

Methods: We recruited a sample of patients with recent onset panic disorder from the Panic Disorder Unit of Cantabria (University Hospital Marques de Valdecilla, Santander, Spain). Data were analyzed with the statistical package SPSS 12.0 and parametric test were used to compare the means (T test for paired and for independent samples).

Results: We obtained measures in 54 cases and 43 age, sex and BMI matched controls. Mean age was 31.3 and 63% were women. Median duration of panic disorder was 7 months. Mean values of the markers were higher in patients than controls (vWF= 78.7 vs. 75.5; $p=0.4$, and E-selectin= 64.7 vs. 57.8; $p=0.3$) but did not reach statistical significance. When we analyzed evolution of markers in patients we observed a decrease in both (vWF= 78.7 \rightarrow 74.6; $p=0.058$, E-selectin= 62.1 \rightarrow 57.8; $p=0.1$) but again without reaching statistical significance.

Conclusions: These results could support our hypothesis of a relationship between the endothelial damage and panic disorder. The lack of statistical significance could be explained because of our small sample; therefore larger samples are needed to confirm our results.

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Social support and psychological consequences in females exposed to war trauma

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Background: The war in Bosnia and Hercegovina caused a massive psychotraumatization in female civilian population. In addition the postwar transitional processes are causing unemployment, social insecurity, poverty and the disruption of family ties. In that situation the social support, especially that from family members could play the major role in preventing posttraumatic symptoms.

Objective: To find out what are the long term psychological consequences of war psychotraumatization and how social support influence the psychological outcome in female population in Mostar, BiH which was exposed to extreme war devastation and postwar ethnic division.

Method: Target group was 187 randomly selected females living in Mostar who were exposed to whole spectrum of war traumatic events. The control group were 180 females living in county close to Mostar area which was not directly exposed to war destruction. A battery of psychological tests were applied to measure traumatic exposure, psychological symptoms, social support and demographic data.

Result: Females in target group shows significantly more traumatic experiences (10,3:3,27) and PTSD prevalence (28,3%:4,4%). They experienced more stressful life events after war, are more often widows or divorced and have lower quality of life. Predictors of PTSD symptoms were level of traumatization and low support from colleagues and friends in target group and low family support and quality of life in controls.

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Dissociative disorders and dissociative symptoms among veterans of Iraq-Iran combat

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Introduction: Dissociation is a disruption of the usually integrated functions of consciousness, memory or perception of the environment. Many individuals with PTSD reported dissociative experiences.

Method: In this case-control study, 130 of veterans with chronic PTSD and 130 matched individuals from normal population who

had not involved in war were selected. First patients' demographic data were recorded, and then some suggested contributing factors were evaluated. Dissociative symptoms were evaluated via dissociative experience scale (DES). In this scale, score above 30 shows significant dissociation. Respondents were also evaluated by dissociative disorder interview schedule (DDIS) which is a semi-structural interview to discover presence of any dissociative disorder

Results: The mean age \pm SD of veterans was 41.46 \pm 5.09 years. The mean score of DES in case group was 26.01 \pm 12.31 and was 9.58 \pm 7.23 in control group ($F=1.171$, $P<0.0001$). In case group, 74 (56.48%) received diagnosis of dissociative amnesia, 9 (6.87%) had diagnosis of dissociative fugue and 5 (3.81%) had diagnosis of de-personalization disorder. None of control group received additional diagnosis of dissociative disorder. Positive history of self cutting ($c2 = 26.35$, $P<0.001$) opioid dependence ($c2 = 16.28$, $P<0.001$) were more prevalent in case group.

Conclusion: Additional diagnosis of dissociative amnesia was the most prevalent of dissociative disorders in veterans. It is suggested that many complaints of veterans with chronic PTSD could be rather due to their dissociative symptoms rather than PTSD per se. Similar mechanism which could result in PTSD, in veterans, can prone them to dissociative disorders.

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Factitious disorder with psychological symptoms: Learning to be ill

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Invention, production or falsification of physical and psychological symptoms, are the core traits of Factitious Disorder. The aim is to assume a patient role.

The etiology of Factitious Disorder is unknown, but cognitive-behavioural and psychoanalytic hypothesis have been formulated.

Cognitive-Behavioural theories consider that the Factitious Disorder is related to the learning of illness behaviour with its positive and negative reinforcements. Therefore, past medical history in childhood or medical illness in relatives are risk factors for the development of Factitious Disorder.

A Case-Control study was carried out to test this hypothesis. Patients with the diagnosis of Factitious Disorder with Psychological symptoms in a Psychiatric Inpatients Unit were included. We analyze medical history in childhood, age at the first admission in hospital, consequences derived of the patient role during this admission, and age and consequences of the first somatic and psychiatric severe episode in adult age.

Data obtained in our study show that patients with Factitious Disorder with psychological symptoms have a higher proportion of illness in childhood and higher percentage of admissions. In addition, hospital admissions take place in the late childhood, when is possible to be conscious of the consequences of the illness.

These results confirm that learning influences the pathogenesis of Factitious Disorder with psychological symptoms.

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Risperidone treatment for chronic PTSD

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Clinically the most relevant issues associated with chronic posttraumatic stress disorder appear as problems with self-regulation,