

### CLASSIFICATION PROBLEMS OF PERSONALITY DISORDERS. A STRUCTURAL-DIMENSIONAL PSYCHOANALYTIC APPROACH

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Many recent studies emphasize the clinical usefulness of the dimensional model for a better description and classification of personality disorders along with the prevalent categorical model and for solving the problem of multiple diagnoses in patients with DSM-III-R Axis II disorders. Otto Kernberg using three structural dimensions (identity integration, defensive operations and reality testing), suggests three broad categories of personality organization (neurotic, borderline and psychotic) differentiated by these dimensions and the degree of severity of P.D. therapy.

The purpose of this study is to test the relationships between these dimensions and multiple DSM-III-R Axis II diagnoses and to investigate whether these dimensions differentiate patients with P.D. from patients without P.D.

**Method:** 30 patients with multiple P.D. and 20 patients without P.D. were interviewed using the Structural Clinical Interview for DSM-III-R Patient Version (SCID-A), and the Structural Clinical Interview for DSM-III-R Personality Disorders (SCID-II). They also completed the Self-Report Instrument for Borderline Personality Organization, by J. Oldman, J. Clarkin, et al.

**Results:** Of the 30 patients with multiple P.Ds, 10 were male and 20 female. Their age ranged between 22 and 52 years. 11 patients had 2 P.D., 13 had 3, 5 had 4 and 1 had 5 P.Ds. The most prevalent P.D. diagnosis was borderline ( $n = 25$ ) and histrionic ( $n = 9$ ), while there was no schizoid P.D. diagnosis.

The overlap of personality disorders was extensive and not confined to any of the three Axis II clusters. Almost all patients with P.D. had a history of an Axis I diagnosis (substance abuse, affective disorders and anxiety disorders being most common).

Patients without P.D. received mostly anxiety disorders, affective disorders and obsessive-compulsive disorder diagnoses. These data will be discussed in light of analogous findings in recent literature.

### LEUKOARAILOSE AND DEPRESSION IN THE ELDERLY

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Abnormal findings on Magnet Resonance Imaging (MRI) are relatively common in the brains of the elderly. Several reports have suggested that Patchy deep white matter lesions (PDWML) detected on T2-weighted MRI brain scans are common in geriatric patients suffering from major depression. Our study investigates the relationship between Leukoaraiose and psychopathology and the possible influence of these PDWML on certain diagnostic and prognostic variables. The following questions are studied: Is there a relationship between PDWML and prognostic variables in the depressive elderly? Is there a relationship between PDWML and cardiovascular risk-factors? 40 patients (aged over 60 years) meeting DSM-IV criteria for major depression are studied. The diagnosis of major depression was established on the basis of a clinical interview and all available information from the medical record. Each subject receives physical, neurological and mental status examinations. The brain MRI scans are coded and analysed independently by two radiologists, both of whom were blind to the clinical diagnosis. Preliminary results show that there is an association between severity of PDWML in MRI and prognosis of major depression ( $p < 0.05$ ). The relationship between biological

variables and outcome could supply us with a new approach towards prognostically relevant features in elderly depressed patients.

### EATING DISORDERS AND THEIR COMORBIDITY: CONSEQUENCES ON PSYCHOPHARMACOLOGICAL TREATMENT STRATEGIES

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The purpose of this retrospective study consisted in assessment of eating disorders and coexisting psychiatric symptoms. The investigations concentrated furthermore on the consequences regarding the psychopharmacological intervention. To be eligible, patients were required to meet DSM-IV criteria for psychiatric disorders. The study included 76 inpatients of the psychosomatic department.

The results showed that 50% of the anorexic ( $n = 40$ ) and 60% of the bulimic patients ( $n = 36$ ) were suffering from concurrent psychiatric disorders (depression, personality disorders, phobia, addiction, delusion). Their distribution was significantly depending on the eating disorder subtype. As a long term treatment with psychotropic drugs for eating disorders isn't yet well established, we aimed to distinguish various subgroups among eating-disordered patients, in order to achieve a differentiated psychopharmacological treatment.

### REGIONAL CEREBRAL PERFUSION BY Tc-99m HMPAO SPECT BEFORE AND AFTER TACRINE IN PATIENTS WITH ALZHEIMER'S DISEASE

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The aim of this study was to evaluate the clinical efficacy of 12 weeks of Tacrine therapy on regional cerebral blood flow (rCBF) in patients with probable Alzheimer's disease (AD).

Imaging by single photon emission computed tomography (SPECT) using technetium-99m HMPAO was performed in 9 patients with AD before any treatment and after 12 weeks on tacrine hydrochloride therapy. Inclusion was based on the MiniMental Status (MMS), the AD Assessment Scale (ADAS-cog) and the Nurse's observation scale for geriatric patients (Nosger II).

The scores ( $m \pm sd$ ) were: MMS =  $14.7 \pm 3.4$ , Adas-cog:  $25.2 \pm 7.7$ , Nosger =  $65.3 \pm 13.7$ . In 8 of 9 patients, a characteristic pattern of decreased perfusion in the posterior temporo-parietal regions was observed before treatment. After treatment, a significant correlation was found between the evolution of neuropsychological tests and the evolution of rCBF in 40% of patients.

Thus, in patients with AD, the use of Tc99m-HMPAO proved to be helpful to confirm the diagnosis and to follow the evolution of the disease under treatment by Tacrine.

### PSYCHOSOCIAL TYPOLOGY OF CHRONIC POSTTRAUMATIC STRESS DISORDER IN VICTIMS OF YUGOSLAV CIVIL WAR

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Our study involved 26 torture victims of Yugoslav Civil War 1994–1995 who have lived in the war zone of Former Yugoslavia; all subjects according to DSM IV were diagnosed as chronic (duration longer than 6 months) posttraumatic stress disorder (PTSD). In order to understand the psychosocial context of chronic PTSD we applied three-

*dimensional model* based on the model of John Rolland which provides a categorization scheme that organizes characteristics of chronic illnesses integrating both psychosocial and biomedical perspective. The first dimension has been conceptualized as dependent variable — incapacitation; the second dimension — time phase of illness, conceptualized as categorical i.e. distinguishing three categories: crisis, chronic and terminal phase, in our sample was reduced to one category: chronic; third dimension included components of functioning in individual psychological, family and wider social context. *Multiple regression* (method: stepwise) — with *dependent variable*: incapacitation measured by score on Global Assessment of Functioning Scale (GAF) and *independent variables*: age, duration of PTSD, as well as scores on Family Inventory of Life Events (FILE), Social Support Index (SSI), Impact of Event Scale (IES), Family Coping Coherence (FCC), Family Hardiness Index (FHI), Relative and Friend Support (RFS) — shows that high scores on *Social Support Index* appear to be the *significant predictor* of higher scores on GAF scale i.e. lower incapacitation ( $p = 0.0153$ ). This points at the significance of diagnostic model that integrates both psychological and social context in psychiatric estimation of PTSD.

#### DISSOCIATIVE MECHANISMS IN VICTIMS OF WAR

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It is widely assumed that dissociation is a defence mechanism employed to cope with overwhelming experiences, and that psychological trauma creates the fragmented sense of self that characterizes patients with stress-related disorders. Most of the instruments for assessment of PTSD are “symptom-oriented”; Impact of Event Scale (IES) registers manners in which subjects recall traumatic memories, apply or redistribute attention and deal with disturbing thoughts. The aim of our study was to assess latent structure of this instrument and its correlation with clinical picture of PTSD. Sample consisted of 158 patients with war-related trauma among whom 103 had PTSD diagnosed by DSM-IV criteria. They have all been assessed by IES, The Mississippi Scale for Combat-related PTSD, and The PTSD Checklist. The factor analysis of IES identified three factors: the first two corresponded clearly to intrusion and avoidance. The third factor consisted of dissociative symptoms. These factors were used for discriminant analysis. The obtained results have shown that it is possible to clearly distinguish at least two groups of patients on the basis of predominantly used coping mechanisms: subjects who respond to intrusive symptoms with avoidance strategies, and subjects who use dissociation as a reaction to excessive trauma.

#### OCD: COMPARISONS OF SRI TREATMENT

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Obsessive-compulsive disorder (OCD) is a chronic illness that can be associated with substantial morbidity and often requires long-term treatment. Separate double-blind, multi-centre, placebo-controlled trials of the potent serotonin reuptake inhibitors (SRIs) clomipramine, paroxetine, fluoxetine, sertraline, and fluvoxamine have shown significant efficacy in the treatment of OCD. Antiobsessional effects of the SRIs are independent of their antidepressant effects. Two recent meta-analyses which compared efficacy between the SRIs in the treatment of OCD concluded that SRI is more effective than placebo and that clomipramine was associated with a significantly greater reduction in OCD symptoms from baseline compared with

the other SRIs. However, there are methodological limitations associated with meta-analyses, and placebo-controlled, head-to-head comparisons remain the best means of assessing relative efficacy and tolerability of individual drugs. Several small direct comparisons reported have demonstrated similar efficacy, but reduced tolerability, for clomipramine versus other SRI medications. A recent large-scale multinational, randomised, double-blind comparison of paroxetine versus clomipramine versus placebo in 399 patients with OCD was recently completed. Paroxetine was as effective as clomipramine in the 12-week study and both were significantly more effective than placebo in reducing OCD symptoms. Moreover, paroxetine was associated with significantly less side effects and drop-outs due to adverse events than clomipramine treatment. These findings suggest that paroxetine possesses similar antiobsessional efficacy, but a superior side effect profile in comparison to clomipramine treatment. Long-term studies of paroxetine therapy have also demonstrated maintenance of efficacy and prevention of relapse. OCD is a chronic disorder that generally requires maintenance medication. Therefore, these results supporting paroxetine's antiobsessional efficacy and long-term tolerability may have important implications for many patients with OCD.

#### EFFICACY AND SAFETY OF PAROXETINE IN PANIC DISORDER

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The efficacy and safety of the selective serotonin reuptake inhibitor paroxetine has been evaluated in over 450 patients with panic disorder with or without agoraphobia. In a randomised comparison with placebo plus cognitive therapy in 120 patients with panic disorder, paroxetine plus cognitive therapy significantly reduced the frequency of panic attacks. A short-term comparative study over 12 weeks in 367 patients showed paroxetine to be at least as effective as clomipramine in the treatment of panic disorder. Moreover, paroxetine-treated patients demonstrated significant improvement over clomipramine in the reduction of panic attacks to zero (51% panic free vs 37%,  $p < 0.05$ ). Paroxetine also appeared to have an earlier onset of action. In a long-term extension of this study, 176 patients continued medication under double-blind conditions and demonstrated that the efficacy of paroxetine was maintained over time. Additionally, paroxetine was significantly better tolerated than clomipramine. In a dose range finding study, 40 mg was shown to be the minimum effective dose and a long-term extension of this study showed paroxetine to be significantly more effective than placebo in preventing relapse. In all studies, paroxetine was also effective in reducing the associated symptomatology of panic disorder, such as depressive symptoms, generalised anxiety and phobias. In conclusion, paroxetine is an effective and well tolerated treatment for the control of panic disorder.

#### PATIENT DISABILITY IN PANIC DISORDER

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In addition to panic attacks, panic disorder is associated with high levels of secondary symptomatology, such as anxiety and depression. This disorder can lead to considerable disability in social functioning. Two scales which measure the level of disability have been used in multicentre panic disorder trials involving paroxetine: the Sheehan Disability Scale (SDS) and the Social Adjustment Self-report Questionnaire (SAQ). A 12-week placebo-controlled comparison of paroxetine and clomipramine in 367 patients with panic disorder compared SDS score at baseline and after treatment; both paroxetine and clomipramine were significantly better than placebo with respect to work, social life and family life/home responsibility. A long-term