

effect on PD-symptoms measured by the clinician rated Panic Disorder Severity Scale. Moreover, preliminary data from the randomised trial show no significant differences in effect between Internet- or group-delivered CBT.

Conclusion: Our work suggests the possibility of markedly increasing the access to evidence-based psychological treatment within regular psychiatric care by using the internet as treatment medium.

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Gender differences in Axis I and Axis II disorders comorbidity in patients with panic disorder and agoraphobia

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Objective: To explore the gender differences in Axis I and Axis II disorders comorbidity in patients with panic disorder and agoraphobia (PDA).

Method: The sample consisted of 157 consecutive patients (71.3% females) with principal diagnosis of PDA. The assessment included administration of SCID-I and SCID-II. Women and men were then compared with regards to the type and frequency of the comorbid Axis I and Axis II disorders.

Results: Axis I disorders. Men (2.02±1.82) and women (2.05±1.27) did not differ significantly the mean number of comorbid Axis I diagnoses per patient but women had a significantly higher rate of at least one comorbid Axis I diagnosis (87.5% vs. 73.3%) and a significantly higher rate of at least one comorbid anxiety disorder (79.5% vs. 53.3%). Women had a significantly higher frequency of specific phobia (58.9% vs 33.3%) and major depressive disorder (51.8% vs. 35.6%) than men. Men had a significantly higher rate of hypochondriasis (26.7% vs. 7.1%) and past alcohol abuse/dependence (33.3% vs. 0.9%). Axis II disorders. Men and women did not differ on the mean number of personality disorder (PD) diagnoses (1.02 vs. 0.96) and the distribution of at least one PD diagnosis (51.1% vs. 53.6%). Women had significantly higher rate of dependent PD (27.7% vs. 11.1%) and men had higher rate of narcissistic PD (15.6% vs. 6.3%).

P0189

Standard versus massed cognitive behavioural group therapy for panic disorder

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Results of a recent study designed to evaluate varying schedules by which cognitive behavioural group treatment of panic disorder with and without agoraphobia (PD) is delivered will be presented. Thirty-nine PD patients were randomly assigned to one of two group treatment schedules: (a) a standard CBT program (S-CBT) which consisted of 13 consecutive weekly two hours sessions, or (b) a massed CBT program (M-CBT) which consisted of daily four-hour sessions for five days in week one and two two-hour sessions in week two and one two-hour session in week three. Content of the treatment programs were identical. It was found that treatment led to significant improvements on all measures. Between-group analyses showed that the S-CBT and M-CBT were equally effective immediate after treatment as well as at three-month follow-up with no

between-group differences in the number of patients who achieved clinically significant improvement. Also, there were no differences in drop-out rates or patient satisfaction between groups. The results are discussed in relation to prior research and advantages and disadvantages of both treatment schedules are considered.

One year follow-up data will be obtained in January 2008 and will be presented too.

P0190

Small doses of new generation antipsychotic in severe panic disorder

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Panic is a frequent often chronic disorder characterised by short-lasting sudden burst of panic fear with cognitive and somatic symptoms.

Aim of study was to determine effect of addition atypical antipsychotic agent in treatment-refractory panic disorder.

Methods: Ten patients suffer from panic disorder according to DSMIV criteria, who were poor responders to standard therapy/ SSRI or SNRI AD/ were examined. The most common symptoms were fear of going crazy, losing control, dying, fainting with vegetative symptoms as palpitation, trembling, sweating, vertigo. Olanzapine, quetiapine or risperidone were added.

Results: Objective global assessment measured by HAMA, CGI and Quality of Life Scale made before, two and four months after beginning of trial. Mild to significant improvement were recorded in seven patients related to reduced severity and number of attacks. Quetiapine then olanzapine showed best results.

Conclusion: Recommended treatment approaches include cognitive-behavioural as well as pharmacotherapy. Disorder have significant implications on global functioning, quality of life, suicidal risk. Limitation of our study is small number of participants, but there is a sense to try addition atypical antipsychotic in refractory cases.

P0191

Low resolution brain electromagnetic tomography findings in panic disorder

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Introduction: The aim of our study was detection of brain electrical activity changes in panic disorder (PD) patients by means of the electromagnetic tomography. Several observations suggest the panic disorder should be characterized by right frontal hyperactivation (Wiedemann et al., 1999).

Methods: Electroencephalograms of 33 panic disorder patients (9 men and 24 women) were compared with the same number of age and gender matched control subjects. EEG was recorded in the resting state with a 19-channel amplifier. 3-dimensional distribution of the current density was revealed by a method of quantitative electroencephalography - Low Resolution Brain Electromagnetic Tomography (LORETA, Pascual-Marqui et al. 1994)

Results: There was increase in the beta1 and beta2 frequency band over the frontal cortex including the insula and orbitofrontal cortex ($p < 0.01$) with right side maximum in panic disorder patients.