

consolidation with higher dosages of stress hormones administered. The incidence and intensity of PTSD symptoms increased with the number of categories of traumatic memory present but increased dosages of stress hormones did not increase PTSD symptom scores. In particular, the administration of stress doses of cortisol to critically ill patients resulted in a significant reduction of PTSD symptoms measured after recovery. Furthermore, low doses of hydrocortisone in patients with chronic PTSD resulted in an improvement of memory related symptoms. These effect of cortisol can possibly be explained by a cortisol-induced temporary impairment in traumatic memory retrieval which has previously been demonstrated in both rats. and humans.

Conclusion: Stress hormones influence the development of PTSD through complex and simultaneous interactions on memory formation and retrieval. Our studies also showed, that the inhibition of traumatic memory retrieval by glucocorticoids may be useful as a prophylactic or therapeutic modality in PTSD.

Monday, April 4, 2005

C-09. Educational course: Cognitive behaviour therapy in anxiety disorders

Course director(s): Lars-Göran Ost (Stockholm, Sweden), 14.15 - 17.45, Hilton - Salon Bialas

Monday, April 4, 2005

O-06. Oral presentation: PTSD and somatoform disorders

Chairperson(s): Ian Brockington (Herefordshire, United Kingdom), Michael Linden (Teltow/Berlin, Germany) 16.15 - 17.45, Holiday Inn - Room 7

O-06-01

Risperidone treatment for chronic PTSD

M. Simonovic. *Clinic for Health Protection, Serbia + Montenegro*

Clinically most relevant issues associated with chronic posttraumatic stress disorder are problems with self-regulation, including affect and impulse dysregulation; transient dissociative episodes; somatic complaints and altered relationships with self and others; as well as symptoms of depression and anxiety. Recommended medication for PTSD do not resolve all symptoms clusters, and can even worsen associated features. In searching for medication that can stabilize mental tension, that improves information-processing and cognitive integration, that activates serotonergic pathways and improves sleep, we turned to risperidone (RispoleptR) due to its receptor profile. The study was designed to establish the efficacy of risperidone in the treatment of associated symptoms in chronic posttraumatic stress disorder. Subjects with chronic PTSD were assessed during first visit and again at the end of the treatment, using the following instruments: MADRS, HAMA, MMPI-201 and PIE. The results show significant reduction in total MADRS and HAMA scores. Results of the psychological testing shed some light on the possible

mechanism underlying those changes. We discuss the results, own clinical impressions and further directions in this area of importance for development more efficacious approaches in the treatment of chronic PTSD.

O-06-02

PTSD problem in Ukraine

B. Mykhaylov. *Kharkov Medical Academy of P.E Chair of Psychotherapy, Kharkov, Ukraine*

Objective: The last decade of millenium in Ukraine is characterized by severe influence of various psychogenic factors - natural, technologic and social catastrophes causing to manifestation neurotic disorders, with clinic identify to posttraumatic stress disorders (PTSD). We conducted comparative study 280 patients with PTSD in various regions of Ukraine. Three model regions were selected: 64,0% all inspected PTSD patients had anamnestic different technologic catastrophes. 27,0% of PTSD patients were participants of battle operations. 9,0% had undergone to an operation other stress factors (criminal victims, car accidents, ets). We developed a supportive psychotherapy complex with pathogenic individual rational and directive group psychotherapy, symptomatic suggestive and training psychotherapy with nondirective psychotherapy performing at final supporting stage. Our experience showed the necessity of the use the integrative models of psychotherapy, parted on stages. On the first stage - sedative-adapting the receptions of cognitive and suggestive psychotherapy are used. There is group therapy on second-main-stage. On the third stage-supportive- elements of the autogenic training mastered.

O-06-03

Impact of comorbid PTSD on course and familial aggregation of mood disorders

C. Vandeleur, F. Ferrero, M. Preisig. *Recherche en Epidemiologie Psychiatrie, Chene-Bourg, Geneva, Switzerland*

Objective: Only few studies have assessed the impact of PTSD on course/outcome of patients with mood disorders, and studies on the familial aggregation of mood disorders with/without comorbid PTSD are still lacking. Consequently, we assessed: 1) the strength of the association between mood disorders and PTSD; 2) the association between PTSD and other comorbid disorders in patients with mood disorders; 3) the impact of comorbid PTSD on the course of mood disorders, in terms of age of onset of episodes, suicidal attempts and social impairment; 4) the impact of PTSD on the familial aggregation of mood disorders.

Methods: Our sample included 152 patients with MDD, 124 with bipolar-I disorder, and their interviewed first-degree relatives (N=456), as well as 94 medical controls. Diagnoses were made according to a best-estimate procedure based on a semi-structured interview, medical records and family history information.

Results: 1) Patients reported higher rates of PTSD as compared to controls; 2) The presence of PTSD increased the risk of additional comorbidity including substance, anxiety and childhood disorders; 3) History of PTSD in depression was predictive of earlier onset of episodes and social impairment in terms of low GAF scores, whereas PTSD in bipolar-I disorder was

associated with more frequent suicidal behavior and low GAF scores; 4) There was evidence of increased aggregation of MDD in families of patients with PTSD, versus families of MDD patients without PTSD.

Conclusion: Our results suggest PTSD to be predictive of poor course of mood disorders as well as of higher familial loading of unipolar mood disorder.

O-06-04

Refugees and healing: Possible barriers

N. Makhashvili. *GCRT, Tbilisi, Georgian*

Objective: The paper explores the influence of prolonged stress and hard psychosocial factors on the mental health of refugees. The given paper reflects experience of author and her colleagues gained in the process of work in the field of the psycho-social and medical rehabilitation of tortured refugees from Chechnya, living in Georgia. The work was carried out during field visits to Pankisi Gorge and also at GCRT trauma clinic, Tbilisi.

Methods: Clinical observation was used alongside of different psychometric instruments (PTSD questionnaire, Beck's Depression Scale, Spilberger's Anxiety Inventory, Bass & Dark's questionnaire on Aggression) that were applied to 256 persons since 2000.

Results: The range of refugees' problems include psychosocial difficulties, connected with psychological and physical trauma - displacement, exposure to war, violence, torture, rape, filtration camps imprisonment and current stresses/secondary adversaries. The results of the study indicate a deteriorating dynamics of refugees mental health situation e.g. rate of Post-traumatic Stress Disorder (PTSD) has gradually increased from 11% to 94%; Depression and anxiety levels are also higher than in previous years.

Conclusion: Factors of re-traumatization, identity crises and, most important, basic feeling of insecurity as possible barriers for healing are discussed. The influence of victimization attitude, "Enemy image" and "derivative toxins" of these phenomena that deepens social incompetence and deteriorates the mental wellbeing of the group are analysed. Integral rehabilitation approach that has an impact on societal aspects of traumatic experience is described.

O-06-05

Health services utilization in Jerusalem under terrorism

I. Levav, I. Novikov, A. Grinshpoon, J. Rosenblum, A. Ponizovsky. *Mental Health Services Ministry of Health, Jerusalem, Israel*

Objective: The September 11, 2001 events in the USA threw renewed light on health services utilization by communities exposed to terrorism. New Yorkers, following the devastating attack to the World Trade Center, used psychiatric care sparingly. In contrast to this single event, most terrorist attacks are multiple, such as those taking place in Jerusalem. In this study we explored the effects on help-seeking during the current escalation of terrorism (Intifada) in a city with an adequate supply of medical and psychiatric facilities.

Method: Time-series analyses, assessing short-term and long-term effects, were applied to examine service utilization of both health (primary medical care and ambulance calls), and mental health (psychiatric clinics and hospitals, and hotline telephone)

facilities by residents of Jerusalem prior (January 1999–September 2000) and during part of the current escalation of terrorism (October 2000–December 2002.)

Results: Psychiatric outpatient visits by adults did not increase, except for elderly persons in ongoing care that increased both in the short- and long-term. The proportion of recorded diagnoses of ICD-10 neurotic, stress-related, and mood disorders did not change. New psychiatric hospitalizations decreased in the long-term. Psychiatric readmissions increased only in the short-term. The rate of monthly visitors to primary care physicians, the number of monthly ambulance calls and the hotline calls increased.

Conclusion: With the exception of the elderly and previously hospitalized persons, Jerusalem residents during the period examined did not increase their use of psychiatric services. Apparently, terrorism-affected populations do not define their mental and social suffering in terms of psychiatric disorders requiring specialized intervention.

O-06-06

Stress reactions in victims of terrorism in Beslan

D. Veltishchev. *Moscow Res Inst of Psychiatry, Moscow, Russia*

Objective: The act of terrorism in Beslan (North Osetia) was characterized by exceptionally acute and severe stress for hostages - children, their families, teachers and other Beslan inhabitants.

Methods: Stress disorders were diagnosed at 6–10th days after tragedy at the outpatient Service of the Regional General Hospital of Beslan. Among 138 victims (children - 56%, women - 37% and men - 7%) with stress reactions 80% were hostages during the act of terrorism at 1–3 of September 2004.

Results: Mixed anxiety and depressive (grief) reactions (53%0, anxious and phobic reactions (40%), and other types of disorders (7%0 were diagnosed. Benzodiazepines (alprazolam, diazepam, phenazepam) and NA antidepressants (amitriptylin, mianserin) in low daily doses prescriptions in combination with relaxing and diverting psychotherapeutic techniques were mostly used for treatment of acute symptoms and prevention of chronic stress disorders, depressive disorders and suicides.

Conclusion: The results of practical activity have shown high prevalence of depressive (grief) and anxious (phobic) reactions among the victims of terrorism in Beslan.

O-06-07

The psychopathology of posttraumatic embitterment disorders (PTED)

M. Linden. *Charite Berlin Rehab. Centre Seehof, Teltow/Berlin, Germany*

Objective: The "Posttraumatic Embitterment Disorder (PTED)" was introduced as a new concept for a subgroup of adjustment disorders. The trigger event in PTED is an exceptional, though normal negative life event that is experienced as a violation of basic beliefs and values. The predominant emotion in PTED is embitterment. First data on the psychopathological profile of PTED will be reported.

Methods: 48 inpatients were diagnosed by clinical judgment as suffering from PTED. Diagnoses were then established by the standardized Mini International Neuropsychiatric Interview including an additional standardized interview section on the

diagnostic criteria for PTED. Patients also filled in the Symptom-Checklist-90-Revision (SCL-90-R), and the Impact of Event Scale (IES-R). These patients were compared with 48 other nonselected patients who suffering from other mental disorders and were matched for gender and age.

Results: In comparison to controls, PTED patients showed according to the MINI standardized psychiatric interview a greater variety of other mental disorders. They were more severe ill, showed prominent emotional features such as embitterment, aggression or hopelessness, higher scores on the impact of event scale and the Bern Embitterment Scale, and showed less treatment response.

Conclusion: PTED is a disorder that goes along with immense subjective distress and chronicity, has specific clinical features which allow PTED to be discriminated from other mental disorders, and shows less favorable treatment response.

O-06-08

Capability assessment of somatoform disorders

C. Stadtland, H. Gündel. *Psychiatric Hospital of the University of Munich, Munich, Germany*

Objective: There exists a high risk that patients suffering from a somatoform disorder will be awarded a disability pension. The aim of this study was to identify the prognostic risk factors.

Methods: The data of 226 subjects suffering from somatoform disorders was analyzed retrospectively using 73 factors which were derived from a literature search. The outcome was achieved by evaluating interviews with 100 participants, who had given their informed consent, over a mean follow up period of 4.8 years.

Results: Only a few factors correlated with the subsequent awarding of a disability pension. The individuals who had been awarded for a disability pension were older, less motivated regarding their job and their application for a disability pension was more often supported by their employers. Their attitudes were generally more pessimistic and they felt less capable than non-pensioned off subjects.

Conclusion: Our data supports a bio-psycho-social model of the awarding of disability pensions in functional somatic syndromes.

O-06-09

Features of psychoemotional stress factors preceding the beginning of psychosomatic diseases

P. Sidorov, A. Soloviev. *Northern Medical University, Arkhangelsk, Russia*

Objective: Revealing of features of psychosomatic stress factors preceding the beginning of psychosomatic diseases.

Methods: 590 patients were examined (190 men and 400 women); 99 of them had a diagnosis of ischemic heart disease (IHD), 96 - arterial hypertension (AH), 84 - diabetes mellitus type 1 (DM1), 91 - diabetes mellitus type 2 (DM2), 60 - duodenum ulcerous disease (UD), 52 - bronchial asthma (BA). A separate group was formed of 108 elderly patients (60-80 y.o.) who had several psychosomatic diseases (AH, IHD, DM). The average age (excluding elderly patients) was 46.95 ± 1.38 y.o.

Results: The analysis of psychotraumatic factors preceding the beginning of psychosomatic diseases showed that they took place in more than 4/5 of the patients. In the patients with AH, these factors were the most significant ones (98.1%), with DM 1

– the least significant (84.5%). The most frequent stress factors preceding a disease were relatives' death or diseases and family problems. By the analysis of the structure of the stress factors it has been revealed that by AH, DM 1, BA and UD, the leading factors were family problems, and by IHD, DM 2 and in the group of elderly patients – relatives' death or diseases. For women with psychosomatic diseases, stresses were more connected with the family sphere, and for men – with the professional sphere. The negative link of psychotraumatic factors with the patients' age ($r = -0.58$) has been revealed, what can be evident of the lowering of the role of psychoemotional stresses in a disease debut with the age increase. With the age increase, the rise of a factor role – relatives' death or disease ($r = 0.71$) was registered, what probably is connected with the natural age increase of stresses like this.

Conclusion: For most of the psychosomatic patients, high significance of psychotraumatic factors in a disease debut was peculiar what confirms their psychosomatic nature and the necessity of rendering psychotherapeutic aid to patients together with therapy.

O-06-10

Disability and quality of life in somatoform disorders

D. Nutzinger, R. Brandmaier. *Psychosomatische Klinik, Bad Bramstedt, Germany*

Objective: The presentation will focus on the the impact of Somatoform Disorders (SD) on functioning and well-being and on the relevance of these dimensions for treatment outcome in 373 patients with SD. Three main questions are addressed: 1) how impaired are patients with SD in daily functioning and quality of life (QOL), 2) are there differences between the individual SD and 3) how useful is the construct of QOL as measure of treatment outcome.

Methods: 373 patients with different SD - 254 with Somatization Disorder, 103 with Hypochondriasis and 42 with Conversion Disorders – and a matched control group of depressed patients were assessed at the beginning and at the end of a behavioural treatment program using a battery of clinical scales for major clinical dimensions of somatization, anxiety, depression and disability; diagnoses were made according to DSM IV by using semi-structured clinical interviews; QOL was assessed with the SF-36.

Results: The results showed an enormous negative impact of somatization on QOL and functioning in comparison to a matched control group of depressed patients. A great difference in QOL indices emerged between the individual SD's with somatizing patients as the most impaired group showing significant improvement during therapy; in Conversion Disorders the profile of impairment on SF36 subscales was different and in this group treatment effects on QOL were modest.

Conclusion: Patients with SD are severely impaired in functioning and QOL; the profiles of these variables as well as their improvement during treatment differ within SD's. The data also demonstrate that QOL is an important complementary measure of treatment outcome.

Wednesday, April 6, 2005

O-10. Oral presentation: Anxiety-related and eating disorders