

P03.443**ADAS-COG (ALZHEIMER'S DISEASE ASSESSMENT SCALE-COGNITIVE SUBSCALE)-VALIDATION OF THE SLOVAK VERSION**

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ADAS was designed to measure the severity of all of the most important symptoms associated with Alzheimer's disease. The ADAS-cog is the most popular cognitive testing instrument in use in clinical trials of nootropics. It consists of 11 items measuring disturbances of memory, language, praxis, attention and other cognitive abilities which are often referred as the core symptoms of Alzheimer's disease (AD). The ADAS-cog was translated into Slovak and then back to English. Three items needed cultural adaptation-translation which is conceptually equivalent to the original and culturally acceptable in Slovakia. The present study examines the comprehensibility and ability to discriminate between demented and non-demented controls with depressive disorders.

Study participants included 15 patients with the clinical diagnosis of mild or moderate Alzheimer's dementia, fulfilling NINCDS/ADRDA criteria for probably AD and 15 control non-demented, depressed elderly subjects. Test administration takes 40-50 minutes, patients with mild degree of dementia have cooperated well during the whole examination. Significant differences of the mean global score values between demented and control patients, and between mild and moderate demented were found.

P03.444**A STUDY IN INFERTILITY: PSYCHODYNAMIC AND PSYCHOLOGICAL EVALUATION OF WOMEN UNDERGOING IVF TREATMENT**

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In the past few years interest in IVF (In Vitro Fertilization) methods has increased. There is also an abundance of studies concerning the psychological aspects of IVF, especially as concerns issues such as psychological influences of infertility and assisted reproductive technology on the well-being of individuals and psychological and psychodynamic factors inducing infertility.

The objective of this prospective study is to examine, 1) the psychodynamic and psychosomatic dimensions of infertility, and 2) the psychological parameters of IVF. Until now, we have studied 40 women who, at the time of the interviews which we conducted were about to take part in an IVF programme at the IVF department of a major Athens hospital, due to their own or to their partners' infertility.

We recorded the demographic data for women and their partners, the causes of infertility, as well as previous IVF attempts, if applicable. Furthermore, we supplied them with questionnaires measuring anxiety, depression, aggression, alexithymia, narcissism and personality organisation. The same questionnaires have now been provided to the participants for a second time after approximately one year. Participants answer the second questionnaires irrespective of the outcome of the IVF attempt, in order for us to study the psychological influences of IVF techniques on these women.

The statistical analysis indicated that there is a positive correlation between increased depression, increased anxiety and the negative outcome of IVF treatment. Also, the results indicated that

there is a positive correlation between alexithymia and the negative outcome of IVF treatment.

P03.445**PERSONALITY'S FEATURES IN EATING DISORDERS**

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Introduction: Recently, the differences on personality trait have been studied in various research on Eating Disorders. These studies are based on two theories, the categorical which assesses the comorbidity between personality disorders according to DSM-III-R axis II and eating disorders and the dimensional which assesses the no clinic characteristics of personality on subjects with eating disorders.

Objective: Assess the differences of personality traits on the various subtypes of Eating Disorders.

Method: The personality have been assessed on 45 outpatient females with Eating Disorders according to DSM-IV: 15 patients with anorexia nervosa Type restrictive, 15 patients with anorexia with binge/purge episodes and 15 bulimic patients. The 45 patients completed the MMPI, the EPQ, the STAI and the sociodemographic factors, time of evolution and BMI.

Results: The study shows a trend to exhibit a personality characterized by inflexibility, excess of control, obsessive thinks and perfectionism in patients with diagnostic of anorexia nervosa Type restrictive, whereas patients with binge/purge episodes show a profile with higher neurotic index, decreased introversion, histrionic traits and affective lability, closer to traits of bulimic patients which present increased extraversion, impulsiveness and unstable emotions.

P03.446**ADOPTED IMAGE OF DISEASE AS THE BASIC PSYCHOLOGICAL PHENOMENON OF THE THERAPEUTIC ALLIANCE WITH SCHIZOPHRENIC AND DEPRESSIVE PATIENTS**

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The theoretical construction of existing in the psychic of patients such phenomenon as Adopted Image of Disease (AID) and the hypothesis that the structure and the content of Adopted Image of Disease and their differences with the an expert assessment of doctor lead to the difficulties in the Doctor-Patient interaction have become the background of the current investigation.

For the confirmation of this hypothesis we examined 60 patients with paranoid Schizophrenia and special control group of Depressive patients by a set of tests: Inventory to biography and development of disorders, Inventory to Adopted Image of Disease, BPRS, FKE, KKG. It turned out that in the most cases (87.5%) the opinions of doctors and patients concerning causes, manifestations, treatment and prognoses were absolutely different and it can't be explained by the increasing of critic function of schizophrenic patients because we have already received the same results with somatic and depressive patients in our previous investigations. As a results, patients had a treatment and the system of interaction with their doctors which didn't conform to their notions about disease and the 75% of the patients were not satisfied with the contact with the doctor and the therapy.

Conclusion: AID is the basic psychological factor to reach the therapeutic alliance between doctor and patients. Therapeutic strategies of the doctors, rather adequate according to the positions of biological approach, but which don't consider the Adopted

Image of disease, are the sample of a paternalistic psychiatry and hinder to reach the real therapeutic alliance.

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SECONDARY BRAIN DAMAGE WITH HIV/AIDS

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Background: The early diagnosis of the infection is a favourable factor from the point of view of further course of HIV/AIDS. Nevertheless, in some patients the diagnosis of AIDS is determined only on the base of clinical symptoms of secondary damage of brain.

Methods: The symptoms of secondary damage of brain and the occurrence of neurological and psychiatric symptoms of this damage were evaluated in retrospect in the documentation of all patients of the AIDS centre who had already died of the AIDS disease.

Results: Since 1990, 5 patients out of 31 cured patients died. Toxoplasmosis of brain as a complication of course of death was found out in four patients. Brain lymphoma was proved by the dissection of one patient. The AIDS diagnosis was determined on the base of clinical symptoms of toxoplasmosis of brain in two patients of the dead ones. Brain damage in individual cases was shown by organic psychosyndrome, a rapid progression of dementia, states of delirium and epilepsy.

Conclusions: The occurrence of serious secondary damage of brain has been delayed as a result of modern treatment of HIV/AIDS. Nevertheless extensive secondary damage of brain can be recorded as the first clinical symptoms of HIV/AIDS.

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NEURASTHENIA-CHRONIC FATIGUE SYNDROME. THE BASIS AND THE MEANING OF MEDICATION AND OTHER THERAPY

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The term chronic fatigue syndrome (=CFS) is used to describe a clinical entity characterized by severe chronic fatigue and generalized incapacitating of longer than 6 months. This is associated with multiple physical and neuropsychical symptoms. Neurasthenia (ICD 10) has nearly the same diagnostic criteria like CFS. A number of somatic and psychologic hypotheses has been proposed as possible explanations of the cause of neurasthenia-CFS.

We wanted to show the efficiency of "the newer antidepressants", such as SSRI-sertraline (f.o. Zoloft) 50 mg bid, hypericum extract Li 160 (f.o. Jarsin) 900 mg tid and RIMA- moclobemid (f.o. Aurorix) 300 mg bid.

60 patients with diagnosis CFS had been immunologic, internal and psychiatric examined at University Hospital Plzeň. 33 patients were included into the study. All patients have undergone an extensive physical and psychological examination (Cattell 16 PF). We found some typical psychological characteristics in this small subject.

We did not find any other serious abnormality in laboratory tests. Mg ery was low, but there was no statistically significant difference between the patients and controls - 1,600 versus 1,6475 ANOVA ($p < 0.344$).

We recorded improvement in all tests by the patients about 50% in scores of questionnaires. The most significant improvement was

recorded in myalgia (50%) by more than 76% of patients (-1.18 ± 0.73 , $p < 0.0001$ test).

Newer antidepressants (SSRI, herbal antidepressants and RIMA) should be effective in the treatment of CFS. The diagnosis and treatment of CFS should employ a multi-axial approach. The care centers of this patients should be necessary and especially beneficial.

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PROFILE OF THERAPEUTIC ACTION OF MEXIDOL IN PATIENTS WITH ORGANIC BRAIN INJURY

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The present study aimed to evaluate the clinical pharmacological actions and therapeutic efficacy of Mexidol, a novel agent among 3-oxypyridine derivatives, in patients with emotional liable and cognitive disorders induced by the organic brain injury (F 06.6 and F 06.7 according to ICD-10).

Mexidol at a dose of 500 mg was tested in 15 young patients and 16 elderly patients over 28 days. The average age made 37.34 ± 5.87 and 58.12 ± 3.45 years accordingly. The therapy begun following the 5-7 day placebo treatment. The psychometric scales were employed to assess the action of Mexidol.

Mexidol was found to combine in the spectrum of its action the anxiolytic, stimulating (vegetotonic) and nootropic effects. Applying the MMS scale variables it was shown that the nootropic action of the drug is firstly and mainly realized as normalization of attention focusing and counting performance and short term memory parameters. The reduction of disturbances in the long term memory, performance and self-service occurred by the end of therapy course. The age-related differences in Mexidol action were identified as more pronounced antiasthenic effect in young patients, whereas in elderly subjects the anxiolytic component was displayed more apparently. Mexidol prove more effective in the young patients. No obvious undesirable side effects were detected. Findings from this investigation form the reliable platform for a promising therapeutic potential of Mexidol as an agent for treating the organic CNS pathology and its application in gerontological practice.

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PHARMACHOTHERAPY AND PSYCHOTHERAPY OF DEPRESSIVE DISORDERS

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Objective: Revealing a role of personality traits in choice of methods of treatments of depressive disorder.

Methods: Psychopathological, PDQ-IV, and SCL-90, component analysis.

Results: 150 depressive patients were examined (F 31, F 32, F 33, F 34.0, F 34.1, F 60). The component analysis has allowed allocating 2 groups. Patients with dependent and borderline traits of personality was characterized deeper sadness, motor retardation, asthenia, prevailing sympathicotonia (F 31 ($P < 0.005$), F 34.0 ($P < 0.001$)), and require active treatment tricycles antidepressant. Patients with schizoid, avoidant traits of personality was characterized deep-anxious, depersonalization symptoms persistent somatization, hypochondrial ideation's (F 33 ($P < 0.01$), F 34.1 ($P < 0.01$), F 60 ($P < 0.05$)) and require treatment of combination antidepressant (SSRIS) with cognitive therapy. Long-term psychotherapy and stabilising pharmacotherapy is most effective at borderline and narcissistic personality disorder.