max-Planck-Institute of Psychiatry, Germany*

SSRIs like paroxetine play an important role in the treatment of panic disorder. It is striking to observe that usually at the beginning of the treatment an exacerbation of the symptoms occurs. It is known that at the beginning of the treatment with SSRIs the activity of serotonergic neurons in the nucleus raphe dorsalis (DRN) is suppressed via 5-HT1A autoreceptors, therefore inhibiting serotonin (5HT) tone in projection areas. As locus coeruleus (LC) neurons are suppressed by 5-HT from the DRN and their activation accompanies anxiety, the increase in anxiety in panic disorder could be mediated via the inhibition of DRN-neurons. We therefore studied the effect of the presynaptic 5-HT1A / β-adrenergic antagonist pindolol on the clinical response in 10 inpatients (54.0[plusminus]12.3 years, 6 male and 4 female) with panic disorder. We gave pindolol, 2.5mg three times daily in combination with an SSRI. An increase of spontaneous panic attacks was not found. All patients had a marked improvement of panic symptoms and remitted quickly. Our results indicate that pindolol addition to SSRIs is highly effective in reducing panic symptomatology.

P35.04
Panic disorder with agoraphobia and marital functionality

B. Batinic*, M. Pejovic, M. Marjanovic. *Institute of Psychiatry, Clinical Centre of Serbia, Belgrade, Yugoslavia*

Objective: In the literature some authors claim that marriages of patients with agoraphobia have no specific dimension and are similar to those from general population. On the other hand, others believe that there exists specific dynamic of these marriages and marriage malfunctioning.

Method: Instruments, which were administrated: DSM-IV criteria for panic disorder with agoraphobia, Acute Panic inventory, Self-rating subscale for agoraphobia Marital-Mandsley questionnaire. The sample included two groups: 30 marital couples in which one of the partners fulfilled DSM-IV criteria for panic disorder with agoraphobia and control group of 30 harmonically functioning couples.

Results: The study results indicate that couples in which one of the partners has panic disorder with agoraphobia are martially dysfunctional (p<0,0l), comparing with the control group of harmonically functional couples. The authors also point that marital dysfunctionality and marital discontent with the marriage are present more in the marriages where the agoraphobic partner is male.

Conclusion: The integrative treatment for panic disorder with agoraphobia has including marital therapy for marriage malfunctioning couples.

P35.05
Personality disorders a main risk for panic disorder

D.-M. Podea*. *Department of Psychiatry, "VasileGoldis" University, Arad, Romania*

Personality disorders, especially of the borderline, antisocial, histrionic, narcissistic and avoidant types, constitutes a negative predictor for the outcome of panic disorder. From an early stage, the course is more severe and the level of anxiety higher where the two disorders influence the course of spontaneous panic attacks (the weekly frequency), the anxiety and depression scores (evaluated on the Hamilton scale), as well as the social and occupational dysfunction. The study was conducted on a number of 65 patients by using as a starting point the first admission to the psychiatric clinic. These patients were hospitalized between 1997–2001. The diagnosis of panic disorder with or without agoraphobia was based on the DSM-IV and ICD 10 operational criteria, with the help of which the comorbid states have been also evaluated. The patients' average age at the beginning of the study was 33.5, the majority being represented by women (80%) living in urban areas (94%).75.38 %were working people or university students and only 24.62% were unemployed. The study was conducted comparatively by dividing the patients into two groups: group A – consisting of 36 patients diagnosed with panic disorder with agoraphobia and group B – consisting of 29 patients diagnosed with panic disorder without agoraphobia. Personality disorders were present at 50%of the agoraphobic patients (16 subjects), while in the other group (group B) only 17.23 (5 patients) presented personality disorders. In the agoraphobic group (group A) 11 patients had histrionic personalities, 4 the avoidant type and there was only one case of the borderline personally. The level of anxiety was evaluated on the Hamilton scale and t refers to the final evaluation. The analysis of the data at the patients with panic disorder with agoraphobia associated with personality disorders (14.19+/-4.10).

P35.06
Hypobaric hypoxia is effective in anxiety disorders

A. Atamanov*. *Department of Psychiatry, Chelyabinsk State Medical Academy, Russia*

In order to investigate the therapeutic influence of hypobaric hypoxia on various anxiety disorders, 62 volunteers (21 male, 41 female; mean age 36,9±2,4 years), and 31 healthy, not trained (10 male, 21 female; mean age 34±4, 5) people as a control group, were invited to take a course of periodic hypoxia adaptation. 18 1,5 hours-long terms in 3.500 m "altitude" in 10-person medical vacuum chamber "Ural-3" were used. Twice as long than usual, step-by-step 500m everyday "ascent" from 500 m to therapeutic "altitude", with a speed of "ascent" and "descent" 1–3 m/s was necessary to prevent affective and behavioural reactions of the patients in early phase of adaptation.

Finally, the recovery and full steadfast 12-month remissions of anxiety disorders were achieved in 56 (91,32%) cases. The valid (P<0,05) decrease of anxiety features in pathopsychological scales was shown in F41.0, F41.1, and F43.22 subgroups and in the whole group as well.

As a result, the possibility to use hypobaric therapy in anxiety disorders is proved, and its efficacy in this condition is shown to be high.

P35.07
Magnetic resonance imaging as precipitating factor for the development of panic attack and possibility of pre-medication with paroxetin

D. Ignjatovic[1]*, M. Ignjatovic[1], V. Durcik[2]. [1]*Policlinic Psychiatric Out-patient Department, Banska Bystrica;* [2]*Technic University, Zvolen, Slovak Republic*

The purpose of this paper was to learn more about whether panic attack or anxiety states resembling panic attack, are participated by

https://doi.org/10.1016/S0924-9338(02)80709-X Published online by Cambridge University Press

non-invasive RTG examinations and whether it is possible to premedicate these patients before such procedures with SSRI group medications.

Patients and method: The first hypothesis was related to MRI as precipitating factor, regardless of whether the patients had psychiatric diagnosis or somatic complaints. The second hypothesis was whether a good psycho-pharmacological preparation before the examination could reduce the negative experiences of the patients and facilitate the MRI. This was a pilot study with a small sample and we are planning to continue the investigation since the findings indicated that paroxetin may be very useful, if not with all patients investigated on MRI, then in patients with psychiatric diagnosis.

P35.08

Differential diagnostics of panic disorder and following treatment of the psychiatric policlinic

M. Ignjatovic*, D. Ignjatovic. *Policlinic Psychiatric Out-patient Department, Banska Bystrica, Slovakia*

Purpose of study: Many patients with vertigo, migraine, vertebrogenous polytopic algic syndrome are treated by GPs, or neurologists or another specialists, but not psychiatrists, We tried to learn if the right diagnosis/chronificated agoraphobia with panic disorder/ and the adequate psychiatric treatment can be successful.

Patients and methods: 52 patients have been chosen on the basis of 3 including criteria: DSM-IV and ICD-10: panic disorder, the disorder has not lasted less than 3 month and the up-to-now treatment and self treatment has not been successful.

Results and conclusion: The panic disorder is not a hard disease, but the diagnostics is very difficult and delicate. 44 women and 8 men at the age of 20 to 62 years with chronificating of panic disorder have often used to be tediously and hardly diagnosed and on the basis of that also inadequately treated. Thanks to psychopharmaca from SSRI and the rational therapy with benzodiazepins, the therapy of a diagnosed chronified panic disorder, or its comorbidity becomes treatable.

P35.09

Hypochondriasis or pseudo? Relationship with anxiety and its treatment

O.R. Carrion*, G. Bustamante, R. Mileo. *Phobia Club Foundation, Buenos Aires, Argentina*

Objetives: To differentiate hypochondriasis from the secondary pseudohypochondriasis.

Method:: All patients met the diagnosis criteria of DSMIV for Anxiety Disorders and hypochondriasis. A Minnesotta Multifacetic Personality Inventory (M.M.P.I), computerized EEG, a blood sample determining Platelet Serotonine, and Benzyl-amine-oxidase or plasmatic M.A.O immediately processed, was evaluated. After two years of follow-up, we divided the sample (N =163 into two groups (success N = 125 and failing N = 38)

Conclusion: Neither age nor sex had shown any significative difference of outcome. Poor educational level and single or divorced marital status shows a little higher rate of failure. There were any significative difference between groups of biochemical markers. Signs og good prognosis: Alternant MU rhythm and 14/6 rhythm in EEG as a sign of fear, the high rate of health concern in M.M.P.I clinical subscales, the M.M.P.I profiles like 2772, 1331, 6886 and 1881, the diagnosis of panic disorder with and without agoraphobia. Signs of bad prognosis: desynchronized EEG, low rate of fear or high rate of negative to treatment in M.M.P.I subscales, M.M.P.I. profile 7887, the comorbidity with personalities disorders of axe II or with conversion disorder (300.11) .

P35.10

Comparison of paroxetine and reboxetine in panic disorder

G. Migliarese, D. Di Pasquale, C. Michele, A. Bertani*, B. Laura, P. Giampaolo. *Anxiety Disorder Clinical & Research Unit, Vita-Salute University, Milan, Italy*

Objective: Compare the efficacy and the tolerability of reboxetine and paroxetine in the treatment of patients with panic disorder (PD).

Method: 34 outpatients with PD were treated with reboxetine 6 mg/day and 34 paroxetine 30 mg/day for 12 weeks in according to a randomized, single-blind design. Primary efficacy measures were the scores of Panic Associated Symptoms Scale, Sheehan Disability Scale and Fear Questionnaire. Side effects were collected.

Results: 7 patients in the reboxetine group and in 3 patients in the paroxetine group dropped from the trial due to side effects. After 12 weeks both groups showed significant decreases of panic-phobic symptomatology except for spontaneous panic attacks in the reboxetine group. Paroxetine was more effective on spontaneous panic attacks than reboxetine while no differences were found on anxious-phobic symptomatology. At the end of the trial, the rate of patients reporting sexual side effects were significantly ($p<.004$) higher in patients treated with paroxetine (17/31, 55%) than in those treated with reboxetine (2/27; 7%).

Conclusions: the results suggest that reboxetine have a good tolerability and efficacy in the treatment of PD however reboxetine seem to be less effective on spontaneous panic attacks that paroxetine.

P35.11

Paroxetine and respiration in panic disorder: preliminary results

M. Cucchi, D. Di Pasquale, A. Bertani*, D. Caldirola, L. Bellodi, G. Perna. *Anxiety Disorder Clinical & Research Unit, Vita-Salute University, Milan, Italy*

Objectives: Paroxetine reduces CO2 induced-panic in patients with panic disorder (PD), however the precise mechanisms remains unclear. Since the irregularity of breathing pattern is the most consistent respiratory physiological abnormality found in PD we investigated the effect of paroxetine on this respiratory feature.

Method: Breathing pattern was assessed before and after one week of treatment with paroxetine (10 mg die) in 9 patients with PD. Respiratory physiology was assessed using a "breath by breath" Quarkb2 stationary testing system and irregularity of breathing pattern was measured calculating the Approximate Entropy Index (ApEn).

Results: After one week of treatment with paroxetine patients showed a significant decrease of the irregularity of tidal volume (TV) (from 1.43 ± 0.2 to 1.17 ± 0.3, $p=0.03$) and minute ventilation (MV) (from 1.54 &61617; 0.2 to 1.36 &61617; 0.3, $p=0.05$) patterns compared with pre-treatment condition.

Conclusions: Paroxetine decreases breathing pattern irregularity in patients with PD suggesting that a modulation of the respiratory function could be an important mechanism of the anti-panic effect of paroxetine.

https://doi.org/10.1016/S0924-9338(02)80709-X Published online by Cambridge University Press