

psychiatric practice today. Antisocial personality disordered individuals are usually in conflict with the law and as such are an issue of practice dealt by forensic psychiatry. Their model of behavior and functioning usually becomes their lifestyle. Distinguishing early or prodromal signs of impulsiveness and deviant behavior is crucial in prevention of crime as that is a combination of signs which usually leads to the worst possible prognostic outcome: a permanent psychological structured predisposition towards committing crime – antisocial personality disorder, criminal psychopathy respectively. The terminology varied, depending on the professional orientation and time (psychopath, sociopath) but since the admittance of antisocial behavior in clinical psychology and psychiatry as a distinct entity, the criminals were suddenly gone; they've all seem to be viewed as ill. Are they all really mentally disturbed or, are there some criminals who are “mentally” normal individuals?

Participants, Materials/Methods: Although the criteria of the disorder are defined by the classifications, the psychodiagnostic tools used in practice can successfully detect the disorder itself but without distinguishing its' subtypes, meaning, a thorough and detailed anamnesis and experience are essential in attempting to set an adequate diagnosis. Diagnostics has its' own value within the forensic assessment but sometimes, it can be misleading for its assessor. A personality profile and a mental status assessment within the time frame of the actual felony, is a basis of an adequate assessment and diagnostics. Being mentally disturbed or entirely normal; therapy or sanction – the differences are enormous.

Results: A case report from forensic practice: a man charged with numerous acts of heavy theft, was assessed in a combined manner (psychiatric–psychological) in separate court cases. The expertise results are going to be demonstrated comparatively.

Conclusions: Results represent differences between two manners, different diagnosis in two expertises.

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From F43.1 and F 62.0 to secondary gain

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Introduction/Objectives: A life-threatening trauma, i.e. the one jeopardizing someone's existence is a cause to an acute and chronic posttraumatic stress disorder. Apart from the classical PTSD and the symptoms belonging to anxiety – and depression – related disorders, a chronic condition may also lead to psycho-somatic disturbances and, frequently, to psychotic reactions. Changes within the mouth which are somatically not defined, in particular stomatopyrosis and stomatodynia, are sometimes a manifestation of a chronic PTSD (with 8%). Addiction, as comorbidity, is also common. A long-term PTSD may severely damage the patient's ego, which results in personality change, with a dominant feature of maladaptation. Varieties of the problems related to PTSD make the dominant trauma difficult to establish, which is a significant factor while assessing invalidity and damages compensation especially if the primary trauma was experienced a long time ago. Namely, there is always a possibility of secondary traumas. However, secondary traumas lead to stress, due to sensibilization of the subject by the primary trauma, secondary traumas lead to stress.

Participants, Materials/Methods: When discussing personality changes, there is a dilemma regarding the extent to which they emerge as the consequence of heredity. Every illness has in its origin a hereditary inclination for its emerging. Heredity does not exclude trauma as the cause of the stress; it facilitates it, or even makes it possible. As other forms of personality changes also have

maladaptation as the primary symptom, there is a possibility we might encounter while trying to make differential diagnoses. Patients with a chronic PTSD and a permanent change of personality which is the consequence of a PTSD often have difficulties in either returning to work or finding a job, and they perceive invalidity retirement as the only solution. In that case, they are thought to be fake invalids, which is not true. Fake invalidity is tertiary gain, and many people with F 43.1 and F 62.0 have secondary gain. Secondary gain deals with work incapability stemming from unconscious motives which are mostly the consequence of a familial, social or work-related re-traumatization.

Results: We studied altogether 312 patients, 156 of whom were diagnosed with F 43.1 and 156 with F 62.0. All of them had, apart from usual problems, problems related to emotional communication, and we were quite often in a dilemma whether or not the majority of those with F 43.1 could be diagnosed with F 62.0 as well, but then we gave it up whenever there was a smaller intensity of maladaptation, i.e. when a person's ego was better preserved. 81% of the ones diagnosed with F 43.1 and 89% of the ones with F 62.0 were unemployed and the majority of them demanded invalidity retirement.

Conclusions: We might conclude that in order for PTSD to be diagnosed, the vital factor is the existential trauma experienced by the patient, and as far as F 62.0 is concerned, the vital factor is the maladaptation syndrome. Secondary gain is a pretty common symptom and should not be considered as an aggravation.

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Anxiety as a special concern in pregnancy and the postpartum period

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Introduction/Objectives: Anxiety in pregnancy and postpartum is a widespread symptom in women with and without prior mental disorder, nevertheless it has received – in contrast to depression – less attention in the literature. There are a few studies which give evidence that anxiety in pregnancy could be a predictor of postpartum depression, while there is contradictory data about the influence on birth and infant outcomes (Austin et al., 2006; Beck, 2001; O'Hara und Swain, 1996; Robertson et al., 2004). Data is mainly based on the diagnosis of anxiety disorders, research on pregnancy related specific anxiety is just in its infancy but could already give indication of possibly stronger influences on peri- and postnatal outcomes (Huizink et al., 2004). There is evidence that the comorbidity of bipolar disorder and anxiety leads to a worse course and increase of severity of illness. There is – to our knowledge – no data regarding the special topic of anxiety in pregnancy and postpartum in patients with bipolar affective disorder.

Participants, Materials/Methods: As a part of a study on women with bipolar affective disorder – retrospectively interviewed about pregnancy, birth and postpartum – and mothers without severe diseases, general and pregnancy specific anxiety is evaluated. Based on the existing literature we have summarized the most important topics of pregnancy and postpartal anxieties in a personal interview, in addition the STAI (Laux et al.1981) is used for evaluating trait anxiety.

Results: Main questions are influences of pregnancy specific and general anxiety on postpartal depression in women with bipolar disorder and without mental diseases. In addition correlations between pregnancy specific and diagnosis of anxiety in general as well as the influence of birth on the course of anxiety disorders are evaluated.

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Conclusions: If we can find positive answers by our study it could help us in detecting expectant mothers with high risk of postpartum depression – with special focus on the vulnerable group of women with bipolar affective disorder – by evaluating the anxiety status in pregnancy and so help to avoid severe consequences for mother and child.

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The phenomenology of the behavioral disturbances in the Alzheimer's dementia

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Introduction/Objectives: The aim of this research work is to analyze the Behavioral and Psychological Symptoms of dementia-BPSD respectively the neuropsychiatric symptoms of Alzheimer's disease.

Participants, Materials/Methods: This study aimed to establish the standard pattern of a clinical–psychological estimate of the Behavioral and Psychological Symptoms of dementia-BPSD and to describe the phenomenology of BPSD. The study was a prospective one, and it included a groups of 30 patients diagnosed as Alzheimer's disease (by ICD 10), treated in the Clinic for neurology Skopje. The following instruments for investigation were used: Standardized clinical interview, the Behavioral Pathology in Alzheimer's disease Rating Scale (BEHAVE-AD), the Cohen-Mansfield Agitation Inventory (CMAI), and NONE standardized sociological-demographic questionnaire.

Results: The obtained results have shown that the average age is higher in patients with Alzheimer's disease and more rapid cognitive decline and more severe cognitive impairment are present in these patients. Paranoid and Delusional Ideation are more common in patients with Alzheimer's and the activity disturbances are increased by the severity of the disease. From the beginning of the disease the average time is 3 years. The patients who came on examination are in the high percentage in the moderate and severe stage.

Conclusions: The Behavioral and Psychological Symptoms of dementia are present in all patients. This is in accordance with data from the literature where it is said that in epidemiologic examples the frequency of the Behavioral and Psychological Symptoms of dementia is lower than in clinical samples because care is sought when neuropsychiatric symptoms emerge, but unfortunately in our examination more than it, when they exceed the tolerance of the family.

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Influence of personality on sexual satisfaction in patients suffering from schizophrenia and depression

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Introduction/Objectives: Although there is no consensus regarding the definition of personality, personality psychology is getting near to understanding that personality traits can be summed up into five basic dimensions. Five factor personality model consists of these five basic dimensions: neuroticism, extraversion/introversion, openness to experience, agreeableness and conscientiousness. Aim of this research was to establish in what manner certain personality traits of patients suffering from schizophrenia and depression and healthy individuals, influence their sexual satisfaction.

Participants, Materials/Methods: This research was conducted on 100 patients suffering from schizophrenia, 100 patients suffering from depression and 100 healthy individuals. Instruments used in this research were: five factor personality questionnaire and sexual experience scale (Arizona).

Results: Among patients suffering from schizophrenia, sexual drive and easier sexual arousal were linked to higher extraversion, openness to experience, agreeableness and conscientiousness and to lower neuroticism. Among patients suffering from depression, smaller number and less pronounced sexual dysfunctions were linked to higher extraversion, openness to experience and conscientiousness, and also to lower neuroticism. Among healthy individuals, higher extraversion is linked to easier sexual arousal and higher neuroticism to lower orgasm satisfaction.

Conclusions: Personality traits have a significant influence on sexual satisfaction of patients suffering from depression and patients suffering from schizophrenia, but also of healthy individuals.

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Connection between physical punishment of children and their depression and anxiety

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Introduction/Objectives: Physical punishment is part of raising children and it is at the centre of interest for psychologists, pedagogues, jurists etc. The motive for this work was my own experience in everyday life, and my impression that many parents often use physical punishment as a way to keep discipline up and to attain desired behavior by their children. The use of physical punishment on children creates a number of physical, psychological and sexual problems. The aim of this paper is to show the connection between physical punishment and children's depression and anxiety.

Participants, Materials/Methods: Methodology Data for this research was collected from a sample of 284 primary school pupils from Canton Sarajevo. The pupils came from 5th until 8th grade; age from 11 to 14. A written was obtained from both the ministry of education and the parents. The children completed "Youth Self-Report" YSR 6–18 which is one component of the Achenbach system of empirically based analysis (ASEBA).

Results: Results showed a statistical difference between punished and unpunished children on the anxious-depression scale (YSR- $P = 0.009$) and on the scale internal problems (YSR- $P = 0.046$).

Conclusions: Punished children expressed a more degree of depression, anxiety and internal problems compared to unpunished children. These findings are in accordance with previous international studies.

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Alcoholism and somatic comorbidity

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Introduction/Objectives: The lifetime prevalence of alcohol dependence as well as co-morbidity with somatic disorders is high. To assess the prevalence of alcoholism and somatic disorders.

Participants, Materials/Methods: The sample was 60 patients [4 females, mean (\pm SD) age: 43.7 ± 10.3 years, and 56 males; mean age: 42.4 ± 10.5 years, range: 20–75] who were consecutive