

Method: Five social phobics and five age- and sex-matched controls underwent structural and Functional MRI. Echoplanar images were acquired over 5 minutes at 1.5 T, while the subjects performed two tasks: paced silent generation of words beginning with an aurally presented cue letter, alternated with paced silent repetition of the aurally presented word "rest". During examination a periodic design was used: presentation of a baseline condition for 30 seconds, Followed by an activation condition for 30 seconds. Finally a generic activation maps were constructed from individual images.

Results: Both groups demonstrated significant power of periodic response, with maximum signal intensity during word generation in the left frontodorsal and temporale areas. There were not found any significant between group difference in power of periodic response.

Conclusions: Patients with social phobia and volunteers displayed the same power of response with maximum signal intensity during word generation in the left frontodorsal and temporale areas.

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THYROID AXIS ALTERATIONS IN PSYCHOSES

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Objective: It has been known for many years that multiple disturbances of the hypothalamic-pituitary-thyroid axis have an effect on different psychotic disorders. However, possible interactions of these hormone dysregulations are still discussed controversially. Therefore, the aim of the presented study was to evaluate thyroid alterations in patients suffering from schizophrenia, schizoaffective and affective disorders.

Methods: Using a retrospective model, all files of in-patients of the Department of Psychiatry/University of G  ttingen were investigated with the above mentioned diagnoses (ICD-10 criteria) and blood thyroid hormone levels (peripheral and immunologic parameters).

Results: Altogether, between 1994 to 1998, 1346 in-patients with schizophrenia, schizoaffective and affective disorders were evaluated. Of these patients, 50 (3.71% of all psychotic patients, 11 male/39 female, mean age: 43.1 years) had thyroid axis alterations. In detail, 32 patients had a hyperthyroid status, 11 patients with hypothyroidism, and 7 patients suffering from hashimoto thyroiditis. No significant correlation between thyroid dysfunction and kind of psychosis was observed. Especially, no further correlation in patients with mania and/or bipolar depression disorder was found.

Conclusion: The interaction between psychoses and thyroid axis alterations is complex. Possibly, there is an interdependent system between psychiatric disorders and such hormone dysregulations. In summary, patients suffering from psychoses should undergo routine thyroid hormone investigations including TSH, T₃ and T₄ levels and immunological parameters taking into account that hashimoto thyroiditis is possibly underestimated.

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SOME PERSONAL PSYCHOTHERAPEUTIC EXPERIENCE IN A MOSCOW'S DISTRICT

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From 1995 to 1997 more over 240 patients addressed to the one of clinic in Moscow to get psychothepapeutic aid. All of them were examined beforehand by psychiatrist. After preliminary diagnostic test 119 patients (36 men and 83 women) were selected. The

variety of age of the patients was from 19 to 65 years old, 21% of which were officially invalidated in connection with their mental disease. The data distribution Table 1 shows and compares such characteristics as sex, age, levels of education, marital state are taken into consideration. The data distribution Table 2 shows and compares the results of the work with the patients according to the psychiatric diagnoses (ICD-10) and psychotherapeutic methods applied, which accounted to: 1) weekly individual conversations with psychoanalytic orientation per 50 minutes each. It included from 7 to 12 talks (32 persons); 2) weekly hypnosis group session including some elements of assertiveness training per 40 minutes each (42 persons); 3) weekly psychocorrecti-onal group in which patients searched some affinity per 90 minutes each (45 persons). In the group for affinity more than half of the persons had severe disorders, mainly schizophrenia. There were arranged small groups of cloused type, groups of both sexes and of different age as well as different diagnoses. After some formal acquaintance the therapist suggested his patients that they should work in microgroups, in pairs and he also tried to help creating some situational motives to start conversations: that is, some life situation in the tram or a situation of addressing a passer by in the street. Doing homage to Karl Rogers, we felt like creating the so-called "*helping the mentally diseased up*" in these groups and provide what the patients are deprived of in the childhood, in family, in hospitals, and when they turn to the psychiatrist. We obtained the increase of the level of adjustability with 11 out of 24 schizophrenic patients.

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ATYPICAL ANTIPSYCHOTIC & REHABILITATION PROGRAM IN A MUNCHAUSEN'S SYNDROME (CASE REPORT)

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Case report of a 27 years old patient with a moderated mental retardation, complicated with a Munchausen's Syndrome, with an history of severe self wounds, that often demanded his transfer to the general hospital, with multiple abdominal surgical interventions due to swallowing razors blades, and all sorts of cutting objects alike. The patient is controlled for over 2 years the combined action of an Atypical Anpsycotic and a specific rehabilitation program.