

investigation was to establish the level of social support in patients suffering from Panic Disorder with Agoraphobia (PDA), in the course of the manifestation of the disorder.

**Method:** 40 patients who fulfilled DSM-IV criteria for the PDA (mean age 39.25, SD 6.96) and 40 matched healthy controls were assessed by Social Support Index, Family Hardness Index, Family Coping Coherence Index, Relative and Friend Support Index (Mc Cubbin, et al., 1982).

**Os:** The patients having PDA, compared to the healthy controls, had statistically significantly lower scores ( $p < 0.001$ ) on all the indexes except on the Relative and Friends Support Index, where there was no statistically significant difference.

**Conclusion:** In the course of the disorder, patients suffering from PDA, compared to the healthy controls, had a significantly lower level of social integration in the social community and poorer quality of family relationships, but not a lower level of help and support by relatives and friends outside the close family.

## P0065

Religious attitudes and anxiety

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The purpose of the present study was to examine the relationship between religious attitudes and anxiety among students.

**Method:** Participants were 549 undergraduate students of Islamic Azad university of Azadshahr. The mean age of the participants was 22.7 years (SD = 4.58) and ages ranged from 18 to 30 years old. There were 245 men and 324 women. Measures: All participants completed a questionnaire booklet containing two self-report measures. The State – Trait Anxiety Inventory (STAI) of Spilberger and Religious Attitudes Inventory (Bahrami, 2000).

**Results:** The results of the present study demonstrate that: 1)-Correlation between religious attitudes and student's anxiety is meaningful and negative ( $r = -0.442$ ). 2)-Correlation between female student's anxiety and religious attitudes is ( $r = -0.497$ ). 3)-Correlation between male student's anxiety and religious attitudes is ( $r = -0.427$ ).

**Conclusions:** The present study revealed that a more positive attitude toward religion is associated with a lower level of self-reported anxiety. This contradicts the findings of O'Connor et al (2003).

**Key words:** Religious attitudes, Anxiety

## P0066

Threat and anxiety affect contrast perception

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**Background and Aims:** Functional imaging studies during viewing of visual threat stimuli, show faster detection of threat-related cues and activation of the visual cortex, but the functional visual processes underlying these phenomena have not been determined.

**Methods:** Eighteen healthy subjects were pre-selected on the basis of their trait anxiety, in order to form a low- and a high-trait anxiety group. Pattern VEPs were elicited in a baseline and a verbal threat condition with two stimulus contrast magnitudes.

**Results:** Compared to baseline, threat accelerated contrast perception in the low- but not the high-trait anxiety group, as evidenced by significant reductions in P100-latency. This reduction in the low anxiety group was greater with increasing stimulus contrast magnitude, consistent with a multiplicative gain control mechanism.

**Conclusions:** The efficiency of the P100-latency reduction mechanism depends on trait anxiety, in a manner reminiscent of the inverted U-shape curve which relates anxiety to motor/behavioral performance responses. These results are compelling because they extend the effects of anxiety from response systems to perceptual processes. Data based on the effects of threat on visual search studies should be reappraised to include an effect of threat on contrast perception.

## P0067

Once-daily extended-release Quetiapine Fumarate (Quetiapine XR) monotherapy in generalised anxiety disorder (GAD): A placebo-controlled study with active-comparator Paroxetine

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**Objectives:** To evaluate the efficacy and tolerability of once-daily quetiapine XR monotherapy in outpatients with moderate-to-severe GAD without major depressive disorder.

**Methods:** 10-week (8-week active treatment, randomised phase; 2-week post-treatment drug-discontinuation/tapering phase), multi-centre, double-blind, placebo-controlled, parallel-group comparison with paroxetine study (D1448C00011). 873 patients were randomised to receive quetiapine XR 50mg/day ( $n = 221$ ), 150mg/day ( $n = 218$ ), paroxetine 20mg/day ( $n = 217$ ) or placebo ( $n = 217$ ). Primary endpoint: change from baseline to Week 8 in HAM-A total score. Secondary outcomes included: change from baseline to Week 8 in HAM-A psychic and somatic clusters.

**Results:** Mean HAM-A total score (overall baseline mean, 26.98) was significantly reduced at Week 8 by quetiapine XR 50mg/day ( $-13.95$ ,  $p < 0.05$ ), 150mg/day ( $-15.96$ ,  $p < 0.001$ ) and paroxetine ( $-14.45$ ,  $p < 0.01$ ) versus placebo ( $-12.30$ ).

At Week 8, mean HAM-A psychic cluster score (overall baseline mean, 14.40) was significantly reduced by quetiapine XR 50mg/day ( $-7.42$ ,  $p < 0.01$ ), 150mg/day ( $-8.64$ ,  $p < 0.001$ ) and paroxetine ( $-7.70$ ,  $p < 0.001$ ) versus placebo ( $-6.27$ ). Mean HAM-A somatic cluster score (overall baseline mean, 12.58) was significantly reduced by quetiapine XR 150mg/day ( $-7.37$ ,  $p < 0.001$ ) versus placebo ( $-6.00$ ), but not quetiapine XR 50mg/day ( $-6.54$ ,  $p = 0.15$ ) or paroxetine ( $-6.74$ ,  $p = 0.05$ ).

The incidence of serious AEs was low ( $< 2\%$ ) in all treatment groups. During Weeks 1-8, most common AEs ( $> 10\%$ ) were dry mouth, somnolence, fatigue, dizziness and headache with quetiapine; headache with placebo; and somnolence, dizziness, headache and nausea with paroxetine.

**Conclusion:** Once-daily oral treatment with quetiapine XR (50 and 150mg/day) was well tolerated and significantly reduced anxiety symptoms, demonstrating effects on both somatic and psychic symptoms, in patients with GAD.

**P0068**

Social anxiety treatment in substance users

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**Background and Aims:** Social anxiety disorder (SAD) is a disabling condition. Individuals with SAD use behaviours to lessen their fears of negative judgement and danger and manage social situations better. Research suggests that SAD often co-occurs with other psychiatric disorders including substance use disorders. However, individuals are directed to seek treatment for SAD only after they have managed their other comorbid psychiatric problems. They are usually excluded from SAD treatment studies because of the belief that their concurrent disorders are a barrier to SAD treatment. Individuals with SAD may use avoidance strategies including substance use and problematic eating to manage their perception of danger in social situations. This presentation examines the efficacy of a 12-week CBT group modified for the treatment of concurrent SAD and substance use from existing CBT protocols for social anxiety (see Heimberg et al., 1999).

**Methods:** Participants with a DSM-IV diagnosis of SAD and substance use disorders were administered a series of social phobia, anxiety sensitivity, and expectancies on social evaluative situations pre and post SAD treatment. In addition, they completed weekly avoidance and fear hierarchies of social situations from pre to end of treatment. Treatment involved the identification and challenging of cognitive distortions, behavioural experiments and in vivo exposure.

**Results:** Multiple comparison analyses suggested that individuals experienced a decrease in fear, avoidance, and physiological symptoms related to social anxiety.

**Conclusions:** CBT can reduce symptoms of SAD in substance users. Strategies to address substance use and problematic eating while delivering SAD treatment will be also presented.

**P0069**

Grey matter correlates of cognitive measures of the simulated public speaking test in social anxiety spectrum: a voxel-based study

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**Background and Aims:** The diagnostic frontiers of social anxiety disorder (SAD) are still controversial, since it could be described as part of a continuum of severity rather than as a disorder based on an arbitrary threshold with qualitative distinctions. The present study aims to investigate possible differences among subjects along the social anxiety spectrum using the Simulated Public Speaking Test (SPST), an experimental model of human anxiety. Afterwards, the anticipatory measures of SPST among groups were correlated with different volume of gray matter areas by MRI using the voxel-based morphometry method.

**Methods:** We evaluated patients with generalized SAD (n=25), subjects with subclinical SAD (with fear of a social situation without avoidance or impairment; n=14) and healthy controls (n=22).

**Results:** The subjective SPST findings showed that avoidance and functioning impairment were due to a negative self-evaluation in SPST and not to the level of anxiety experienced. When all groups were pooled together, there was a positive correlation between levels of anxiety experienced and the volume of the right amygdala. The negative self-evaluation of performance in the SPST was associated with a reduction in the volume of the anterior cingulate complex (ACC) only in the SAD group.

**Conclusions:** These results suggest that the association between anxiety and amygdala volume may be a part of a continuum of social anxiety. However, the correlation between self-evaluation of performance with reduced ACC volume only in the SAD group does not support the idea that this association may be also part of a continuum.

**P0070**

Family structure and function among heroin addicts ; a case control study

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**Background:** It seems that the family of heroin addicts carry certain characteristics which constitute the base for the indulgence in psychosocial deterioration. Objectives : To clarify the elements constituting family structure and family function in heroin addicts and to compare it with that of non addict group. Methodology : A sample of 80 heroin dependents diagnosed according to DSM IV TR was studied and compared to a control (non addict) group composed of 20 persons. Data were collected using a pre-designed questionnaire.

**Results:** parental separation/divorce was higher in the group of addicts compared to control group. Comparing the main caring person among the two groups revealed the following : father (11.3% : 0%) , mother (8.8% : 35%) , both parents (33.8% : 60%) , Addicts were moved to grandparents in 6.3% of cases (0% in non addicts) , to other relatives in 11.3% of cases (0% in non addicts) , and to others (non relatives) in 7.5% of cases (5% in non addicts) , which reflects the instability and change of caring persons for addict. Positive family history for substance abuse was higher in the group of addicts compared to non addicts. Negative feelings towards father and mother were more predominant in heroin addicts' group and also perception of negative attitude from parents.

**Conclusion:** The family of heroin addict involves a lot of deformities and dysfunctions which need to be considered and highlighted in all therapeutic programs designed for such patients.

**P0071**

Post traumatic stress disorder and related factors following orthopedic traumas

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**Background and Aims:** this study designed to determine the prevalence of posttraumatic stress disorder among patients visited following an orthopedic traumatic injury and to identify changes in vital