

Patients with Factitious Disorder with Psychological Symptoms require more admissions at all ages. Their somatic episodes have a lower average length of hospitalization, although Cases remain at a Psychiatric Inpatients Unit double time that other patients and they visit double number of physicians. This frequent use of hospital cares supports the importance of an early identification of factitious symptoms.

## P174

Adaptative disorder: Relationship between RAHE and PHQ in primary care

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**Background and aims:** Adaptative disorder included in ICD-10 is considered a residual category in DSM-IV. We hypothesize that having a high amount of recent life changes could determine having a higher incidence of psychiatric pathology.

**Methods:** A random sample of 197 primary care attendees aged 18-65 was selected from 3 primary care centres in the area of Madrid (Spain). Of them, 191 (97%) completed the Spanish version of Prime MD PHQ, and a recent life changes checklist (RAHE) in the previous 6 months and between 6-12 months. Data about medical conditions, drug treatments, days of work lost (last year) and use of health care services (last 3 months), was also collected.

**Results:** 73 (38%) had a PHQ diagnosis (including subthreshold conditions). 121 were women (63,4%). We found that work, home and family and personal and social changes both recent and long lasting were significantly higher in men with PHQ diagnosis ( $p < 0,05$ ) and only recent financial changes were related with a PHQ diagnosis ( $p = 0,002$ ). In women only long lasting personal and social and home and family ( $p < 0,05$ ) changes had a significant relationship as well as recent health changes ( $p = 0,017$ ).

**Conclusions:** Recent life changes seems to have a relationship with psychiatric symptomatology in both men and women. There are some differences between the changes that could influence men and women.

## P175

The forecasting of chronic forms of PTSD

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Under determined conditions acute reactions on stress are transformed in chronic forms of PTSD. The meaning of persisting studies was searching for significant factors of prognosis, defining shaping chronic forms of PTSD. We have investigated 84 military men, beside which in condition of the combat situation acute psychogenic disorders were developed. The average age of respondents was  $18,6 \pm 0,6$  years. 34,1% of respondents through 2-4 years after taking acute psychogenic disorders, appeared in condition of the combat situation, are revealed signs posttraumatic stressful disorders with expressed social desadaptation. At acute period of psychogenic disorders these respondents distinguished the more high factors of emotional disorders, depression; the trend to displacing factor, causing anxiety; the low self-evaluation. These are larval particularities possible to consider as predestine factors of chronic PTSD.

On base of psychometric signs, characterizing acute period of the psychic trauma, a mathematical model was built, allowing forecast its remote upshots.

By means of given set signs to manage to realize the forecast remote consequence (2-4 years) stressful disorders of combat situation with degree of validity of the recognition 73-85% - for favorable upshot, 71-79% - for events with shaping of chronic forms of PTSD.

## P176

Conversion disorder misdiagnosed as epilepsy for 12 years, treated successfully with fluoxetine - Case report

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**Background:** This case report suggests that Conversion Disorder may take years to become evident, so this diagnosis may place the clinician in difficulties and sometimes in misdiagnosis.

**Method and results:** A 39 years old woman admitted in Neurology Department (September 2005) to determine the nature of her seizures and other motor symptoms. The first symptoms appeared 12 years ago after marital conflicts. Some days later she presented motor symptoms such as, impaired coordination and balance, "epileptic" seizures and convulsions. She was diagnosed as suffering from Epilepsy and was treated with antiepileptic drugs for many years. During last year she presented a variation of motor symptoms, seizures, convulsions and some sensory symptoms, loss of touch (in the left side of the body), and because of instability. Neurological and laboratory examinations ruled out neurological disorders including epilepsy (normal EEG and CT). Psychiatric consultation followed. We realized that our patient met the diagnostic criteria (DSM-IV) for conversion disorder. Gradually, we discontinued antiepileptic drugs and began to treat with fluoxetine at maximum dose 40mg/day. Three months later she was released from previous symptoms, so we continued to treat with 20 mg/day for ten subsequent months. At present days she lives without motor or sensory symptoms. The patient has provided us with a video registration of her "crisis" recorded by her brother.

**Conclusions:** The clinicians should raise the awareness about this diagnosis. They have to be careful and improve knowledge about treatment and diagnostic techniques.

## P177

Endothelial damage markers in panic disorder and its evolution after the treatment

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**Background and aims:** Since 1970, a relationship between cardiovascular morbidity and anxiety disorders has been studied. Endothelial dysfunction is one of the possible mechanisms and has been studied in mental stress. The aim of this study is to compare the levels of two of the best known endothelial damage markers (von Willebrand Factor -vWF- and E-selectin) in patients and controls and its evolution after the treatment.

**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.

## P178

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.

## P179

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.

## P180

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.

## P181

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,