

Global Assessment of Functioning scale, d) CAGE (Ewing, 1984), e) the alcohol module from a 1987 version of SCAN, all with estimated reliability. *Results:* 160 patients with variety of diagnoses (without schizophrenia and organic conditions) were assessed: 61 with BPD, 39 with other PDs, and 60 without PDs. 6-month prevalence of BPD in a Sofia psychiatric sample is 3.79% for the Clinic, 1.43% for the out-patient service, and 5.17% for the day hospital. The symptoms with highest discriminative value for BPD (i.e. descriptive validity), and the factor structure of the “borderline” syndrome (thus giving evidence for its construct validity) were estimated. Acute psychoses and dysthymia are significantly more frequent in patients with BPD. The absence of any PD predicts moderately higher probability for major depression, and BPD and female sex have positive predictive power for dysthymia. *Conclusions:* While evidence for the syndrome validity of BPD is good, it is a rarer condition, although not uncommon, in a nonWestern psychiatric sample, where constructs like “cultural anhedonia” may be relevant. Although there is modest predictive power of axis II diagnoses for some axis I disorders, the diagnoses of “personality” and “illness” are relatively independent.

ELDERLY SUICIDE ATTEMPTERS IN TURKEY

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The purpose of this study is to investigate the characteristics of elderly suicide attempters in Turkey with respect to sociodemographic, psychiatric, biological, familial and situational risk factors.

17 suicide attempters (male: 9, female: 8) older than 60 years of age (mean: 72.53 ± 5.04) who were hospitalized at the psychogeriatric unit were included in the study. Psychiatric diagnoses were made according to DSM-IV criteria and sociodemographic variables, methods of suicide attempts, situational factors, previous suicide attempters, personal and family history for psychiatric disorders and life events were noted by interviews with the attempters or their relatives.

Major Depression was present in 82.3% of the patients. Cutting or piercing was the primary method used by attempters (52.9%). This method seemed closely related with multiple previous attempts and the history of multiple psychiatric diagnoses ($p: 0.038$ and $p: 0.014$). Somatic anxiety, somatization, fatigue and delusions were seen in 70.5%, 58.8%, 41.1 and 41.1 of the patients respectively. Severe and disabling physical disorders were the most prominent life events (29.4%) followed by residence changes, marital discord, interpersonal losses and conflicts and object loss. The results seem to show resemblance to the literature. New controlled studies has to be conducted to investigate the cultural differences.

DSM-III-R PERSONALITY DISORDERS AND THE OUTCOME OF TREATMENT WITH SSRI IN PATIENTS WITH OBSESSIVE COMULSIVE DISORDER

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We used the Structured Interview for DSM-III-R Personality Disorders in patients with obsessive compulsive disorder (OCD). The patients met DSM-III-R criteria for OCD. The severity of OCD was assessed by Y-BOCS, NIMH-Oc scale and CGI in the first week and at one-year follow-up visit. All the patients were treated with SSRIs.

In the paper we would like to discuss our results and the possible influence of the type of personality disorder according to the SIDP-R on the one-year therapeutic outcome in our group of patients with OCD.

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VOLUMETRIC MRI MEASUREMENTS IN VASCULAR DEMENTIA AND ALZHEIMER'S DISEASE

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In order to improve the diagnostic accuracy of vascular dementia (VD) and dementia of the alzheimer type (DAT) we assessed quantitative MRI changes in patients and age matched controls. Patients were included according to the NINCDS-ADRDA criteria (DAT) and the NINDS-AIREN criteria (VD). Severity of dementia was evaluated on the Mini Mental State Examination (MMSE) and the Global Deterioration Scale (GDS). 3-D MRI sequences were acquired using a Siemens 1.5T scanner. Whole brain volume (WBV), total intracranial volume (TIV), volumes of the temporal, frontal and parietal lobes and volumes of the amygdala-hippocampus complex (AHC) were assessed using the newly developed software NMRWin. This software provides a semiautomated user independent measure of the WBV, while measurements of the substructures need to be manually guided. Measurements were performed by two independent raters (interrater reliability: $r = 0.95-0.96$, $p < 0.0001$) on a conventional 486 PC. The volumetric data were normalized by dividing the absolute values by the TIV. 25 patients with DAT, 13 patients with VD and 10 healthy age matched controls were included. Age, severity of dementia and TIV did not vary significantly between the diagnostic groups. In contrast, we could demonstrate significant mean differences between controls and dementia groups for the WBV, volumes of the frontal, temporal and parietal lobes as well as for the volumes of the AHC. DAT patients tended to have smaller AHC and parietal lobe volumes than VD patients whereas the latter had smaller frontal lobe and temporal lobe volumes. These preliminary results indicate that the extend of atrophy measured by quantitative MRI enables differentiation of either DAT or VD from normal controls. Furthermore, they suggest a different distribution of brain pathology in VD compared to DAT. We conclude that quantitative MRI may support the clinician in the differential diagnosis of the dementia syndrome.

WAR REFUGEES IN A REFUGEE CAMP: THE IMPACT OF WAR STRESS ON MENTAL HEALTH

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Objective: The investigation of the consequences of war on the mental health of those who live in a refugee camp.

Method: Fifty eight refugees (37.9% male, 62.1% female) living in a refugee camp in Serbia, were given the Harvard Trauma Questionnaire (HTQ) and the General Health Questionnaire (GHQ-28) during a medical mission of the RCTV of Ioannina to Pozarevac, Serbia in November 1995.

Results: 44.8% of the sample were found to have Post Traumatic Stress Disorder (PTSD) and 63.8% psychological problems (GHQ > 4) implying mental disorder. The GHQ-28 scores correlated with personal experience of traumatic events, the number of traumatic events and the degree of exposure to the them. Correlations were also found with Trauma symptoms, Trauma Index and PTSD (GHQ).

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

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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

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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

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The main reason for this communication in 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% CO₂ VULNERABILITY IN PANIC PATIENTS

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A group of 20 patients who met the DSM-III-R criteria for panic disorder with or without agoraphobia underwent a 35% CO₂ 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

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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.