

Mon-P32 SSRIs AND SEXUAL OBSESSIONS

K.R. Kaufman¹*, R.H. Gerner². ¹*Departments of Psychiatry and Neurology, UMDNJ-Robert Wood Johnson Medical School, New Brunswick, New Jersey;* ²*West Los Angeles VA Medical Center, Los Angeles, California, USA*

With the advent of serotonergic specific reuptake inhibitors (SSRIs), effective pharmacologic management of obsessive compulsive disorder (OCD) has become possible. Sexual obsessions have not been adequately addressed with this intervention. Some hypothesize that the sexual dysfunction associated with SSRIs, rather than true control of OCD features, is the mechanism of action. The authors report two different cases wherein sexual function was unchanged and the mechanism of action is clearly control of OCD. In the first case, a patient with a twenty-five year history of compulsive phallus sightings without sexual arousal or subsequent increased masturbatory or heterosexual activities was controlled with 20 mg fluoxetine daily. In the second case, a bipolar patient in manic phase became hypersexual on the Internet (6–8 hours daily on-line in sex chat rooms) with such behaviors continuing as he cycled down into euthymic and then post-manic depressed states until the activities were controlled with 150 mg sertraline daily. The effective treatment by SSRIs in both cases without sexual dysfunction assisted in defining these cases as OCD as opposed to addictions. The authors recommend the use of SSRIs in the treatment of sexual OCD. Further, the authors recommend prospective studies to determine which SSRI is most efficacious while having the least adverse effects in this population.

Mon-P33 COMORBIDITY OF OBSESSIVE COMPULSIVE SYMPTOMS WITH CHILDHOOD STUTTERING

A. Avci¹*, R.S. Diler¹. ¹*Child and Adolescent Psychiatry Department, Cukurova University School of Medicine, Adana, Turkey*

Object: In our clinical observation, the obsessive symptoms could be seen often in stuttering children. This study is aimed to evaluate obsessive symptoms in children and adolescents with stuttering.

Method: 22 child and adolescent outpatients, aged 9–14 (mean 10.95 ± 1.73) were interviewed at Cukurova University School of Medicine Child and Adolescent psychiatry department between January and September 1997. Only the children whose primary symptoms were stuttering without a comorbid disorder were included. Maudsley Obsessive Compulsive Questionnaire (MOCQ), Depression Inventory for Children (CDI) and State-Trait Anxiety Inventory for children (STAI-C) were administered. 20 children and adolescents aged 9–14 (mean 11 ± 1.59) with nocturnal enuresis without a comorbid disorder were taken as control group.

Results: No statistical difference was found between the groups in the mean scores of questionnaires given. In stuttering group, 7 children (32%) were assessed to have severe preoccupation with stuttering while the rest of them had it mildly. MOCQ scores were slightly higher in stuttering group (mean 21.14 ± 5.53 to 17.95 ± 5.22) with no statistical significance ($t = 1.92, p = 0.063$).

Conclusion: This study underline the obsessive symptomatology in children and adolescents with stuttering.

Mon-P34 THE RELIABILITY AND VALIDITY OF POLISH VERSIONS OF THE LEYTON OBSESSIVE INVENTORY-CHILD VERSION AND THE CHILDREN'S YALE-BROWN OBSESSIVE COMPULSIVE SCALE (CY-BOCS)

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

A number of rating instruments have been used in the assessment of obsessive compulsive symptoms. Common approaches include various self-reports, clinician-rated interviews and clinician-rated global impression scales. Self-report commonly used with obsessive children and adolescents is the Leyton Obsessional Inventory-Child Version (LOI). The standard and specific measure of the severity of obsessive-compulsive symptoms is the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and its modified version for children, the Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS).

Objective: to evaluate the reliability and validity of Polish Versions of the LOI, the CY-BOCS and author's questionnaire based on DSM-IV diagnostic criteria.

Method: the reliability and validity of above mentioned scales were examined during a two-stage epidemiological study designed to investigate obsessive-compulsive (OC) symptoms in non-referred adolescents. LOI was fulfilled by 2884 pupils in the first stage of study, CY-BOCS by 148 pupils in the second.

Results: The internal reliability of LOI (Cronbach's alpha) was 0.81. Cronbach's alpha coefficient for the 10 items of CY-BOCS Total Score was 0.91, for the 5 items of the Obsession Subscale of CY-BOCS was 0.85 and for the 5 items of the Compulsion Subscale was 0.8. The CY-BOCS significantly correlate with the LOI and author's questionnaire based on DSM-IV criteria for OCD.

Conclusions: Polish Versions of the Leyton Obsessional Inventory-Child Version and the Children's Yale-Brown Obsessive Compulsive Scale are reliable and valid instruments assessing various aspects of obsessive-compulsive symptoms.

Mon-P35 ELECTROCONVULSIVE THERAPY IN SEVERE OBSESSIVE-COMPULSIVE DISORDER

A. Garrido. *Clinica Nra. Sra. de la Paz, Madrid, Spain*

Introduction: The general consensus is that ECT is not useful in the obsessive-compulsive disorders (OCD) patient who is not endogenously depressed or alone on OCD. Approximately 50% of patients fail to respond to an apparently trial with serotonin reuptake inhibitor (SRI) or cyclic and a typical antidepressants.

Material and Method: The sample was consisted 66 inpatients with diagnosis of obsessive-compulsive disorder. Two groups were established: seventeen with ECT treatment and forty nine with SRI or cyclic antidepressants.

Results: There were not statistical differences between them in relation of gender and age. The therapeutic efficacy of ECT was assessed by using Hamilton Rating Scale for Depression and Yale-Brown Obsessive-compulsive Scale.

Clinical Global Impression Scale showed marked improvement in 60% of patients in both groups. There were not differences in both groups. Group with ECT (average 7.9/patient) showed more days of hospitalisation: 37.68 versus 30.15 days.