

the control group indicating disturbed recollection processes. Additionally, the old/new effect (280-340 ms) in OCD was negatively correlated with the Y-BOCS scores (1-10) at T5 (Pearson $r = -0.50$, $p < 0.05$), even more significantly with the Y-BOCS obsessional scores (1-5) (Pearson $r = -0.65$, $p < 0.01$).

Conclusion: Impaired word recollection processing in OCD appears to be reflected by changes of the ERP old/new effect. Furthermore, the severity of obsessions is suggested to influence familiarity-based recognition.

P-05-17

Comparison of 18F-FDG PET and 1HMRS data in patients with intractable forms of anxiety-obsessive disorders (AOD)

A. Stanzhevsky, A. Korzenev, L. Tyutin, A. Pozdniakov, N. , T. Skoromets. *CRIRR Radiology and Nuclear Medicine, Saint-Petersburg, Russia*

Objective: Studies of recent years showed a glucose metabolism decrease in caudate heads (CH) as pathognomic AOD sing. Besides a volume change was determined in CH in these patients according to MRI data. In this connection we had a task to compare PET and MRS techniques of the examinations aiming at further studying pathogenetic mechanisms of malignant AOD.

Methods: 18F-FDG PET and 1HMRS were performed in 16 patients with AOD and received data were compared with normal control group. With 1H MRS we studied changes in NAA, Cho and Cr concentrations in CH. Correlation of 1H MRS and 18F-FDG PET data was determined. . Then PET and 1HMRS results were compared with the clinical state severity (Y-BOCS and Spilberger scale (SS)).

Results: 18F-FDG PET revealed hypometabolism in CH in 11 patients as compared to the normal control group. 1HMRS showed decrease of NAA and increase of the Cho and Cr peaks in 9 cases. . Metabolic and clinical data significantly intercorrelated (r Spearman =0,58 for PET and 1H MRS, $p < 0.05$, $r = 0,46$ and $0,39$, $p < 0.05$, for PET, MRS and clinical state respectively).

Conclusion: These data allow to suggest that hypometabolism in CH in AOD cases is dealt with substitution of neurons by glia cells that is confirmed by 1HMRS data. It can also be suggested that to develop techniques of surgical treatment for incurable AOD forms in the nearest future we can use chronic stimulation of CH via stereotactic-implanting electrodes and/or via stem cells transplantation in them.

P-05-18

Pathogenesis of malignant forms of anxiety-obsessive disorders (AOD) and assessment of objective findings for surgical treatment to be planned

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Objective: Up to the present criteria for directing therapeutically incurable AOD forms for surgical treatment to be performed were only clinical state scales and exhaust of any other available therapy methods. Functional neuroimaging methods provide the potential for a more strict approach towards formation of findings for a surgical procedure to be recommended.

Methods: 18F-FDG PET was performed in 16 patients with resistant AOD forms before and after psychopharmacotherapy, and in a year after the psychosurgical treatment.

Results: It is seen that hypermetabolism in the anterior cingulate (AC), orbitofrontal cortex or hypometabolism in caudate heads (CH) and thalami that is not suppressed by subtoxic doses of drugs can serve as a marker in order to reveal proper findings for psychosurgical interventions. Relative positive correlation was determined between metabolic changes intensity and clinical manifestations severity in all patients before and after treatment. Besides, 18F-FDG PET was performed in 6 patients who were their nearest relatives (for 3 parents and for their 3 children) with a treatment cancel. In all cases hypermetabolism was observed in AC and hypometabolism in CH. These changes in children had a more marked nature as compared to their parents. In families of all these patients a matriarchate life stile was noted.

Conclusion: Thus, we can suggest one of the mechanisms of AOD formation: with the background of hereditary-transferred "defects" in limbicostriatal system there is development and/or fixation of biochemical disorders under the influence of external behavior factors – directive hyper care rendered by mother and lack of any care expressed by father.

P-05-19

Neurasthenia managing by Enerion

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Objective: The purpose was to study efficiency of an Enerion at the patients with neurasthenia.

Methods: There were selected 58 patients in the age of 40-55 years. The subjective scale of asthenia MP 1-20 was applied for estimation of asthenia level. The visual analog of asthenia scale was used to define the degree of asthenia. The surveyed patients were divided into two groups of 29 individuals each. At the first group Enerion was nominated as monotherapy The second group received Nootropil.

Results: The comparative analysis has shown a high efficiency of Enerion that has revealed a distinct anti-asthenia action already by the end of the first week of treatment. Upon termination of therapy asthenia had reparative dynamics in the first group at 23 patients and indulgence of asthenia symptoms at 6 persons. In the second group, the attributes of asthenia have disappeared only at 10 patients, and its indulgence was observed at 19 patients. Besides, the collateral symptoms of psychotropic action were marked. Therapeutic effect in the first group came in 1,5 times faster, than in second group. Enerion rendered positive therapeutic action not only on asthenia syndrome, but also on inherent to neurasthenia vegetative dysfunction, disturbing and subdepressive disorders, cognitive impairment.

Conclusions: Reparative processes at the patients with asthenia symptoms at reception of a medicine are much higher, than at those not accepting it. The study of Enerion enables to considerate as one of a basic anti-asthenia drug.

Tuesday, April 5, 2005

P-13 Poster session: PTSD and eating disorders

Chairperson(s): Roman A. Evsegeev (Minsk, Belarus), Fernando Fernandez-Aranda (Barcelona, Spain)
11.15 - 12.15, Gasteig - Foyers

P-13-01

Changes in the profile of psychological health in the 11-M attack: Assessment one month and six months following the attack

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Hospital Gregorio Marañón Psiquiatría, Madrid, Spain

Objective: To analyse the incidence of alterations in the psychological health among the patients affected by 11-M terrorist attack.

Methods: A sample was randomly selected from among the patients who received care at Gregorio Marañón Hospital in Madrid. The patients were examined between one and two month following the attack and again six months after the attack. Minors were excluded from this study. A general questionnaire and the Golberg GHQ-28 were used. The alteration in the profile of psychological health was defined by a GHQ-28 score ≥ 6 . All subjects provided written informed consent after full description of the study.

Results: We evaluated a total of 56 subjects, (57.1% men, 42.9% women). 67.9% had a GHQ-28 score ≥ 6 . Mean GHQ-28 score was 9.95 ± 6.98 ; (7.84 ± 6.16 males; 12.75 ± 7.15 females). Females had significantly higher mean scores on anxiety and insomnia. Results at the sixth-month time point are currently being studied and will be presented at the congress.

Conclusion: There is a high incidence of alterations in the psychological health (67.9%) between the first and the second month after the attack. The biggest alteration is in somatic symptoms, anxiety and insomnia. Gender is possible predictive variable for psychological health alterations.

P-13-02

Posttraumatic stress disorder (PTSD) among victims of March 11th terrorist attacks in Madrid and their families

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Objective: To estimate the prevalence of PTSD among victims of March 11th terrorist attacks and their families. To examine the association of both direct and indirect exposures to this event with symptoms of PTSD.

Methods: We selected by a random-sampling method an adult sample from among the patients admitted in Emergency Service of Gregorio Marañón Hospital on March 11th, because of the terrorist attacks. The first assessment of the victims was conducted 1 month after the event. Follow-up evaluations were performed 6 months after the attack. We assessed demographic characteristics, psychiatric history and traumatic events prior to the 11-M. PTSD symptoms were assessed with the self-administered Davidson Trauma Scale (DTS). We also asked family members to respond to DTS.

Results: We evaluated a total of 56 patients and 47 relatives. There was a significant correlation between DTS scores on patients and relatives. Patients had higher mean scores on DTS than

relatives (38,7 +/- 28,8 vs. 32,5 +/- 24,27). The prevalence of PTSD, defined by a score > 40 , was 39,3% on victims and 32,6% on relatives. These differences were not significant. We didn't find significant associations between DTS in relatives and demographic characteristics, like gender or severity injury. Results at the sixth-month evaluation are currently being studied.

Conclusion: There is a high prevalence of PTSD in both victims (39,3%) and relatives (32,6%). These outcomes reveal a major prevalence in victims and familiars than that found in general population in other studies.

P-13-03

Postraumatic stress disorder (ptsd) and psychopathology in the 11-m attack: Assessment one month and six months following the attack

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Objective: To analyze the incidence of psychiatric disorders among patients affected by the 11-M terrorist attack and the main risk factors for developing PTSD.

Methods: A sample was randomly selected from among the patients who received care at our hospital. For the purposes of this study, they underwent an initial evaluation between one and two month(s) following the attack and again six months after the attack. Minors were excluded from this study. A general questionnaire and an interviewer-administered psychopathology screening scale (MINI, Mini International Neuropsychiatric Interview, Spanish version 5.0.0) were used. All patients were requested to give their written informed consent.

Results: We evaluated a total of 56 subjects. PTSD was the disorder that presented the highest incidence (37%), followed by depressive episode (29.6%), and Generalized Anxiety Disorder (13%). The only illnesses found to be associated with PTSD were current depressive episode ($p < 0.001$), previous depressive episode ($p = 0.020$), and panic disorder ($p = 0.020$). Using a Spearman's correlation, we found that gender (female, 0.394; $p = 0.003$), civil status (0.396; $p = 0.022$), and a history of depression (0.316; $p = 0.020$) are closely correlated with PTSD. The gender variable (female) was associated with the highest risk for developing PTSD (OR=5.6). The only three cases with a history of depression all developed PTSD. Results at the sixth-month timepoint are currently being studied and will be presented at the congress.

Conclusion: • There is a high incidence of PTSD (37%) between the first and the second month after the attack. • These outcomes are similar to those found in other studies dealing with large-scale catastrophes. • Gender and a positive history of depression are possible predictive variables for PTSD.

P-13-04

Postraumatic Stress Disorder (PTSD) in the 11-M attack

D. Fraguas, S. Teran, J. Conejo-Galindo, O. Medina, E. Sainz-Cortón, C. Arango. *Gregorio Marañón General Hospital Psychiatry, Madrid, Spain*

Objective: To analyse the incidence of posttraumatic stress symptomatology among patients affected by the 11-M terrorist attack and the main risk factors for developing PTSD.

Methods: A sample was randomly selected from among the patients who received care at Gregorio Marañón Hospital. The

patients were examined between one and two month following the attack and again six months after the attack. Minors were excluded from this study. A general questionnaire and the Davidson PTSD rating scale (DTS) were used. All subjects provided written informed consent after full description of the study.

Results: We evaluated a total of 56 subjects. Mean DTS score was 38.7 +/- 28.8. Females had significantly higher mean scores on DTS than males (48.8 +/- 31.1 Vs 31.1 +/- 24.8). The prevalence of PTSD, as defined by a DTS score >40, was 39.3%. There was a significant association between reexperiencing the event (PTSD B criteria) and female gender. Avoidance of reminders of the event and numbness of feelings (PTSD C criteria) appear to be related with low injury severity after hospital care. Results at the sixth-month time point are currently being studied and will be presented at the congress.

Conclusion: There is a high incidence of PTSD (39.3%) between the first and the second month after the attack. These outcomes are similar to those found in other studies dealing with large-scale catastrophes. Gender and low injury severity are possible predictive variables for PTSD symptomatology.

P-13-05

Psychological factors in the repeated accident: A preliminary study at the emergency department of the general hospital of padua

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Objective: To identify some psychological characteristics of the "repeated accident", that we define as the presence of at least two accidents in two years.

Methods: During one week we collected patients aged 14-65 attending the Emergency Department after any type of accident, we then divided them in two groups, "repeated accident" (n=64) / "first accident" (n=97), that we compared by means of a semistructured interview, Paykel's Scale and TPQ.

Results: Some factors show a statistically significant association with the "repeated accident": young age (<30 years); accidents within the age of fifteen; stressful life events (particularly "exits" and "undesirable events"; moreover "controlled events" are, and "uncontrolled events" are not associated with the "repeated accident"); tendency to disorder (TPQ); stressful feelings; vivacious oneiric activity signals.

Conclusion: Stressful life events, whose role in the accident event is known, show themselves even more important in the repetition of accident. Stressful feelings and vivacious oneiric activity prove the presence of an inner elaboration, similar to the work of mourning ("exits" and "undesirable events"). There might be involved not only a simple causality of a linear type between stressful life events and accidents, but also a complex and reciprocal bound: in particular part of the events is personally caused ("controlled events"). A follow-up of two years concerning accidents will allow us to identify the "single accident" and the "first accident of a repeated accident" groups.

P-13-06

Mental and behavioral disorders at the teenagers, undergone to rape

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Objective: We observed 78 minor females in the age of 13 - 18 years (Ukrainian welfare fund of the help to victims of violence). It

has been diagnosed: at 11 person (14.1%) acute reaction to stress (F43.0) and at 67 person (85.9%) posttraumatic stressful disorders (F43.1).

Methods: IPI

Results: Leading symptoms thus were: 1) experience anew - persuasive experience of the brought suffering, event in memoirs and dreams (67.3%) or flashback (14.7%); 2) behavior of avoidance - aspiration to avoid the situations reminding of episode (74.5%); 3) independent hyperactivity - reactions of a fright (81.4%), fears (62.7%), infringement of dream (83.6%), aspiration to restriction of contacts to associates (51.2%); 4) abusing alcohol or drugs (43.5%); 5) depression, "feeling of an indelible dirty", suicide ideas or attempts of suicide (47.2%); 6) plural nonspecific somatic complaints (34.1%).

Conclusion: Additional factors in amplification symptoms were the duration, necessary legal formality and various forensic researches, and then litigation. Practically in all cases took place prolongation situations of psychotrauma. The minor victim should experience the happened situation again and again (forensic examination, necessity of additional indications, participation in confrontations, threats on the part of accused or pressure of their lawyers, etc.), especially negative role in some cases played the fact when justice could not triumph or sexual offenders are not punished. In that case there was not simply a recurrence situations of psychotrauma, and frequently the victim transferred the more psychological stress with all consequences.

P-13-07

Group psychodynamic psychotherapy of female's victims of family sexual abuse

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Objective: Aim is to show the efficiency of group psychodynamic psychotherapy of females victims of family sexual abuse, suffering from chronic consequences of family sexual abuse.

Methods: 15 female's victims of family sexual abuse were included in this research, all of them suffering from chronic consequences of family sexual abuse. Before including into group psychotherapy all of them were interviewed by psychiatrist. Initial testing was done before beginning of group psychotherapy with following instruments. General Questionnaire and Multi-dimensional Instrument for assessment of psychological symptoms SCL R-53. Group psychotherapy lasted six (6) month. Sessions were organized weekly and lasted 90 min. Group was leaded by two cotherapists both female. Working technique was supportive-expressive psychotherapy. During the group psychotherapy cycle clients have received general medical treatment, physiotherapy, gynecological treatment and dental treatment. When indicated they were treated with medications. After six month of therapy they were retested with SCL-53 Questionnaires.

Results: Retest results after six month of treatment on SCL-53 Questionnaire there is reduction statistically significant in all psychopathological symptoms $p < 0,05$.

Conclusion: 1. Psychodynamic group psychotherapy has shown efficiency in treatment of chronic psychological consequences with the females victims of family sexual abuse. 2. Chronic psychological consequences of family sexual abuse are

statistically significant reduced after six month of treatment. Key words: Family sexual abuse, group psychotherapy

P-13-08

The acute period of posttraumatic stressful disorder at military men in conditions of the local confrontation

A. S. Zakovriashin. *Moscow Research Institute of Psychiatry, Moscow, Russia*

Objective: The purpose of research was studying structure and dynamics of psychopathological disorders in the early period of fighting mental trauma.

Methods: clinical-psychopathological. The problem also included studying personal features, behavioural and cognitive strategies of overcoming of stress, their influence on an outcome of disease.

Results: At 35 surveyed (I-st group) alongside with basic criteria PTSD came to light asthenic (62,9%), disturbing - depressive (20%) and conversion (17,1%) symptoms. In the second group from 49 surveyed behavioural disorder with aggression, oppositional behaviour, refusal of social contacts, avoiding behaviour prevailed. For the allocated groups various outcomes were authentic. By the end of research in the first group indemnification of disorder has come at 22 of 35 respondents, mainly with asthenic ($p=0,04$) and conversion ($p=0,01$) disorders. Indemnifications of frustration at patients of the second group by the end third week has not come. And, as in group with clinical indemnification of frustration (22 people), and in group with preservation of psychopathological frustration (62 people) by the end of research in self-estimated scales were kept high parameters of emotional trouble and the intensity, allowing to speak about affective decomposition of the person in acute period of PTSD.

Conclusion: Faster indemnification of psychopathological frustration spoke us first of all cognitive installation for active processing of problems and the effective adaptation in society.

P-13-09

The psychological and social malfunctioning in PTSD patients

T. Milenkovic, M. Simonovic. *Serbia + Montenegro*

Objective: We investigated psychological and social functioning in PTSD and non-PTSD patients but with an experience of combat exposure. We were interested in similarity of patterns of malfunctioning.

Methods: Psychological assessment was made using the following instruments: FILE (Family Inventory Life Event Scale), PIE (Plutchik Inventory Emotions), PCL (Posttraumatic Check List), SSI (Social Support Index).

Results: We have found disturbed family functioning, changed emotional reactivity (increased aggressivity, problems with control of anger, increased depression, sexual malfunctioning), feeling of getting less support of the community. It haven't depended of their meeting the criteria for PTSD but only of their being under war exposure.

Conclusion: There is no significant difference between PTSD and non-PTSD group if the later one was under war exposure. It means that war exposure causes psychological and social malfunctioning independently of meeting criteria for PTSD. Except that, we found chronicity of their troubles as well as secondary traumatization of the members of their families.

P-13-10

And then the dog died

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Objective: Childhood grief and bereavement have immediate and long-lasting consequences often resulting in depression, anxiety, and behavioral disturbances. Multiple losses increase the risk for complicated bereavement. Pets have been used to aid the mourning process. What occurs when the treasured pet dies? There is limited literature regarding pet bereavement, and none regarding pet bereavement following multiple losses.

Methods: Case analysis with literature review.

Results: An 8-year-old boy experienced the deaths of three grandparents and a maternal uncle within 18 months. When his pet dog Twickenham suddenly died six months later, depressive features abruptly increased and he did not want to attend school. He compared this loss to that of his closest deceased grandparent: "It's not the same. I could jump all over Twick's back, but I couldn't with Bubby Becky. I loved Bubby Becky very much, but I played with Twick every day." Family and teachers worked with the child on coping skills including writing poetry regarding his dog. The parents focused on Twick having been a family member, endorsed the child's perception of the importance of the loss, and by so doing permitted the child to express and resolve appropriate grief.

Conclusion: Pets are associated with unconditional love, and for children, pets are constant friends. Parents need to appreciate the significance of the loss, assist the child in the grieving process, and utilize whatever expressive means are available to the child. By reinforcing the pet as family member, parents permit the child to have healthy grief that can resolve.

P-13-11

Does gender matter? Post-traumatic stress disorder among refugees

Jutta Lindert, Maria Blettner. *Mainz, Germany*

Objective: The number of people living as refugees has grown over the past several decades. Man-made disaster have a severe impact on mental health across cultures. The impact of violence on mental health is an expanding area of research. To assess the prevalence of post-traumatic stress disorder, anxiety and depression of Kosovar refugees living in Germany and to analyse gender differences in symptom levels. To unmask differences in morbidity between men and women by assessing carefully symptoms.

Methods: Cross-sectional cluster sample survey was conducted among refugees living in Germany. Main outcome measures were posttraumatic stress disorder (PTSD) symptoms, depression and anxiety. All refugees were face-to-face interviewed using the Harvard Trauma-Questionnaire (HTQ) and the "Hopkins-Symptom-Checklist 25" (HSCL-25). Main biographical data was collected with a demographic measure.

Results: Men and women were exposed to high levels of adversity during the war, most commonly reported events were forced expulsion and deprivation from water, food and shelter. The rates of PTSD, depression and anxiety were extremely high. No differences in symptom levels between men and women were found.

Conclusion: High level of psychic impairment are likely to occur in populations affected by mass violence. Posttraumatic stress disorder seems to be as likely in females as in males after exposure to man made disasters. Modelling PTSD as a unidimensional

conduct seems to mask symptom differences between men and women. Further research is urgently needed to get to know better the impact of man-made disaster on mental health.

P-13-12

Are body image disorders precursors of eating disorders?

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Objective: Eating Disorders are the final and often late expression of several concomitant causal factors. Objective of our study is to investigate the indefinite area preceding Eating Disorders. Particularly, we hypothesise that Body Image Disorders, early menarche and gain in weight represent important risk factors for the development of Eating Disorders during adolescence.

Methods: A sample of 323 students attending the first form of two high schools was selected (mean age = 14.9). A set of tests (BAT + EDI-2) was administered to measure Body Image Disorders and Eating Disorders. Additionally Body Mass Index (BMI) and age at menarche of female students were measured. One year after this first data collection all measurements were repeated in order to assess any associations between the three above-stated variables (BMI, age at menarche, Body Image Disorders) and the development of Eating Disorders.

Results: Our study is still in progress. Results will be available by March 2005.

Conclusion: The individuation of risk factors for Eating Disorders would allow us to make our therapeutic programs more prompt, more precise and, thus, more efficient and to improve our prevention programs.

P-13-13

Eating disorder males and therapy effectiveness: A pilot study

F. Fernandez-Aranda, R. Solano, A. Aitken, J. Vallejo Ruiloba. *University Hospital of Bellvit, Barcelona, Spain*

Objective: This study attempts to understand the impact of gender on the treatment outcome of Eating Disorder patients.

Methods: 19 male ED patients admitted to our Unit (32%AN; 42% BN; 26% EDNOS) participated in the study. All patients fulfilled diagnostic criteria according to DSM-IV. This group was compared with a cohort of 19 female ED, matched for age of onset, diagnosis, duration and severity of the disorder. In both groups, similar outpatient group therapy was applied. Assessment measures included the Eating Disorders Inventory-2 (EDI-2), Symptoms Check List (SCL-90-R) and the Temperament and Character Inventory-R (TCI-R), as well as a number of other clinical and psychopathological indices. Prior and after the treatment all the psychometrical measures were used for the assessment.

Results: ANOVA with repeated measures design (gender x time), was applied in the current study. Whereas significant differences between the groups were found by considering the factor time ($p < .01$), no significant differences were found on the outcome by considering the factor gender. However, there were significant differences on the drop-out rates (32% in the case of males) between the groups.

Conclusion: Although males seems to be more likely to drop-out than females, our study suggest that the gender factor seems not

to be relevant on the treatment outcome of ED patients. Supported by the FIS (G03/184).

P-13-14

Bulimia nervosa and impulse control disorders: A comparison study of common and differential personality risk factors

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Objective: Despite many studies devoted to the examination of impulsiveness and its association with BN, there are few studies analyzing and comparing this topic with other clinical samples or healthy controls. The purpose of the present study was to determine common and differential character and temperament dimensions between BN and Pathological Gamblers (PG), when compared with healthy controls (HC).

Methods: The subjects were 280 patients (140 BN; 140 PG) and 96 HC. The patients were consecutively assessed for treatment at the Department of Psychiatry of the University Hospital of Bellvitge. All subjects fulfilled DSM-IV criteria for such disorders. The scales used were the Temperament and Character Inventory of Cloninger revised (TCI-R) and the SCL90-R, as well as clinical relevant variables.

Results: ANCOVA (with gender and age as covariance) revealed a number of significant differences between BN and PG: novelty seeking ($PG > BN = HC$; $p < .001$); harm avoidance ($BN > PG = HC$; $p < .001$) and self-directiveness ($BN < PG < HC$; $p < .001$). Furthermore, there were no significant differences on the other four character or temperament dimensions, between cases and controls.

Conclusion: Our results suggest that BN and Impulse control disorders have more different than common personality risk factors, even when the variables gender and age were controlled for. This finding will question the relevance of impulsiveness, as ethio-pathological factor implicated in BN, and will support the existence of a heterogeneous personality traits in this disorder. Supported by FIS (G03-184).

P-13-15

Tourette's disorder misdiagnosed as an eating disorder

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Objectives: To report on a case of vomiting as a symptom of Tourette's disorder (TD), misleading caregivers to diagnose an eating disorder.

Methods: An 18-year old male, diagnosed with bulimia nervosa (BN) of the purging type, was referred to our Center for Eating Disorders. His presentation was atypical for BN as his vomiting was unwanted and resulted in food-restriction. Treatment with metoclopramide was unsuccessful. History taking revealed a childhood diagnosis of ADHD combined with obsessive symptoms about symmetry, order and neatness, and symptoms of a conduct disorder. Psychiatric examination revealed motor tics (e.g. genitopraxia, bilateral facial grimacing, and sudden movements of the head), and phonic tics, including puffing and gargling.

Results: In agreement with Jankovic (Tourette's Disorder, *New England Journal of Medicine* 2001;345:1184-1192) this patient was

diagnosed as suffering from TD. Based on a thorough history taking and psychiatric examination the primary symptom of vomiting was regarded as a motor tic. Treatment with risperidone (1 mg daily dose) provided a substantial reduction in the frequency of vomiting. In addition he was treated with a low dose of sertraline (50 mg daily dose) for the OCD-like behaviours, methylphenidate, and cognitive behavioural therapy.

Conclusions: We report on a case of vomiting reflecting a motor tic as part of Tourette's disorder, misleading caregivers to diagnose an eating disorder. This case underlines the necessity of a thorough psychiatric examination preceding treatment

P-13-16

Dissociation and self-injurious behavior in anorexia and bulimia nervosa

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Objective: Patients with eating disorders have been repeatedly suggested to be at high risk for dissociation (DIS) as well as self-injurious behavior (SIB). This study examined the occurrence, phenomenology and clinical relevance of DIS and SIB, their correlations with traumatic experiences, impulsivity and obsessive-compulsive (OC)-behavior and their impact on treatment outcome

in a large sample of women with eating disorders excluding patients with a comorbid borderline personality disorder (BPD).

Methods: The sample consists of 256 female inpatients - 119 with anorexia (AN) and 137 with bulimia nervosa (BN) - according DSM-IV without a comorbid BPD. The assessment included the Eating Disorder Questionnaire, the Eating Disorder Inventory-2, the Self-Harm Behavior Survey, the Traumatic Life Event Questionnaire, the Dissociative Experience Scale, the Barratt Impulsivity Scale, the YBOCS and other.

Results: The results showed high DIS scores for both AN and BN with higher scores for BN and for anorectic patients of the bulimic subtype. DIS scores were significantly higher in self-injuring patients and highly correlated with traumatic experiences - 17,8% reported sexual abuse before the age of 13. The lifetime prevalence of SIB was unexpected high with 34% for the whole sample. SIB was associated with higher scores on impulsivity, OC-behavior and number of suicide attempts and - in contrast to DIS - also with poorer outcome.

Conclusion: DIS and SIB are common and important issues in patients with eating disorders even when comorbid borderline personality disorders are excluded. The co-occurrence of DIS and SIB, and their high correlation with traumatic experiences, impulsivity and OC-behavior indicate possibilities for the screening in primary care in order to identify this high risk group.