Paranoid and Schizotypal PD 6%, Dependent PD 4.8%, Agressive PD 3.6%. The others were classified with the percentage of less than 1%.

Personality disorder in female subjects were, in order of frequency, as below; Hystrionic PD 36.7%, Mixed PD 21.1%, Borderline 11.9%, Narcissistic PD 5.5%, Dependent PD 4.6%, Paranoid and Obsessive Compulsive PD 2.8%, Avoidant and Passive Agressive PD 1.8%. The difference between male and female cohorts were statistically meaningful ($\chi 2 = 61.47$, d.f = 17, p = < 0.0001).

We also compiled the disorders under DSM4 clusters. The most common clusters in male subjects were C,B,A and in female subjects B, C, A in order of frequency. There was a statistically significant difference when the clusters compared ($\chi 2 = 17.16$, d.f = 2, p < 0.001).

GENDER DİFFERENCES IN HOSPITALIZED PATIENTS WITH ANXIETY DISORDERS

A.Y. Samanci, H. Erkmen, M. Solmaz, A. Sefa, N. Uçarer. *Bakirköy Government Hospital for Psychiatric and Neurological Diseases, Bakirköy, Istanbul 34747, Turkey*

Epidemiological studies generally note that females are overrepresented in catchment area studies of the anxiety disorders.

It has not extensively studied that the similar pattern applies to hospitalized patients. We studied this matter.

Methods We reviewed 693 patients who was admitted to the anxiety disorders clinic between 1991 and 1994. The diagnosis was done on DSM 3 R and confirmed by a team of specialists. A predesigned data collection book gathered the information over the years.

Results The mean age of the patients was 34.31 (sd = 23.73, min = 12 max = 70). The patients hospitalized 35.29 days on average (sd = 23.73, min = 1 max = 192). The females were 55.6% (n = 385) and males 44.4% (n = 308) of the total admissions. The first axis diagnoses for the females were as follows; Obsessive Compulsive Disorder (19.1%), Major Depression 16.3%, Panic Disorder 13.5%, Adjustment Disorder 9.7%, Conversive Disorder 8.8%, Dysthymia 4.7%, Somatoform Disorder 4.1%, Generalized Anxiety Disorder 3.6% etc.

The first axis diagnosis for males were as follows; Panic Disorder 18.2%, Obsessive Compulsive Disorder 9.1%, Adjustment Disorder 9.1%, Generalized Anxiety Disorder 5.3%, Alcohol Dependence 3.5%. We found statistically significant difference between the sexes in terms of diagnosis ($\chi 2 = 99.73$, d.f = 59, p = 0.0007).

PSYCHIATRIC AND PERSONALITY DISORDERS IN RELATION TO JOB STATUS

A.Y. Samanci, H. Erkmen, A. Sefa, M. Solmaz. *Bakirköy Government Hospital for Psychiatric and Neurological Diseases, Bakirköy, Istanbul 34747, Turkey*

High anxiety and stress level at certain jobs may lead the patient into anxiety related disorders. The study aimed at assessing job status of an inpatient population at an anxiety disorders clinic.

Methods We reviewed 693 patients who was admitted to the anxiety disorders clinic between 1991 and 1994. The diagnosis was done on DSM 3 R , SCID 2 and confirmed by a team of specialists. A pre designed data collection book gathered the information over the years.

Results The mean age of the patients was 34.31 (sd = 23.73, min = 12 max = 70). The patients hospitalized 35.29 days on average (sd = 23.73, min = 1 max = 192). The females were 55.6% (n = 385) and males 44.4% (n = 308) of the total admissions. Job status of the male cohorts were as follows; Civil servant 29.1, Self employed 28.5% Unemployed 20.2%, Student 10.3%, Worker 6.6%, Retired 5.3% This order were different in female subjects as below;

House wife 77.1%, Civil servant 12.5%, Student 5.2%, Self employed 3.6% and the others were 0.5%.

There was a statistically significant difference between job status of male and female cohorts. ($\chi 2 = 412.51$, d.f = 6, p < 0.0001).

The most frequent psychiatric illnesses in jobs were as follows;

Civil servants showed Anxiety Disorders (AND) 37.3%, Affective Disorders (AFD) 24.2, Adjustment Disorder (ADD) 13.5%. Self employed, had a different profile with AND 38.9%, AFD%, Somatoform Disorder (SD) 13.7%. Workers had AND 40% and unemployed revealed AND 38% as well. Housewifes showed AND most frequently 40.2%. Students and retired had AFD 29.5% and 66.7%.

We noticed a different profile when we reviewed personality disorder and traits. Civil servants, Self employed, Unemployed, Student and Retired had C cluster personality problems most frequently. Whilst, Workers and Housewives scored high on B cluster personality traits and disorders. Different job status revealed different order of the other personality problems with lessening percentage.

ANTECEDENTS OF EATING DISORDER IN A HIGH RISK POPULATION

Rob Selzer, George Patton, Glenn Bowes. *Centre for Adolescent Health, Melbourne Univ. and Royal Children's Hospital, Parkville 3052, Victoria, Australia*

Objective: To examine the relationship between putative risk factors and the incidence of eating disorders in female, adolescent ballet dancers.

Methodology: The entire population of full-time (FT) ballet dancers and a random selection of part-time (PT) dancers in Melbourne, all between 13 and 17 years of age, were chosen as the sample. A computerized self-report questionnaire inquiring into weight loss behaviours was twice administered to subjects, at a 1 year interval. The questionnaire was able to generate DSM-III-R diagnoses for anorexia nervosa (AN) and bulimia nervosa (BN). Girls who met two or more but not all the DSM-III-R criteria for either AN or BN were considered to have a partial syndrome (PS). The Adolescent Dieting Scale (ADS), Clinical Interview Schedule (CIS), Rosenberg Self-Esteem Scale (RSES) and the Adolescent Stress Measure (ASM) were applied to subjects at the baseline survey, and body mass index (BMI) was measured.

Results: A total of 178 girls were twice surveyed, representing a response rate of 85% across both survey waves. At the initial survey [mean age 14.6 years (sd 1.5)] 162 girls were not eating disordered. Of these, at 1 year follow up, 17 had developed PS, whereas none had developed AN or BN. The incidence rate for PS was 10.5% per year (CI 5.5–15.5), Independent logistic models predicting the odds of becoming eating disordered at the year follow up, from baseline measures, are presented below:

Measure	Min – max	r^2 – unadjusted	Odds ratio	95% CI	p
Prof status	PT or FT	0.14	7.97	2.9–32.1	5×10^{-4}
RSES	0–10	0.06	1.25	1.2– 1.5	0.009
ADS	0–24	0.04	1.06	1.1– 1.3	0.03
ASM	0–10	0.02	1.12	0.9– 1.1	0.2
CIS	0–48	0.02	1.01	0.9– 1.1	0.1
BMI	14.7–27.6	0.01	0.93	0.6– 1.1	0.2

Conclusion: The high incidence of eating disorder in teenage ballet dancers is of concern. Factors predicting the development of eating disorder are: professional status, self-esteem and, to a lesser extent, dieting severity. These areas should be targeted by prevention strategies.

https://doi.org/10.1016/0924-9338(96)89208-X Published online by Cambridge University Press