

It has been shown the relationship between Panic Disorder (PD) and cardiovascular mortality. Lipoprotein (a) is a well known cardiovascular risk factor. The aim of this study was to establish the relationship between Lp (a) and clinical severity in Panic Disorder patients and changes related to treatment response.

Patients with recent onset Panic Disorder were recruited in the Panic Disorder Unit of Cantabria. All of them were drug naive to minimize potential confounding factors. Thereafter, patients entered in a naturalistic treatment with SSRIs and were evaluated after 8 weeks follow-up.

159 patients were included. The mean score of the CGI was of  $4.2 \pm 1.0$  and the mean of Lp (a) levels was  $25.0 \pm 26.8$  mg/dl. Clinical response occurred in about 80% of the patients.

There was a significant correlation between the CGI scale and the Lp (a) levels ( $\rho$ : 0.208; d.f.: 147;  $p=0.011$ ) at intake.

Evaluation of Lp (a) at follow up showed lower levels, without statistical significance. Only in the subgroup of patients without agoraphobia this diminution in Lp (a) was significant ( $p=0.047$ ).

**Conclusions:** Patients with higher scores in CGI presented higher levels of Lp (a) with a linear positive correlation between this variables. These findings could implicate Lp (a) in the increased cardiovascular morbidity and mortality in PD.

At follow-up a trend toward decrease in Lp (a) was observed, being this reduction higher in patients without agoraphobia.

Future researches are needed to establish whether Lp (a) modifications occur at longer follow-up evaluations.

## P0185

Temperament and anxiety disorders in children of patients with panic disorder

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**Background and Aims:** Adult patients with panic disorder are characterized by high levels of harm avoidance and anxiety sensitivity. Both, might be the product of the illness or might represent risk factors for development of panic disorder in adulthood. To examine this hypothesis we examined these factors in a high-risk sample of children of patients with panic disorder compared to peer of non affected parents.

**Methods:** Fifty-six children were assessed by the J-TCI, the CASI and semistructured clinical interviews for the assessment of anxiety disorders.

**Results:** The results showed no significant differences between children at risk for panic disorder and peer of non affected parents for Cloninger's temperamental dimensions and anxiety sensitivity while anxiety disorder, in particular separation anxiety disorder, were more frequent among children of patients with panic disorder.

**Conclusions:** Our data suggest that specific temperamental profiles and high anxiety sensitivity are not significantly associated with familial vulnerability to PD, thus suggesting that they may not be significant childhood risk factors for PD, and confirm the association between childhood separation anxiety disorder and panic disorder.

## P0186

An alternative approach to treatment of panic disorders

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**Objective:** To demonstrate through 2 classic case examples that panic disorders can be predictably overcome through 'Breakthrough Intimacy' - closeness between committed couples far greater than their previous maximum level.

**Method:** Lifetrack therapy works with couples (the patient and his/her partner in life) bringing them far closer than ever before, guided by their own daily self-rating on 41 parameters that allow accurate graphic tracking via Internet of subtle changes in their personalities during each therapy session. Working in three-way teamwork, the therapist actively helps the couple to achieve closeness far greater than their previous maximum level, overcoming waves of symptom spikes (such as panic attacks) until they disappear by exhaustion, as the couples undergo personality transformation.

**Results:** Of the 1,170 patients treated (all of them showing varying degree of anxiety) over the last 20 years, 48% of patients reached a level of adjustment beyond their previous maximum level. 31% reached a level more than twice, 24% reached more than three times, 20% reached more than four times, 16% reached more than five times, and 7.6% reached more than ten times their previous maximum level of adjustment far beyond symptom elimination, according to their own daily subjective self-rating.

**Conclusion:** Panic disorders may be better understood and treated as the consequence of one's personality which can be transformed through 'Breakthrough Intimacy.' The results of this study prove that traditional 'disease' concept of panic disorders must be overcome to substantially improve our profession's therapeutic productivity with panic and anxiety disorders.

## P0187

Effectiveness of internet treatment for panic disorder delivered in a psychiatric setting

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**Background:** Panic Disorder with or without or without agoraphobia (PD/A) is common and can be treated effectively with SSRI medication or cognitive behaviour therapy (CBT). However, a great challenge is generally the lack of skilled CBT therapists. Therefore, there has been a move toward evaluating different forms of self-help approaches requiring less therapist contact than in traditional CBT. A novel treatment modality in this field, showing efficacy in several randomised trials, but until yet not evaluated within regular care, is Internet-based treatment.

**Aim:** The aim of these two studies was to evaluate the effectiveness of Internet-based CBT for PD within regular care with patients referred for treatment.

**Methods:** We have conducted two trials. The first trial was a small open study including 20 patients and the second is a larger randomised trial comparing Internet-CBT with group CBT. The Internet-CBT consisted of 10 weekly modules accompanied by e-mail support. In the randomised trial, the group CBT included the same self-help material administered during 10 group sessions.

**Results:** The results of these trials indicate that Internet-based CBT is both an effective and potentially cost-effective alternative for patients with PD, in both trials showing a clinically significant