

**P01.156****DISSOCIATION AND BODY IMAGE IN A SAMPLE OF EATING DISORDER PATIENTS**

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Altered perception of body image as well as severe dissociative disorders in mental functioning can be regarded as important psychopathological factors in both anorexia and bulimia nervosa.

As it is well known, disturbed body image is not only a perceptive disturbance but it involves also affective and cognitive disturbances.

Clinical and experimental observations have also proved that dissociation in these patients is a very complex phenomenon which involves dysperceptive and hallucinatory phenomena.

Our research aims to look into the relationship between dissociative experiences and body perception. All our patients are investigated with BAT, Body Attitude Test (Vandereycken, 1995) and DES II, Dissociative Experience Scale (Carlson and Putnam, 1993). For all variables we made a screening analysis and we calculated the *r* Pearson correlation between all BAT and DES II scales.

The data we have collected indicates that there is a significant relationship in both anorexic and bulimic patients between attitude to one's own body (as measured by BAT) and dissociative experiences (as measured by DES II).

We can hypothesise that only one process is responsible for both sets of results. This process, which includes alterations of perceptive, affective, and cognitive levels of body experience, we propose to name "psychosomatic dissociation" thus meaning the patient's incapacity to get and to keep in touch with bodily and sensorial basis of emotional experiences.

**P01.157****DREAM AS AN INDEX OF PSYCHIC MODIFICATIONS**

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Dreaming may be considered a privileged observatory for the assessment of patients psychic pattern and, in the context of actual research in psychotherapy, it's analysis may be of great importance as an index of therapeutic variations. The aim of this study is to evaluate the therapeutic modifications in patients submitted to individual psychotherapy by the study of their oneiric production in comparison with modifications occurred in a sample of normal controls. Study participants comprise two patients with diagnosis of Major Depression on axis I and Dependent Personality Disorder on axis II according to DSM-IV criteria and two healthy volunteers recruited from the students of the Medical School of the Catholic University in Rome.

The oneiric production of both, volunteers and patients, for two and six years respectively, has been recorded weekly and entirely transcribed; dreams have been analyzed with the Self-boundary Scale, the Dissociative Phenomena Scale, the Metacognition Evaluation Scale and the Problem Solving Scale. Significant differences between patients and controls have been reported on all the utilized assessment scales at baseline and these differences noticeably reduced at the end of the psychological treatment along with the clinical improvement. These data support the hypothesis that dreaming pattern may be considered a reliable index of therapeutic changes. The results and the design of each scale will be discussed in detail in the study

**P01.158****SHORT-TERM RISPERIDONE IN ANOREXIA NERVOSA: A CASE SERIES**

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Classical neuroleptic treatment of anorexia nervosa (AN) was aimed at reducing hyperactivity and increasing therapeutic compliance with poor effects on psychopathology. Risperidone (R) is an atypical antipsychotic agent with potent dopaminergic (D<sub>2</sub>) and serotonergic (5-HT<sub>2</sub>) antagonistic activity able to reduce positive and negative symptoms of schizophrenia. Furthermore, R proved helpful in the treatment of pervasive developmental disorders and obsessive-compulsive disorder as an adjuvant medication. The rationale of the employment of R in underweight AN includes the following targets: hallucinations, dysperceptions and body image alteration; obsessional thoughts related to food intake; motor hyperactivity and anxious arousal; overall therapeutic compliance. Even though tolerability of R has not been systematically assessed in AN, the drug was administered to pre-puberal and puberal adolescents with minimal side effects.

We report some preliminary results from an ongoing series of underweight female AN patients receiving a starting dose of 0.5 mg/day of R, with subsequent titration up to 3 mg/day. Psychopathology was evaluated by means of Eating Disorders Inventory (EDI-2), Body Attitude Test (BAT), Dissociative Experience Scale (DES-2) and Symptom Checklist 90 (SCL-90-R).

Case 1 (BMI: 13.16) refused the medication after a few days for psychological reasons. Case 2 (BMI: 14.35) stopped the treatment because of extrapyramidal side effects. Case 3 (BMI: 11.61) stopped it during the third week for psychological reasons. Case 4 (BMI: 11.77) received an increasing dose for two weeks with remarkably clinical improvement. Case 5 (BMI: 12.69) showed a dramatic reduction of hyperactivity and accepted parenteral re-feeding, leading to complete recovery within 4 weeks. We conclude that it is worth to reduce drug dosage to avoid side effects and to maintain therapeutic efficacy.

- (1) Jimerson DC, et al. Medications in the treatment of eating disorders. *Psychiat Clin North Am* 19 (4): 739-754, 1996.
- (2) Fisman S, et al. Anorexia nervosa and autistic disorder in an adolescent girl. *J Am Acad Child Adolesc Psychiatry* 35 (7): 937-940, 1996.

**P01.159****TRAUMA, MEMORY AND DISSOCIATION: 3 CLINICAL EXPERIENCES AND A RESEARCH PROPOSAL**

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In the last decades many authors (Kluft, 1996; Putnam, 1995; Ross, 1991; van der Kolk and van der Hart, 1991; Spiegel, 1992; Liotti, 1996; Bremner and Marmar, 1988) have explored the relationship between traumatic experiences (wars, natural disasters, serious accidents, or experiences of physical violence or sexual abuse, especially in childhood) and following development of dissociative disorders or memory disorders.

Dissociative symptoms following traumatic experiences seem to be particularly important, because they offer a psychological defence against unsupportable stimuli. Painful events can become less deep through dissociative alteration of sensations (depersonalization and derealization), can become unconscious (dissociative amnesia), can be fragmented in several components (many types of posttraumatic