

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