

POSTERS – PSYCHIATRY

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Pregnancy, birth, postpartum and their influence on bipolar affective disorder

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Introduction/Objectives: There is a well-established risk of acute episodes of postpartum disturbances especially in women diagnosed with mental disorder prior to childbirth (Davidson & Robertson, 1985). Consequences for mother and child can be fatal (Jones & Craddock, 2001). Nevertheless there is just few and contradictory data about pregnancy and postpartum and the influence on the further course of illness in patients with bipolar disorder.

Participants, Materials/Methods: Women in Styria diagnosed with bipolar affective disorder are retrospectively interviewed about pregnancy, birth and postpartum, course of illness and general medical history by a personal interview as well as standardised questionnaires. Data is compared with two kinds of controls: (i) female bipolar patients without children, (ii) healthy controls, mothers without severe diseases. The following material is used:

- 1) Semistructured interview
- 2) STAI (Laux et al.)
- 3) LEBI (Richter & Guthke, 1994)
- 4) F-SozU (Frydreich et al., 2007)
- 5) NEO-FFI (Costa & McCrae)
- 6) LAST (Rumpf et al., 1997)
- 7) PKS (Schneewind & Kruse, 2002)

Results: Main hypotheses are increased incidence of postpartum depression of patients with bipolar disorder in comparison to “healthy” mothers and influence of childbirth on life-course of illness. Risk factors, influence of heritability and birth complications are evaluated. Additionally the following aspects will be examined:

- 1) state and trait anxiety
- 2) psychosocial risk factors and life events
- 3) personality and neuroticism
- 4) alcohol and drug abuse
- 5) coping strategies
- 6) social support and partnership
- 7) teratologic knowledge and compliance

Conclusions: Findings of our study can be useful in detecting predictors of postpartum problems in bipolar disorder and in helping concerned women and their families in better managing pregnancy and childbirth.

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Telepsychiatric services for follow-up war related post-traumatic stress disorder (PTSD) and enduring personality exchange (F62.0) after catastrophic expiriense

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Introduction/Objectives: This study was examination by Telepsychiatry and e-consulting of war related posttraumatic stress disorder (PTSD) and F62.0 enduring personality exchange after catastrophic expiriense.

Participants, Materials/Methods: The subjects were 100 male psychiatric patients by Telepsychiatry and e-consulting with war-related PTSD by videoconferencing via broadband ADSL and WADSL by 768kbps. Post-traumatic stress syndrome-PTSS scale and 20-item Zung self rating scale was used to assess state measures of symptom severity.

Results: The symptoms of prolonged PTSS (posttraumatic stress syndrome) with duration between six moths and 2 years had been founded at 73 (73%) and 27 (27%) of patients had no PTSS. Symptoms of depression had been found at 64 (64%) patients. The enduring personality exchange after catastrophic expiriense (F62.0), had been found at 14 (14%) patients ($P < 0.01$); symptoms of depression had been found at 47 (47%) patients after 2 years.

Conclusions: Telepsychiatry service and e-consulting it is able to serve not only PTSD but also wide range of other patient population. Continued examination and follow-up evolution of PTSD symptoms by Telepsychiatry service may be important in predicting the eventual development of depressive symptoms and precipitation of F62.0 enduring personality exchange after catastrophic expiriense in the war related PTSD.

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The influence of bipolar disorder on sexuality and partnership

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Introduction/Objectives: The influence of many psychiatric diseases on privacy (especially on sexuality and partnership) is still quite unexplored. So far, studies of psychiatric patients, have mainly dealt with sexual transmitted diseases and sexual dysfunctions in association with psychotropic drugs. There are studies concerning sexual satisfaction in patients suffering from different kinds of psychiatric diseases, but bipolar patients were little represented. The few existing data found an accumulation of sexual dysfunction, a lower frequency of sexual contacts and a decreased self-confidence in bipolar patients and also their partners reported on lower sexual and partnership satisfaction (Raja and Azzoni, 2003; Lam D., 2005). As sexual and partnership satisfaction are important parameters for quality of life, we look forward to use the study's results to offer problem-specific therapies but also for helping patients and their families to accept and integrate illness-related problems in relationship and sexuality.

Participants, Materials/Methods: 35 men and women with a diagnosed bipolar affective disorder were recruited from the Psychiatric department, University Clinic Graz. Our comparison group consists of the same amount of people without mental

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illness. After a medical rating concerning the manic or depressive severity the following materials were used:

- 1) Personal interview
- 2) BDI-Becks Depression Inventory (1961)
- 3) Kurzfragebogen zur sozialen Erwünschtheit (Stöber, 1999 oder 2001?)
- 4) FbeK-Fragebogen zur Beurteilung des eigenen Körpers (Strauß and Richter-Appelt, 1996)
- 5) TSST-Tübinger Skalen zur Sexualtherapie (Zimmer, 1989)
- 6) ZIP-Zufriedenheit in der Partnerschaft (Hassebrauck, 1991)

Results: The following aspects have been examined:

- 1) Sexual satisfaction in general
- 2) Frequency of serious relationships
- 3) Partnership problems while steady relationships
- 4) Body perception

Conclusions: As the findings of our study are not completed yet, we just can report on the tendency of lower sexual and partnership satisfaction in patients with bipolar affective disorder in comparison to our population without mental diseases. We expect the definite results within the next weeks and are looking forward to present them at the congress.

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Nutrition habits and symptoms of eating disorders

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Introduction/Objectives: Eating disorder becomes a problem in the moment when the changes in the way of food consumption are changing the quality of life, infringing physical health, being denoted by the severe disturbances in the feeding habits and behavior.

Participants, Materials/Methods: In the population of secondary school students, 610 students, homogenous by number, sex and age, have been chosen by the method of systematic sampling. The study is prospective, control, clinical–epidemiological, descriptive and analytic. The applied instruments are Eating Attitudes Test and Eating Disorders Inventory by Garner. The respondents who have the score of 20 or higher on the EAT-26 are the experimental group, and control group is consisted of adolescents who did not show high scores on these scales. What are being compared between the groups are the scores of the Eating Disorders Inventory by Garner and EAT-26 scales.

Results: There were 360 (59%) females and 250 males (41%). 56 (9.2%) had a high score on the EAT-26, Salčić S. (2005) found 10.3% of respondents with a high sum on the EAT-26. 67.9% of respondents who are in the group of critical score on the EAT-26 ($x^2 = 8.049$, $P = 0005$) show a desire for slenderness. Dissatisfaction with their own body shows 91.1% ($x^2 = 5.638$, $P = 0018$). Atti and Brooks-Gun, (1989) reported that the dissatisfaction with the body and desire for slenderness are an important clinical entity even in the absence of diagnosed eating disorders. 53.6% from the experimental group show an interceptive awareness ($x^2 = 24.207$, $P = 0000$). There is a lack of interceptive awareness substantially in patients with eating disorders (Bruch, 1962). The inability to accurately recognize, define and respond to different emotional states is

the essence of anorexia nervosa (Bruch, 1978). 42.9% ($x^2 = 11.602$, $P = 0001$) have an expressed perfectionism. Anorexia and bulimia have a high level of perfectionism (Goldner et al, 2002) 14, and many studies show that different subtypes of eating disorders have the same level of perfectionism (Garner et al., 1983).

Conclusions: Changes in the attitudes and nutrition habits are also followed by certain changes in body perception and mood, which is reflected in the development of clinical forms of eating disorders that often remain unrecognized.

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Neurobehavioral changes in patients with combat-related posttraumatic stress Disorder and chronic pain

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Introduction/Objectives: In patients with chronic posttraumatic stress disorder (PTSD) depression and anxiety are important psychological features that influence their behavior in every day life. Co-morbid chronic pain may have an additional impact both on their emotional status and cognitive performance. In this study the authors analyzed the interrelationships between depression, quality of life and cognitive processing in patients with combat-related PTSD and chronic pain.

Participants, Materials/Methods: The subjects were 184 war veterans who had been treated at the Clinic for Psychological Medicine in Zagreb for PTSD and chronic pain. All patients were analyzed according to their medical records, interviews and self reported questionnaires for PTSD (Mississippi Scale for combat-related PTSD, Beck Depression Inventory, WHOQOL-Bref, SCL-90) and pain (McGill Pain questionnaire, Visual Analogue Scale (VAS)). A selected group of 18 patients were evaluated for cognitive processing by event-related evoked potentials.

Results: Severe symptoms of chronic PTSD were found in 110 patients. Anxiety and depression were highly correlated to pain. ERPs showed significant prolongation of P 300 latency suggesting the slowing of cognitive processing. Patients with chronic PTSD had significantly higher total pain scores as well as affective and sensory pain components compared to the patients without PTSD. We found statistically significant positive correlation between PTSD symptoms and pain intensity that influence everyday activities like walking, personal hygiene and independent dressing.

Conclusions: The presence of PTSD symptoms, depression and anxiety in combination with chronic pain predicted lower QoL for war veterans. Multidisciplinary approach is needed for the treatment of those patients.

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Forensic dilemmas: antisocial personality disorder – mentally disturbed or normal?

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Introduction/Objectives: Individuals suffering from personality disorders are more and more frequently encountered in the