ascorbic acid in adrenals.and higher noradrenaline concentration in the striatum. Group B with low ratio revealed enhanced motor activity and emotional reactivity, decrease of serum corticosterone level and lower value of cortical lipid peroxidation; this finding might represent positive effects of DHEA treatment.

P02.253

PERSONALITY IN PATIENTS WITH CHRONIC FATIGUE SYNDROME COMPARED TO DEPRESSED PATIENTS

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Chronic Fatigue Syndrome (CFS) has become increasingly recognized as a common clinical phenomenon, that has led to great controversy among clinicans, researchers and patients. CFS is characterized by a sensation of persistent, debilitating fatigue of more than 6 months duration, resulting in a marked reduction in the level of daily activity. It is well known that besides somatic symptoms patients with CFS are frequently depressed. However, the relationship between CFS and major depression remains a matter of debate. We investigated if there was a difference between the personality profile in CFS and depressive patients. The Temperament and Character Inventory (TCI) (Cloninger, 1994) is a battery of tests designed to assess differences among people in seven basic dimensions of temperament (novelty seeking, harm avoidance, reward dependence and persistence) and character (self-directedness, cooperativeness and self-transcendence). It is well established that depressed patients exhibit higher harm avoidance and self-transcendence scores as well as lower self-directedness and cooperativeness scores compared to healthy controls.

We tested if there was a difference between the TCI scales of 19 patients with CFS (6 male; 13 female) and 41 patients with depressive disorder (12 male; 31 female).

First results show that patients with CFS exhibit lower harm avoidance (Mean 19.7, SD 1.7) and higher self-directedness (Mean 31.6, SD 1.8) compared to patients with depressive disorder (Mean 26.2, SD 1.9; Mean 21.6, SD 1.3).

There is some evidence that patients with CFS show a different in TCI profile than patients suffering from depression. However, the impact of the TCI on the diagnosis of CFS has to be further investigated.

P02.254

TPQ IN FUNCTIONAL DYSPHONIA

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Functional dysphonia may be defined as a disturbance of vocal behavior without any structural laryngeal lesion or neurological disease to explain the disorder (Andersson & Schalen, 1998). Considering the etiology of functional dysphonia psychological factors are discussed. According Nichol et al. (1993) personality factors may predispose individuals to functional dysphonia. The aim of this study is to investigate the expression of the four dimensions of Cloninger's personality model in patients with functional dysphonia. Sixty-one patients with functional dysphonia (DSM-IV: 300.11) were compared to healthy controls, matched by sex and age, in respect to "novelty seeking (NS)", "harm avoidance (HA)", "reward dependence (RD)" and "persistence (PE)" of the "Tridimensional Personality Questionnaire (TPQ)" (Cloninger, 1991). First results showed that patients with functional dysphonia presented significantly higher scores in HA ($t = 3.85$: $p < 0.001$) than the healthy controls. No other significant differences between patients and controls were found with respect to NS (-1.47; $p = 0.146$), RD ($t = 0.4$; $p = 0.69$) and PE ($t = 0.79$; $p = 432$). These first results seem to emphasize the role of personality in functional dysphonia. Personality factors should be taken into consideration in the diagnostic and therapeutic process of patients with functional dysphonia.

P02.255

THE RELATIONSHIP BETWEEN ALZHEIMER'S DISEASE, EARLY-ONSET AND LATE-ONSET DEPRESSION IN THE ELDERLY ASSESSED IN A FAMILY STUDY

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Background: Considerable symptomatic overlap between depression and dementia in old age might be explained by common genetic vulnerability factors.

Study Design: We investigated this hypothesis by comparing the occurrence of both disorders in first-degree relatives of 78 patients with Alzheimer's disease (AD), 74 patients with late-onset depression (age-at-onset > 60 yrs), 78 patients with early-onset depression, 53 subjects with comorbid lifetime diagnoses of both disorders, and 162 population controls. Diagnostic information on their 3002 relatives was obtained from structured direct assessment and family history interviews. The lifetime incidence of major depression and primary progressive dementia (PPD) among the relatives of the various index groups was compared.

Results: The lifetime incidence of PPD was significantly higher in relatives of AD patients and comorbid subjects than in relatives of patients with early- or late-onset depression, or of controls. The lifetime incidence of depression was significantly higher in relatives of patients with early-onset depression, than in relatives of those with AD or in relatives of controls. Lifetime incidence of depression was comparable in relatives of patients with late-onset depression, those with comorbid dementia and depression, and controls. Relatives of late-onset depressives had the most late-onset depression.

Conclusions: The observed patterns of familial aggregation suggest that primary progressive dementia and early-onset depression represent clinical entities with distinct inheritance. Late-onset depression does not share substantial common inheritance with dementia or with early-onset depression, familial risk factors lead to some small but significant clustering of this disorder.

P02.256

SLEEP IN OCD: A CORRELATIONAL STUDY

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Introduction: Just a few sleep studies provide information about subjective sleep complaints in anxiety disorders and their relationship with EEG changes. The primary aim of this study is to provide additional data on sleep polysomnography in obsessive-compulsive disorder (OCD) and to evaluate the possible association between clinical and EEG sleep changes. It sounds useful to investigate the predictive value of this clinical measures.

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Methods: A sample of outpatients with the diagnosis of OCD, according to DSM-IV criteria, was formed (n = 14). Depressive comorbidity was excluded. Diagnostic and clinical assessments were performed 2 weeks before the polysomnographic evaluation at the sleep laboratory (day −14). During the study all subjects were free of any active medication with the exception of oral contraceptives. Symptom severity ratings were carried out at selection (day −14) and on the first day of the sleep evaluation (day 0).

Sleep records were scored according to Rechtschaffen and Kales criteria by a skilled electroencephalographer. The Oswald scales assessed the subjective quality of sleep and further sleep evaluation was made by means of the insomnia items from the HDRS. The Norris scale was used to measure the subjective state after waking. For statistical purposes a Pearson correlation was computed.

Results: Positive and significant correlations were found between wake % and middle insomnia, phase 4 latency and early insomnia. Negative and significant correlations were observed between %REM and sleep quality, as well as in the case of REM latency and morning vigilance.

Conclusions: Once again, REM parameters assume a-special role, now inferred by the association of REM and important clinical constructs like sleep quality and morning vigilance. The correlation between middle insomnia and %wake is quite obvious and expected. More difficult to interpreter is the correlation between early insomnia and phase 4 latency, but nonetheless we consider this finding relevant and one worthy of discussion.

P02.257

CLINICAL ASSESSMENT OF SLEEP IN OCD: A COMPARATIVE STUDY

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Introduction: Numerous EEG sleep studies have identified a distinctive sleep profile in patients with severe forms of depression. However, it remains unclear whether anxiety disorders, such a obsessive-compulsive disorder, are associated with distinctive EEG sleep profiles. In what regards subjective complaints, the information available is even scarcer. The nature of sleep and sleep-related symptoms in anxiety and mood disorders has not been fully investigated. Within this topic, our study purports to investigate the diagnostic significance of clinical sleep variables in obsessive compulsive disorder and "non-melancholic" depression.

Methods: The participants were either normal controls (n = 18) or outpatients attending a psychiatric clinic of a university hospital. Patients were selected according to DSM-IV criteria for "obsessive compulsive disorder" (OCD) (n = 14) and "major depressive disorder" without melancholic features (MDD) (n = 14). The groups were comparable for socio-demographic variables and personality traits; the two groups of cases were comparable in what concerns illness evolution. Depressive comorbidity was excluded in OCD patients. The subjective quality of sleep was assessed using the Oswald scale. The insomnia items from the HDRS were also rated. The Norris scale was used to evaluate the subjective state upon waking. For statistical purposes a one-way ANOVA was computed in order to differentiate the three groups.

Results: About subjective measures of sleep, both OCD and MDD groups evince several differences in comparison with normal controls. Significant differences were also found between the two groups of patients in "early" and "middle" insomnia (higher scores in MDD).

Conclusions: Our study of subjective sleep attributes displayed differences in the three groups. With regard to the subjective characteristic of sleep and subjective state at waking, both diagnostic groups present pervasive and intense complaints, more severe in the MDD group. It seems like OCD patients are between normal controls and MDD patients in what regards the ranking of subjective sleep complaints.

P02.258

PSYCHIATRY OF EXTREMAL SITUATIONS

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Psychiatry of extremal situations is a relatively new area of psychiatric knowledge which development does require close connections with clinical and social psychology. The subject matter of this branch of psychiatry is mental health consequences of life-threatening events such as natural and technological disasters, ethnic conflicts, military actions, etc. Certain tendencies have been evident during the last decades. Among those are the following: decrease in the frequency of psychotic reactions, and increase in the number of somatoform, affective spectrum, adjustment disorders, and PTSD. Vast knowledge gained in studying of a wide variety of extremal situations and catastrophes as well as their consequences suggest that the following issues should be specifically considered:

1. Association among psychological and psychopathological features of responses to extremal situations;
2. Distinction between individual and group-related types of responses to extremal situations;
3. Management of rendering care to victims of extremal situations at each stage of psychological and psychopathological disturbances development;
4. Legal and ethical rules with regard to rendering psychiatric care to victims of extremal situations.

P02.259

DEVELOPMENT OF PSYCHIATRIC CARE NETWORK IN RUSSIA

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The priorities in psychiatric care system have been changing toward more effective and less expensive forms of psychiatric care. As an international experience shows there are_several forms of psychiatric and psychotherapeutic aid that can be successfully provided not within large hospitals but in outpatient clinics and daily hospitals. A project on module packages for both the reconstruction of outpatient psychiatric care system network and its further development including modernization of the existing psychiatric hospitals and building of new outpatient clinics have been developed. Taking into account demographic, medical and geographic data 6 types of regions have been distinguished. In some regions with large territories rendering psychiatric care is concentrated in large hospitals (for more than a thousand inpatients) which are located in the centre of the region, and no local psychiatric care system is available there. Therefore it is necessary to create local psychiatric institutions in these regions to make psychiatric aid closer to the population. However unlike the West European countries the density of the population is small in some areas of these regions. As a result the process of decentralization of the psychiatric care system should take into account the peculiarities of a certain region. A list of departments and units within hospitals and outpatient clinics that are necessary to open in each region has been worked out, and the programme of their development has been accepted.

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