

Conclusion: ECT is not useful in the therapy of obsessive-compulsive disorder.

- (1) Reuven D. *Treatment of obsessive-compulsive disorder*. Current Opinion in Psychiatry 1996, 9:125–128
- (2) Dolberg OT et al. *Treatment duration of obsessive compulsive disorder*. Eur Psychiatry 1996; 11:403–406

Mon-P36

CLINICAL VARIANTS OF OBSESSIVE-COMPULSIVE DISORDERS OF ORGANIC GENESIS

A. Maksoutova¹*, E. Jeleznova¹, L. Sokolova¹. ¹Moscow Research Institute of Psychiatry, Ministry of Health, Russia

We analysed the group of patients (N = 44) of specialized hospital of exogenous-organic psychical disorders and epilepsy. These patients were suffering from the consequences of the organic disease of brain with different genesis including neonatal pathology, repeated brain injuries, neuroinfections etc. In the status of 26 patients we diagnosed paroxysmal disorders. The control group included patients with the same psychical disorders suffering from schizophrenia. Comparative clinical and psychopathological analysis of obsessive - compulsive disorders in both groups demonstrated some specialities of structure and dynamics of the following syndromes, determined by the organic brain disease including secondary neurotic mechanisms. Compulsive ideational and motoric disorders appeared in patients with the different range of psycho-organic syndrome including mnemic and intellectual, paroxysmal disorders and psychopathic behaviour. Affective disorders also frequently accompanied or preceded obsessive and compulsive syndromes, such as anxious depression, dysphoria. The contents of impulsive-compulsive syndromes were simple, without tendency to complication. Also some obsessions stereotyped, frequently repeated, but symbolic actions we observed seldom. In dependence with the dominating components of obsessive-compulsive syndrome we can distinguish the following variants: 1. motoric (simplex and complex compulsive disorders); 2. ideatoric obsessions; 3. mixed disorders with the symptoms of 1 and 2 variants.

Mon-P37

PHENOMENOLOGY OF OBSESSIVE-COMPULSIVE SYMPTOMS IN NON-REFERRED POLISH ADOLESCENTS

A. Bryńska, T. Wolańczyk*, B. Goszczyńska. *Department of Child Psychiatry, Warsaw Medical Academy, 00-576 Warszawa, Poland*

Obsessive-Compulsive Disorder (OCD) is a debilitating problem for many patient who suffer from it. Phenomenology of OCD is well described, however in referred patients. There are a few studies concerning the obsessive-compulsive symptomatology in non-referred child and adolescent population. In practically all studies, obsessions regarding dirt and contaminations, as well as compulsive washing rituals, are described as the most common symptoms.

Objective: To assess the phenomenology and severity of obsessions and compulsions in a nonclinical adolescents population.

Method: In the second part of a two-stage epidemiological study of obsessive-compulsive (OC) symptoms in non-referred adolescents, clinicians interviewed 148 primary schools pupils selected based on the Leyton Obsessional Inventory-Child Version administered in the first stage: 96 subjects reflecting possible subclinical or clinical OCD and 52 from control cohort. Severity of OC symptoms was assessed with the Children's Yale-Brown Obsessive-Compulsive Scale.

Results: The OCD cases identified (10 from high-risk cohort and 1 from control cohort) had characteristics similar to those of clinical cases. Of special interest is that none of these children were under the professional care. There were no significant differences between prevalence of subclinical OCD in these both cohorts.

Mon-P38

CREATIVE THERAPY AND SOCIAL PHOBIA. A NATURALISTIC CASE-STUDY

C. Gois. *Department of Psychiatry, Hospital Santa Maria, Lisbon, Portugal*

A twenty-two years-old female with social phobia (DSM IV) was in treatment for five months in a weekly consultation basis with a creative therapy technique, without any psychopharmacologic medication, and with total symptomatic remission. Drawing, painting and storymaking with pictures aid, were used to achieve meaningful representations of emotionally charged past and present situations. Memory for visual information is sometimes greater than for verbal information and what we tend to remember is the picture's meaning, not its physical appearance. As past recollections often become distorted by the "misinformation effect", even when they produce "catharsis", the present case-study discusses the results not on a reupdating conflicting memories basis, but within a cognitive changing life-narrative framework and a modified systematic desensitization approach, using a imagining creative technique as a facilitator. As social phobia is usually rooted in a very strong imagery, when associated with specific personality traits, the author thinks that this kind of creative and integrative therapy could represent a good tool for this particular pathological situation, what needs obviously replication with a representative sample.

Mon-P39

PAROXETINE IN SEVERE SOCIAL PHOBIA

S.A. Montgomery¹*, C. Pitts², R. Oakes², B. Hunter³, I. Gergel². ¹Imperial College School of Medicine, St Mary's Hospital, London; ²SmithKline Beecham Pharmaceuticals, Harlow, Essex, UK ³SmithKline Beecham Pharmaceuticals, Collegeville, PA 19426, USA

Social phobia is a common and treatable condition. However, sufferers are reluctant to request medical help and by the time they present for treatment, the condition may have developed into a severe form associated with secondary comorbidity and maladaptive behaviour. Both patient disability and the most serious consequence of severe social phobia, suicidality, are increased with disease severity and the presence of comorbidity. Clearly, treatment of social phobia must be shown to be effective in patients with the most severe disorder and, ideally, should also be effective in common comorbid conditions, such as depression.

The SSRI paroxetine has previously been shown to be effective in a large randomised trial in patients with social phobia. The efficacy of paroxetine in severe social phobia was examined in a post hoc analysis of this 12-week, placebo-controlled trial. Severity of social phobia was defined as severe (Liebowitz Social Anxiety Scale (LSAS) total score ≥ 82 ; n = 85), moderate (LSAS total score 52–81; n = 78) or mild (LSAS total score ≤ 51 ; n = 19). At the end of treatment, the paroxetine-placebo difference in mean LSAS total score was greater in the severely affected patients (20.0; p = 0.001) than those with moderate disease (13.7; p = 0.02). Similarly, the paroxetine-placebo difference in percentage of patients rated as 'very much' or 'much' improved, as rated by Clinical Global Impression global improvement scores, was greater in the severe