

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

G. Faragalli*, M. Riccio, C. Giorgio, A. Mei, G. Pozzi, A. Ciocca, S. De Risio. *University Hospital "A. Gemelli", Eating Disorders Unit, Roma, Italy*

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**

A. Salone*, G. Ruggeri, M. Sarchiapone, S. De Risio. *Institute of Psychiatry, Catholic University, Rome, Italy*

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**

M. Riccio*, G. Pozzi, G. Conte, A. Ciocca, S. De Risio. *Institute of Psychiatry, Faculty of Medicine "A. Gemelli", Università Cattolica del Sacro Cuore, Roma, Italy*

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 (D₂) and serotonergic (5-HT₂) 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**

M. Mazza*, M. Sarchiapone, V. Faia, P. Bria, S. De Risio. *Institute of Psychiatry, Catholic University, Rome, Italy*

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

stress disorder), or even be completely removed (dissociative identity disorder).

This work presents three cases observed by the Service of Psychiatric Consultation of Policlinico A. Gemelli in Rome through several types of intake: psychiatric consultation from neurological ward, call from first aid station, psychiatric interviews. It's about three young girls (A., 19; E., 20; F., 19), all of them suffering from disorders of the dissociative spectrum, all of them with characteristic alterations of memory and conscience (amnesia, gaps, flashbacks, nightmares). On the personal history all the cases presented traumatic experiences (fiscal and sexual abuse), in particular within the family.

A Research Proposal: Our research wants to individuate an association between Dissociative Disorders (as described by DSM IV) or Borderline Personality Disorder (as described by DSM IIIR) and mourning or traumatic experiences. The study will use very specific valutive tests (ITI-QEL-DES-SCID.D).

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A COMPARATIVE STUDY OF VENLAFAXINE VERSUS BUSPIRONE IN OUTPATIENTS WITH GENERALIZED ANXIETY DISORDER: PRELIMINARY RESULTS

L. Sevincok*, H. Kaynak, F. Derebooy, A. Uslu, F. Baklac. *Department of Psychiatry, Medical School of Adnan Menderes University, Aydin, Turkey*

Background: Recent studies have shown that venlafaxine might be effective in the treatment of generalized anxiety disorder (GAD). In this study, the efficacy of venlafaxine and buspirone were compared in a randomized, double-blind, parallel-group study in outpatients with GAD.

Design: 35 patients, who met DSM-IV criteria for GAD without comorbid major depression (MD) were randomly assigned to 6 weeks of treatment with either venlafaxine XR (75–150 mg/day) or buspirone (15–30 mg/day). The severity of symptoms were assessed before and during treatment using the Hamilton Rating scale for Anxiety (HAM-A), Clinical Global Impressions (CGI) Improvement scale, the CGI Severity of Illness scale.

Results: According to the two-dimensional criterion of response, of the 26 patients who completed the trial, 11 of 13 subjects in the venlafaxine group (84.6%) and 9 of 13 subjects in the buspirone group (69.2%) were defined as responders ($p = 0.35$). At week 6, there was no significant differences between the groups in respect to HAM-A scores ($p = 0.66$), the rating of CGI improvement ($p = 0.40$), and the rating of CGI severity ($p = 0.39$). Weekly analyses revealed that statistically significant differences for venlafaxine emerged at week 2 (HAM-A, $P = 0.02$; CGI Improvement, $P = 0.05$; and CGI Severity, $P = 0.04$).

Conclusions: Although both drugs were found to be effective in the treatment of GAD, venlafaxine appeared superior to buspirone in terms of rapid onset of action.

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THE MAN WHO LIVES IN A BATH TUBE. CHRONIC PAIN: A CASE REPORT

S. Uguz*, Y.E. Evlice, I. Bilgen. *University of Cukurova, Faculty of Medicine, Department of Psychiatry, Adana, Turkey*

This paper is about a case, aiming to discuss the relationship between Chronic Pain and depression. Mr. A., 73 year old man who has been working as a physician for 30 years. His complaint was abdominal pain persisting over four decades. Once he had laparoscopy for his pain. He could hardly eat at least for one year

because of the provocation effect of food, and had weight loss of about 11 kgs. He began to spend about 20 hours a day in a bath tube full of hot water, because he thought it was the only way relieving his pain. In this case Mirtazapin 30 mgs/day was prescribed with the diagnosis of Chronic Pain. In 3 weeks improvement in the severity of pain was minimal. Therefore Olanzapin 5 mgs/day was added to the treatment. After 6 weeks he began to gain weight, and by the end of the third month the pain relieved. He returned to his previous level of functioning. After stopping Mirtazapin treatment, symptoms of depression such as anhedonia, depressed mood, fatigue, tearfulness has been occurred as well as an obvious increase in severity of the pain. All of those symptoms relieved in 2 weeks following readministration of Mirtazapin 30 mgs/day. He has been functioning well and practicing in his private office with still using the same drugs.

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PSYCHIATRIC MORBIDITY IN THE POPULATION IMMIGRATED FROM THE SOUTH-EASTERN PART OF TURKEY: A RANDOMISED CONTROLLED STUDY

Y.E. Evlice¹, I. Bilgen¹, S. Uguz^{1*}, M.L. Soyulu², E. Yoldascan³. ¹University of Cukurova, Faculty of Medicine, Department of Psychiatry, Adana; ²University of Baskent, Faculty of Medicine, Department of Psychiatry, Adana; ³University of Cukurova, Faculty of Medicine, Department of Public Health, Adana, Turkey

Objective: To determine the Psychiatric morbidity in the population immigrated from the South-eastern part of Turkey.

Method: In a randomised controlled study, Prime MD* was used to determine the psychiatric morbidity among the subjects consisted of 179 immigrant group and 160 non-immigrant control group.

Results: The mean age of the immigrant group was 41.7 and 40.3 for the control group. Subjects in immigrant group were generally poor, unemployed and spoke poor Turkish. 10.6% of the immigrant group had more than one immigration; 68.7% uneducated; 87.2% were immigrated from villages; in 70.3% had immigrated for economic reasons. The psychiatric morbidity in the immigrant group were as follows: 20.1% depression, 6.7% hypochondriasis, 9.5% generalised anxiety disorder, 0.6% alcohol problems, 10.6% somatoform disorder. Whereas psychiatric morbidity among the control group were as follows: 13.1% depression, 0.6% hypochondriasis, 6.3% generalised anxiety disorder, 6.9% alcohol problems. The proportion of immigrants with The diagnosis of hypochondriasis was significantly higher ($p < 0.05$) than the control group.

Conclusion: The relationship between somatisation and immigration seems worth to study.

* Prime MD; was developed as an outpatient module according to DSM III R by Spitzer et al.

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FOR HOW LONG CAN BE EXPECTED A SUSTAINED IMPROVEMENT IN SCHIZOPHRENIC PATIENTS TREATED WITH ANTIPSYCHOTICS? A CLINICAL EXPERIENCE WITH RISPERIDONE

J. Gibert^{1*}, J. Bobes², M. Gutiérrez³. ¹Universidad de Cádiz, Cádiz; ²Universidad de Oviedo, Oviedo; ³Hospital de Cruces, Bilbao, Spain

(a) A post-marketing surveillance study was carried out to assess the long-term safety and effectiveness of risperidone in a large sample of schizophrenic patients.