

Methods: A comprehensive systematic review of the literature on psychopharmacology of eating disorders was performed.

Results: In anorexia nervosa, important methodological and ethical issues limit the possibility of conducting drug effectiveness studies. Indeed, there is a high rate of patients who refuse the treatment; other patients must be excluded from clinical trials because of the presence of severe medical complications; finally, some others drop out during the trial. Most available studies are performed in inpatient settings and the interaction between the use of drugs, the use of other treatments (nutritional rehabilitation and CBT), and the presence of other types of psychiatric symptoms, are very difficult to be disentangled. However, it would be very important to collect other data to find out which patients (and in which setting) might benefit from an adjuvant drug treatment. In bulimia nervosa (and, recently, in binge eating disorder) more double-blind controlled studies are available. However, a lot of important questions remain to be solved even for these patients. The long-term effectiveness of antidepressant drugs is not demonstrated and the rate of full responders is still too low. The role of individual factors, such as personality, comorbidity and other prognostic factors is not known.

Conclusion: Further studies are necessary to understand which is the best way to individualize treatment in a clinical evidence based way.

S-19-04

Prevention of eating disorders

M. M. Fichter. *Klinik Roseneck aff. Uni MUC, Prien, Germany*

The prevalence of anorexic and bulimic eating disorders is relatively high in young women and has increased in prevalence since the 1970s. Anorexia nervosa has a high chronicity rate and the mortality rate is among the highest of all psychiatric disorders. The aims of prevention of eating disorders is the early detection and the reduction of factors which increase the risk for the onset of an eating disorder. Possible risk factors are dieting, body dissatisfaction and thoughts centred around body weight and one's own figure and poor self-esteem. Primary prevention is aimed at reducing the incidence of eating disorders and it addresses clinically healthy persons. Secondary prevention addresses populations with an increased risk such as ballet dancers and persons pursuing certain weight-related sports (ski-jumping, jockeys). Tertiary prevention deals with individuals who have an eating disorder and interventions are aimed at reducing symptomatology and preventing relaps. Most research on the prevention of eating disorders aim at groups with a higher risk to develop an eating disorder (such as female gender, adolescents) or mediators (parents, teachers, doctors). Means of prevention are usually psycho-education, information about the illness and possibilities for help and treatment. In recent years several relevant empirical studies on the prevention of eating disorders have been carried out. The paper reviews these studies and discusses various risk factors for the development of an eating disorder and critically evaluates different strategies for prevention.

Sunday, April 3, 2005

S-18. Symposium: Trauma and posttraumatic disorders in psychiatric patients

Chairperson(s): Anne-Marie Pezous (Paris, France), Wim van den Brink (Amsterdam, Netherlands)
14.15 - 15.45, Holiday Inn - Room 8

S-18-01

Childhood trauma in patients with psychotic disorders

I. Schäfer, T. Harfst, P. Briken, V. Aderhold. *Klinik für Psychiatrie Uni-Klinik HH-Eppendorf, Hamburg, Germany*

Objective: The role of traumatic life events in psychotic patients has received considerable attention over the past years. Crucial findings point to an increased prevalence of traumatic experiences over the life-span and differences with regard to symptoms and course of the illness in patients concerned.

Methods: In a pilot study, we examined 30 consecutively admitted female patients using the Childhood Trauma Questionnaire (CTQ) and the Early Sexual Experiences Checklist (ESEC). Diagnoses were based on the Structured Clinical Interview for DSM-IV (SCID), psychopathology was measured with the Positiv and Negativ Symptom Scale (PANSS), the Dissociative Experiences Scale (DES), the Posttraumatic Diagnostic Scale (PDS) and a purposed-designed interview.

Results: In our sample, we found a high prevalence of childhood sexual abuse (forcible bodycontact 36.7%, forcible intercourse 16.7%). All subscales of the CTQ were raised, especially in the case of „emotional abuse“ (M=11.5, SD=5.6) and „emotional neglect“ (M=13.0, SD=5.5). Symptoms of PTSD were not found to the same extent as in other studies, dissociative symptoms seemed to be state-dependent.

Conclusion: The results of our ongoing research suggest that childhood trauma in psychotic patients needs further investigation and emotional abuse and neglect might be of special interest.

S-18-02

Influence of Trauma on Axis I Disorders among a population of Khmer Refugees

P. Auby, L. Michel, A. Sebillé, C. Netillard. *Paris, France*

Objective: The authors will share their clinical experience of psychiatry in South East Asian Refugee Camps early 90s. The influence of traumatic experiences on the clinical presentation of Axis I Disorders among a population of Khmer Refugees will be discussed.

Methods: The authors have been working as psychiatrists in different Refugee Camps in Thailand in the context of the French national military service. They were responsible of mental health consultations and in-patient units taking care of refugees from South East Asia mainly presenting DSM-III Axis I Disorders. The Khmer refugees' case reports will be the focus of the presentation as the extreme magnitude of the violence towards the Khmer population enables to describe some links between trauma and clinical features.

Results: The clinical data showing the influence of traumatic events on clinical presentations will be discussed and compared to the current published studies investigating the psychiatric consequences of mass trauma and disasters.

Conclusion: If the increase in the diagnosis of PTSD in society has been seen by some authors to be linked to cultural and socio economic shift, the situation of the Khmer refugees provides an

interesting paradigm of how trauma can influence the clinical presentation of mental disorders.

S-18-03

A.-M. Pezous. *ECIMUD Service de Psychiatrie, Paris, France*

S-18-04

Trauma, PTSD and dissociation in alcohol dependent patients

W. Langeland en Gertjan Dijkstra. *Department of Psychiatry Unive, Amsterdam, Netherlands*

Objective: Alcoholic patients report high rates of adverse life events and exposure to trauma over the whole life-span. An important question is whether childhood and adult traumatic experiences are important factors in understanding clinical impairment in treated alcohol-dependent patients, in particular comorbid posttraumatic stress disorder. In this contribution, results of a study on the frequency and relevance of trauma and trauma-related disorders in alcohol-dependent patients in the Netherlands will be presented. The focus will be on the relationship between childhood abuse experiences and dissociation/posttraumatic stress disorder in treated alcoholics.

Methods: 155 treatment-seeking alcoholics were assessed using the Structured Trauma Interview, the Composite International Diagnostic Interview, and the Dissociative Experiences Scale.

Results: Early trauma histories may be particularly relevant in the development of PTSD found in alcoholic patients. Furthermore, when PTSD is present, it is often embedded in a pattern of complex psychopathology. In addition, there may exist a specific - this is anxious - subtype of PTSD in early traumatized alcoholic patients, reporting profound phobic avoidance and little psychological dissociation.

Conclusion: All patients entering alcohol treatment services should be carefully screened and evaluated for trauma and trauma-related disorders. Comprehensive assessment of psychopathology is a necessary first step towards providing adequate care for alcoholic patients with a PTSD diagnosis.

S-18-05

Trauma therapeutic approach through associative process: "Algerian Experience"

B. Chawki. *Tebessa, Algeria*

Objective: The Purpose of our study which lasted four years through a concomitant psychological measures of two cases "P.T.S.D", is to try to highlight, beyond their apparent similarity, the impact nature on their lives, by mean of plural therapeutic approach within a new care process, invented carefully almost daily by a group of young voluntary nursing auxiliaries within Psychological – Social and Medical Association of Tebessa which our patients joined voluntary at a crucial moment of their disorders where their existential prognostics seemed definitively compromised.

Methods: In order to carry out our study, we have deliberately chosen two patients: Khaled and Aziz, who shared, henceforth, a lot of common points: both were singles, former professionals of anti-terrorist fight and victims of "P.T.S.D" with psychological manifestations; first punished then lately recognized and treated (exclusively by us), both living in weak social and economic conditions Furthermore, we adopted for them two distinct therapeutic strategies. Otherwise: Khaled was not directly involved

in our associative approach, contrary to Aziz (apparently the most affected) who was close to the auxiliary nursing staff by virtue of his status of volunteer that we granted him at his request, allowing him to attend our weekly meetings at association's head office.

Results: respectively, concerning the table 1 and the table 2 TABLE 1: Thus, my co-therapist prepared herself to launch the final attack on a dangerous ground, but her possible fall will be broken by our immediate intervention... TABLE 2: at the end of 04 years of support, Aziz became one of the most essential members to the working of our association., everything was back to normal.

Conclusion: Thus, we can note the importance of our association in daily life of our patient and our lives by giving each time a new process, always based on concentration and dialogue between members of auxiliary nursing staff and patients themselves! Tebessa on August 08th, 2003.

Monday, April 4, 2005

S-25. Symposium: Future perspectives in the treatment of anxiety: Targeting the gaba system

Chairperson(s): Rainer Rupprecht (München, Germany), Siegfried Kasper (Wien, Austria)
08.30 - 10.00, Holiday Inn - Room 2

S-25-01

A. Bateson. *Leeds, United Kingdom*

S-25-02

Z. Bhagwagar. *Oxford, United Kingdom*

S-25-03

Selective GABA-ERGIC treatment for human anxiety – Is there a new class of anxiolytics?

P. Zwanzger, D. Eser, T. Baghai, F. Padberg, C. Schüle, C. Nothdurfter, H.-J. Möller, R. Rupprecht. *Klinikum der Universität Klinik für Psychiatrie, München, Germany*

Objective: There is a large body of evidence that a dysfunction of GABAA receptors and/or dysregulation of CNS GABA concentrations play an important role in the pathophysiology of panic disorder (PD). Therefore, selective enhancement of GABAergic neurotransmission and increase of CNS GABA could be a promising strategy for the treatment of anxiety.

Methods: The effects of selective GABAergic compounds vigabatrin and tiagabine were investigated on experimental induced panic attacks in healthy volunteers. Moreover, also the effects of these compounds on panic and anxiety symptoms in patients with panic disorder have been studied.

Results: The results show that the enhancement of endogenous GABA through blockade of the GABA transaminase by vigabatrin or through inhibition of GABA transporter I by tiagabine exert anxiolytic effects on CCK-4 induced panic. Studies in healthy volunteers have shown that similarly to benzodiazepines both compounds lead to a marked and significant reduction of panic symptoms elicited by CCK-4. After vigabatrin treatment