

expression of physical and mental symptoms; and 3) the role of post-disaster social support, and secondary stressors, in mediating the disaster effects.

Our findings will highlight the specific needs for mental health care associated with long term post-disaster psychopathology among high risk populations and will underscore the importance of developing evidence based post-disaster care, including screening and treatment capacities for individuals exposed to trauma in general medical practices.

## P223

System of immunity in posttraumatic stress disorders

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90 male inpatients – participants of local combat actions on Caucasus with PTSD, aged  $31,41 \pm 0,88$  years.

Analysis of structure of secondary immune deficiency (SID) in acute stress of combat actions has shown absence of SID in 31,7%, 68,3% - risk group for SID. Leading clinical syndrome - infectious (47,6%). More seldom allergic (3,7%) and autoimmune (2,4%) syndromes. 13,0% - combination of infectious and allergic syndromes.

In laboratory SID is confirmed in 37,5%. Study of the process of apoptosis has revealed a reliable as compared with control increase of content of CD95+ lymphocytes ( $p < 0,001$ ) in this group. It is possibly conditioned by formation of persistent ID with predominant decrease of T-helpers/inductors, modifying apoptogenic signal and predominating the development of apoptosis during activation through receptor complex CD3+TCR. In combatants as compared with control total number of phagocytosing neutrophils ( $p < 0,001$ ) and number of particles absorbed by one phagocyte ( $p < 0,001$ ) is decreased. Background activity of oxidant systems of neutrophils compatible with indices of stimulated variant of HCT-test of healthy persons ( $p < 0,05$ ) is decreased. Humoral link of immunity is activated - increase of level of circulating immune complexes ( $p < 0,001$ ), increase of concentration of serum immunoglobulins of classes M ( $p < 0,01$ ), G ( $p < 0,001$ ) and A ( $p < 0,05$ ).

In the process of treatment, number of leukocytes, lymphocytes of HLA-DR+ phenotype, concentration of IgG, phagocytar activity of neutrophils is restored to level of control. Number of lymphocytes of CD3+, CD4+- phenotypes remains decreased.

## P224

Social anxiety disorder and temperament: Excitatory and inhibitory mechanisms on primary motor cortex in patients and healthy controls

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Neurofunctional imaging studies comparing subjects with SAD and NC, reported a consistent increases in amygdala, changes in the lateral paralimbic regions and occipital cortices.

A current hypothesis underlying pathophysiology of social anxiety involves the dopaminergic system: SAD Subjects show a reduction in D2 striatal binding (Schneier et al., 2000; Tihonen 1997) We hypothesized that subjects with SAD may have an altered cortical excitability, given previous imaging results showing changes in cortical activity. We also aimed to verify if SAD patients show at TMS a pattern Parkinson-like.

In order to highlight if there was a correlation between the temperamental dimensions and the measured parameters in our sample, we also explored the temperament of patients and HCs.

**Method:** We recruited  $n=15$  SAD subjects and  $n=11$  NC. We have utilized TMS on Primary Motor Cortex (M1) in order to study neuronal excitability and cortical inhibitory mechanisms. These has been achieved by examining EMG recording Motor Evoked Potentials (MEP). We measured MEP, Motor threshold, Cortical Silent Period (CSP), paired pulse inhibition both in patients and healthy controls. Clinical assessment was conducted with the MINI interview, Liebowitz Social Phobia Scale, TPQ

**Results:** neurophysiological variables are not significantly different between groups. Patients with SAD showed a significantly higher Harm Avoidance and lower Novelty Seeking. There was a positive correlation between CSP and Novelty seeking and a negative correlation between LIC1 and Novelty Seeking among patients but not among HCs

## P225

Distinct patterns of premorbid social functioning in first-episode psychosis: Relationship to initial presentation

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**Objective:** To explore different longitudinal patterns of social functioning before onset of psychotic illness and how they relate to clinical presentation, substance use and acute treatment response.

**Methods:** Inclusion criteria: Drug-naïve first-episode psychosis, 18-50 yo, criteria for Schizophrenia or Other Psychotic Disorders (DSM-IV), excluding Psychotic Disorder due to a General Medical Condition and Substance-Induced Psychotic Disorder.

**Exclusion criteria:** Mental Retardation, neurological disease, brain injury or drug dependence.

**Measures:** Premorbid Adjustment Scale (PAS), Scale for the Assessment of Positive Symptoms (SAPS), Scale for the Assessment of Negative Symptoms (SANS).

**Statistical analysis:** Ward cluster analyses were carried out to differentiate three longitudinal patterns of social premorbid adjustment from childhood to late adolescence: stable good ( $N=75$ ), stable bad ( $N=44$ ) and deteriorating ( $N=35$ ). Chi-square and ANOVA tests were used.

**Results:** 154 subjects (64.5% male, mean age 26.81,  $SD=6.98$ ) participated in the study.

At baseline the socially stable good group had more positive symptoms, SAPS 13.85 (3.99), than the stable bad group, SAPS 11.82 (3.93) ( $p=0.023$ ).

At six weeks post-treatment the socially deteriorating group had more negative symptoms, SANS 8 (4.89), than the stable good, SANS 3.85 (4.11), and the stable bad, SANS 5.23 (5.45) ( $p=0.000$ ).

The stable good group had the highest rates of substance use, followed by the deteriorating group.

**Conclusions:** A good premorbid social life was related to higher substance use and more positive symptoms at presentation. A social deteriorating pattern was associated with more negative symptoms

at baseline and six weeks post-treatment. These differences would argue for different pathogeneses of psychosis.

## P226

Melatonin effect on sleep during benzodiazepine withdrawal- A double blind clinical trial

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**Background and aims:** Benzodiazepine (BDZ) abuse highly prevalent among former heroin addicts, currently in methadone maintenance treatment. Discontinuation of BDZ abuse is accompanied by sleep disturbances. We evaluated the effectiveness of melatonin in attenuating sleep difficulties in a BDZ withdrawal program.

**Methods:** Patients in a managed BDZ withdrawal program entered a double blind crossover control study with melatonin or placebo: 6 weeks one arm, one week washout, 6 weeks other arm. Urine BDZ, the self reported Pittsburgh Sleep Quality Index (PSQI) and the Center for Epidemiologic Studies Depression (CES-D, mood) questionnaire were administered at baseline, and after 6, 8 and 13 weeks.

**Results:** Eighty patients were randomly assigned into two arms. Both groups (n=40) had similar baseline PSQI (13.8±3.8) and CES-D (1.5±0.6) scores, which correlated (R=0.4, p=0.001). Sixty one patients (77.5% in "melatonin-first" and 75% in "placebo first") finished 6 weeks, showing similar BDZ discontinuation rate 11/31 and 11/30 respectively. PSQI scores were significantly lower (better sleep) in the 22 patients who discontinued BDZ (8.9±4.4) than in 39 with urine BDZ (11.2±4.2 p=0.04). Interaction between study groups and BDZ groups showed that sleep quality in patients who continued abusing BDZ improved more in the "melatonin first" group than in the "placebo first" group, with no differences in sleep quality improvement in patients who stopped BDZ (F=4.3, p=0.04).

**Conclusions:** Most improvement in sleep quality was attributed to BDZ discontinuation. Although melatonin did not enhance BDZ discontinuation, it improved sleep quality, especially in patients who did not stop BDZ.

## P227

Pemphigus and skin disease: A comparison of the incidence of stressful life events and personality disorders

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Pemphigus is a rare autoimmune dermatological disease, whose onset and course depend on the interaction between predisposing severed and inducing factors. Psychological stress has been suggested to be a potential triggering factor of pemphigus. However, this hypothesis has not been thoroughly investigated. To this purpose, we explored recent stressful life events and personality disorders in 25 consecutive subjects with pemphigus. Baseline information was collected on demographic characteristics, family history, presence of psychopathology, the impact of stressful life events occurring within one year prior to onset of pemphigus, presence of Axis I and Axis II diagnosis, using standardized instruments. Patients affected by pemphigus were matched for number, age and

gender with subjects with other skin diseases and with healthy volunteers. All pemphigus patients had a negative anamnesis for Axis I diagnosis. Pemphigus patients showed a significantly higher Comprehensive Psychopathological Rating Scale (CPRS) and depression and anxiety with Montgomery-Asberg Depression Rating Scale (MADRS) total scores than controls. Cases and controls did not differ regarding the total number of stressful events experienced. The uncontrollable events and undesirable events had occurred more frequently among pemphigus patients than controls. In 68% of pemphigus patients at least one personality disorder was diagnosed; there was a high prevalence of obsessive-compulsive and avoidant personality disorder. These findings suggest that stressful life events might increase vulnerability to pemphigus and that personality features might modulate individual susceptibility to illness.

## P228

Non-complicated pregnancy, anxiety and depression

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In many studies pregnant women have higher levels of anxiety and depression than their non-pregnant controls. In our study we observed randomly selected 100 pregnant women (mean age 25.9  $\hat{A}$ ± 4.7, ranged from 16 to 39 years, and mean duration of pregnancies of 26.8  $\hat{A}$ ± 9.5 weeks) with noncomplicated pregnancies controlled at Department of Gynecology and Obstetric Primary health center Tuzla in period January - April 2006. Most of pregnant group (56) consisted nulliparous pregnancies aged 23.7  $\hat{A}$ ± 3.5 years with mean duration of pregnancy of 27.25  $\hat{A}$ ± 9.7 weeks. All subjects were evaluated using Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI). Control group consisted 30 young healthy nonpregnant females 31.1  $\hat{A}$ ± 4.4 (ranged from 24 to 40) years. Mean value of BAI was 8.6  $\hat{A}$ ± 6.5 and BDI 4.2  $\hat{A}$ ± 4.4 in control group. In group of pregnant females mean value of BAI was not significantly higher (p=0.08) than in nonpregnant controls (11.2  $\hat{A}$ ± 7.5). But BDI level in pregnant group (9.1  $\hat{A}$ ± 5.8) showed significantly higher level (p< 0.0001) than in control group. Not statistical differences in values of anxiety and depression was observed between nulliparous normal-risk pregnancies (BAI 12.2  $\hat{A}$ ± 7.8, BDI 10.5  $\hat{A}$ ± 5.9) and uni/multiparous pregnancies (BAI 10.8  $\hat{A}$ ± 7.1, BDI 8.1  $\hat{A}$ ± 5.5), but level of anxiety was significantly higher in nulliparous (p=0.03) group compared with control group. Both group of pregnant woman had significantly higher levels of depression in comparison with non-pregnant controls (for nulliparous p<0.001, and for uni/multiparous p=0.001).

## P229

Burnout syndrome among general practitioners and anesthesiologists

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**Background:** Burnout syndrome is psychological experience that produces physical, emotional and mental symptoms and signs, which is commonly observed in health care professionals. The stress is considered as the key factor in development of this syndrome.

**Objective:** To assess the burnout syndrome in general practitioners and anesthesiologists in Belgrade, Serbia, regarding that both occupations are considered as highly stressful.

**Method:** The sample consisted of 50 primary care physicians working in primary health care and 50 anesthesiologists at