condition. There are few systematic studies in nonclinical child and adolescents population. On the basis of these epidemiological data it is concluded that OCD is far more common then was previously believed. However, good epidemiological studies in other parts of the world than the US are still needed.

Objective: To investigate the frequency of OCD and subclinical OCD in polish young adolescents.

Method: During a two-stage epidemiological study, a total number of 2884 pupils in Warsaw (Poland), aged 12–16 years completed the Leyton Obsessional Inventory-Child Version, consisting of 20 items. In the diagnostic stage the author's questionnaire based on DSM-IV diagnostic criteria for OCD and the Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS) were administrated to 96 subjects reflecting possible subclinical or clinical OCD and 52 subjects from control cohort.

Results: The prevalence of OCD and subclinical OCD were found to be 0.38% and 2%, respectively.

Conclusion: Findings suggest that obsessions, compulsions and OCD are not infrequent among young adolescents and the disorder usually is not seen or recognized by health care professionals.

FC66-3

HALLUCINATORY PHENOMENA IN EATING DISORDERS: FUNCTION AND SIGNIFICANCE

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By reporting some clinical cases we will attempt to analyze the function and importance that hallucinations play in anorexic and bulimic patients.

The defensive purpose against emotions of these psychopathologic symptoms becomes indeed obvious when they are going to be solved.

In clinical experience we found that hallucination and delirium, even if they are often hidden or confined to "body" and "food" territories, are always present among the symptoms in patients with eating disorders. Their range is extremely rich, ranging from negative hallucination to the appearance of monsters and goblins. In these pathologies, such phenomenology, often underestimated because usually not much evident, makes the border classically drawn between psychosis and neurosis useless, and if outlined and "understood" by the therapist, may lead to interesting developments in the treatment of these patients.

FC66-4

ALTERATIONS OF AUTONOMIC CARDIAC CONTROL IN ANOREXIA NERVOSA

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Background: The author investigated autonomic cardiac function in anorexia nervosa.

Methods: Forty-eight patients, who in the present or past met the DSM-III-R criteria for anorexia nervosa, and sixteen normal control subjects participated in a standardized analysis of heart rate variability (HRV) during supine and standing postures.

Results: Several HRV-parameters showed an inverse correlation to the present weight of the anorexic subjects. The values of the spectral power analyses were significantly ($p < 0.01$) lower in patients ($n = 18$) weighing less than 75% of ideal weight when compared to the control group; however, the heart rate variability parameters of anorexic patients with restored weight ($n = 12$) did not differ from those of the control subjects.

Conclusions: The obtained results provide evidence for autonomic cardiac dysfunction in acutely ill anorexic patients. The significance of these findings are threefold. First, there is an increasing evidence that alterations of the autonomic control should be considered as a risk factor for deleterious complications of the heart. Therefore, HRV-analysis is supposed to be a useful tool in monitoring the health of patients with anorexia nervosa. Second, in future studies it may be profitable to investigate whether anorexic patients with rigid cardiac autonomic nervous system function show a different treatment response to psychotropic as well as to psychotherapeutic methods than patients with intact autonomic regulation. Third, the strong influence of weight on the results of power spectral analysis deserves attention when investigating HRV in other psychiatric diseases, e.g., in depression and anxiety disorders.

FC66-5

BONE MINERAL DENSITY IN ADOLESCENT GIRLS WITH ANOREXIA NERVOSA

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Osteoporosis is one of the physical complications of anorexia nervosa (a.n.). In order to determine the prevalence of osteoporosis in adolescent patient with a.n. and possible contributing factors the bone mineral density (BMD) were measured in cross-sectional and longitudinal studies.

Material: BMD of the lumbar spine (L2–L4) and the whole body (BMD-total) and body fat (%FAT) were measured during the first month of hospitalization in 49 a. n. girls aged 10.8 to 22.25 y (mean age 12.7). All patient met DSM-IIIR criteria for a.n.. 25 patients returned for a follow-up examination after approx. a year (mean 12, 7 months) and 12 patients again after approx. 2 years (mean 25 months).

Method: The BMD was measured by dual-energy X-ray absortiometry (using densitometer DPX-L Lunar). The values of BMD were expressed as BMD (g/cm2) which is calculated by diving the bone mineral content by the projected bone width and Z-score below or above mean BMD for age. The correlation between BMD and clinical data (duration of illness, duration of amenorrhea, body mass index, % standard body weight, activity level, %FAT) were analyzed using Spearman's correlation coefficients. Differences between groups were analyzed using one way-ANOVA.

Results: 1) Low BMD occurs early in the course of the a.n.. 2) There were negative correlations between BMD and the duration of illness and the degree of undernutrition. 3) There was no correlation between BMD and duration of amenorrhea in patients with secondary amenorrhea. 4) The patients with primary amenorrhea had significantly lower BMD (3rd examination) than those with secondary amenorrhea.

FC66-6

PREVALENCE OF BULIMIA NERVOSA IN MIDDLE ADOLESCENCE

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Studies of prevalence of bulimia nervosa have focused on female population from their late teens. The aim of this study is to assess

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the prevalence of bulimia nervosa in middle adolescence in both girls and boys. In School Health Study, a self-report questionnaire was administered on 8783 14–16 years old adolescents. The study was carried out in co-operation with secondary school. Pupils filled in the questionnaire during a lesson supervised by a teacher. All secondary schools in four different regions of Finland participated. Bulimia nervosa was detected in 2.3% of girls and 0.5% of boys. Bulimic eating behaviours were reported by 13.3%. Bulimic subjects had a higher BMI than others. Among girls, bulimia was associated to going to higher grade at school, in boys to recent unemployment in family. Bulimia seems to be common than thought in middle adolescence, and more common among boys than detected earlier. It is associated to increased weight and psychosocial stress. The high prevalence in this young age cohort suggests that bulimia may be increasing in frequency.

S67. Nicotine dependence

Chairs: J Costa e Silva (WHO, CH), N Collishaw (WHO, CH)

No abstracts received.

S69. Somatization and somatoform disorders

Chairs: M Ackenheil (D), N Sartorius (CH)

S69-1
CRITICAL ISSUES IN THE CLASSIFICATION OF SOMATOFORM DISORDERS

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The 'discovery' that people with mental disorders most often seek help in general health care services has led to an increase of interest in the form, course and classification of psychiatric problems that usually do not require inpatient treatment.

The characteristic feature of many of the disorders seen by general practitioners and specialists in disciplines other than psychiatry is their somatoform presentation, which is defying neat arrangement in classical psychiatric classifications. The way in which this problem was faced by the 10th Revision of the ICD will be described.

S69-2
"WHO STUDY: SOMATOFORM DISORDERS IN GENERAL PRACTICE, AN EPIDEMIOLOGICAL SURVEY"

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The PPGHC study was organised by WHO to describe the form and frequency of psychiatric disorders in primary care settings. This was a two-stage case finding study conducted in 26916 patients in 14 different countries. 5438 passed the second stage interview (CIDI diagnosis, disability assessment, health evaluation, treatment prescribed and consumed, physical diagnosis, reasons for contact). In most domains, information was available from the doctor, the patient and a specialised-trained interviewer.

The prevalence of Somatization Disorder (SD) was 2.7% appearing as the 4th most common disorder.

More than 50% of patients with SD had a current comorbid condition. Among those, hypochondriasis, depression, GAD, and alcoholism show the highest odds ratio. In patients with a pure SD, the sex ratio is close to 1 while in comorbid patients females predominate. The age at onset of pure SD is also much earlier than that of patients with the comorbid condition. Suicide attempt history is rare in the pure condition (5%) but elevated when SD is associated with depression (26%) while this rate is 16% for pure depression. This may suggest that SD is not an homogenous single disorder.

The disability described by patients is high in SD whether patients present with the pure o with a comorbid condition.

On the contrary, when identifying all patients complaining of six or more current somatic symptoms, 31% suffered from major depression, 24% of GAD, overall, 45% had an ICD10 diagnosis. The number of somatic complains was higher in females and increased with age. These last figures underline the importance of integrating mental health care services in primary care.

S69-3
CHRONIC FATIGUE SYNDROME

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Patients with unexplained severe fatigue after minimal exertion, often accompanied by other symptoms such as myalgia, sleep disturbance and depression, are common in medical practice. Operationally defined, CFS is not unusual - between 1 to 2% of those attending primary care fulfil the criteria. It is also not a new illness.

There are no characteristic physical or laboratory findings, and it is defined solely in terms of symptoms. Although theories abound, no specific virological or immunological cause has been identified. Fatigue is of central, and not peripheral, origin. Psychological disorder is common, with rates in excess of those expected in physical illness. However, CFS cannot be explained simply as a misdiagnosed psychiatric illness. Recent research has suggested neuroendocrine changes in a subgroup of patients, characterised by reduced HPA activity and incrased 5 HT transmission. These are more similar to those found in PTSD than classic depression.

Sufferers often make dramatic changes to their lifestyle, which can cause deconditioning and psychological avoidance. Many are told that the condition is incurable, and that the best treatment is rest, linked with dietary and lifestyle restriction. These beliefs are not supported by compelling evidence, and affect outcome. The prognosis for patients seen in specialist care is poor, associated with the strength of attribution to a solely physical cause, the presence of depression and continued behavioural avoidance.

Although a number of direct therapeutic agents have been tested, including anti viral or immunological agents none have been encouraging. Antidepressants have also not be found to be particularly effective. Considerable progress has been made in using rehabilitation techniques for CFS, including graded exercise programmes and CBT. Ensuring a good therapeutic alliance and a collaborative relationship between patient and doctor is also essential.

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