extension (9 months) in 173 patients showed that continued therapy with either active treatment produced further improvement in all SDS items. The mean change from baseline in SAQ was measured in 231 patients after 10 weeks' treatment with either placebo or paroxetine 10 mg, 20 mg or 40 mg. This scale assesses how patients feel about work, spare-time activities, families and financial matters. All doses of paroxetine produced greater improvement than placebo, although the difference only approached statistical significance in the 40 mg group (the minimum effective dose in panic disorder). In the same study, all SDS items showed increasing improvement with increasing paroxetine dose at endpoint. These data indicate that eradication of panic attacks quickly leads to improvement in key disabilities.

ZOLPIDEM POST-MARKETING SURVEILLANCE (PMS) ON 16944 PATIENTS

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16944 insomniac patients treated with zolpidem under routine conditions of use were documented starting in April 1992 through November 1993 by 3229 office-based neurologists, psychiatrists, internists and general practitioners in Germany. The aim of the PMS was to collect data on the safety and tolerance profile of zolpidem, to document the causes of insomnia and to establish the dosage and concomitant medication for a representative insomniac population. 2/3 of the patients were female and 1/3 were male. More than 50% of all these patients were between 50 and 75 years old and 20% of all included patients were treated with 5 mg zolpidem and nearly 75% of them with 10 mg of zolpidem per night. 268 side-effects were registered in 182 patients, thus only 1% of all patients suffered from side-effects which were in decreasing order of frequency nausea, dizziness and malaise during the zolpidem treatment. The adverse event profile reflects the labelling of zolpidem and its pharmacological properties and is consistent with the cumulative international experience of the drug.

EATING-DISORDERED BEHAVIOR IN MALES: SIGNIFICANCE OF ADVERSE CHILDHOOD EXPERIENCES

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The authors examined the possible relationship of childhood sexual abuse, physical abuse, and dysfunctional family background, and the risk for developing an eating disorder in adult males. Several anonymous questionnaires were distributed to male university students. Of the 301 men, 12 (4.0%) had experienced childhood sexual abuse, 79 (26.2%) reported an adverse family background, 11 (3.6%) had been victims of physical abuse, and 14 (4.6%) had an increased risk for developing an eating disorder. There were no significant differences in the risk for developing an eating disorder and in total EDI between sexual abuse victims and nonvictims, but a significantly increased risk for an eating disorder in men with an adverse family background. The findings suggest that long-lasting negative familial relationships particularly in connection with physically abusive experiences may increase the risk for eating disorders.

TELEPHONE HELPLINE UNIT IN ATHENS: CHARACTERISTICS OF REPEATERS

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The Telephone Helpline Unit (SOS-175) in Athens offers emotional support, counselling and referral for people under a situation of "crisis". The unit is staffed by psychologists, psychiatric residents and social workers with special training and experience. From a random sample of 4877 callers seeking help by phone during a two years period (1988–89), 546 (11.3%) had two or more contacts with the service (Repeaters, group A). The aim of this study is to reveal the differential characteristics of Repeaters comparing those to a group of callers who had only a telephone call during the same time period (N = 4301, group B). Group A and Group B callers were compared in a number of parameters (i.e. sociodemographic, reasons of calling, use of psychotropic drugs, abuse of narcotics or alcohol, psychiatric diagnosis, management). For the statistical evaluation the SPSS package was used (statistical criterion x^2, correlation coefficient PRi-ϕ^2 or Cramer's V). The characteristics of repeaters are the following: single ($p < 0.0001$), older in age ($p < 0.0001$), unemployed ($p < 0.003$), with family ($p < 0.001$), marital ($p < 0.002$) or financial ($p < 0.001$) problems. More often they abused drugs or alcohol ($p < 0.0001$) had suicidal thoughts ($p < 0.0001$) and a diagnosis of psychiatric disorder ($p < 0.0001$).

BORDERLINE DEPRESSION OF PERSONALITY DISORDERS

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In spite of some explanatory hypotheses the relationship between personality disorders and depression still remains controversial. In this study 120 dysthymic patients, 61.6% of which had comorbid personality disorder, were examined by tests for depression (Schedule for Affective Disorders and Schizophrenia, Hamilton Rating Scale for Depression) and by psychometric tests for personality disorders, such as Millon Clinical Multiaxial Inventory, Structured Interview for Personality Disorders and the Diagnostic Interview for Borderlines Revised. Results of the study have shown the following: 1) frequency of the borderline personality disorder was very high in dysthymic patients, ranging from 56% to 75.8% on various tests; 2) there was no difference between borderline and depression dimensions across different categories of personality disorders, and 3) there is a high correlation between borderline and dysthymic dimensions. The borderline level of functioning (what is currently considered as borderline personality disorder) can be induced by depression in many personality disorders, i.e. depression leads to the "borderline decompensation" which can be successfully treated by the antidepressants. Depression of personality disorders, has specific clinical characteristics which authors call a "borderline depression".

COMMORBIDITY OF PERSONALITY DISORDERS IN SCHIZOPHRENIC AND AFFECTIVE DISORDERS: A COMPARATIVE STUDY

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We studied DSM-III-R personality disorders in a sample of 75 patients of both sexes with a schizophrenic (48) or affective disorder (27). Patients assessment of personality disorders was performed at a time of substantial remission of their symptoms by means of the SCID-III-R