

Conclusion: Suicidality of breast cancer patients is associated with QOL domains but not with clinical characteristics of the illness. Decreasing of faith is associated with suicidality.

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Anxiety and bruxist behaviour in the patients with temporomandibular joint disorder

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Background and aims: The level of anxiety depending on existing bruxist behaviour between temporomandibular joint disorder (TMJD) patients and asymptomatic volunteers was compared.

Methods: TMJD in 40 patients (mean age 35.5, 76% women) was diagnosed using RDC/TMD Axis I and was confirmed by magnetic resonance imaging. The control group consisted of 25 asymptomatic volunteers (mean age 23.4, 72% women). Bruxism was diagnosed based on case history and clinical findings. The anxiety was confirmed by State-Trait Anxiety Inventory (STAI).

Results: A higher level of anxiety was determined for all examined patients (the mean score in STAI 1=38.43, STAI 2=46.10). There was no statistically significant difference ($p>0.05$) with respect to the control group (STAI 1=34.25, STAI 2=39.00). Including only patients with determined anxiety depending on age and gender resulted in 62.5% of patients with anxiety according to the STAI 1=42.84, and 72.5% of patients with anxiety according to the STAI 2=44.20. Only 16% subjects from the control group and 40% patients had bruxism. There was a statistically significant difference in scores of both STAI tests in patients with bruxist behaviour ($p<0.001$). Statistically significant differences between patients with lower (1-4) and higher (5-10) degree of pain were rated on a visual-analogue scale for State-Trait Anxiety Inventory 2 ($p=0.012$).

Conclusions: This study has confirmed the connection between anxiety and bruxism as one of the central etiological factors. However, patients with TMJD experience a higher level of anxiety. Patients with estimated VAS pain score ≥ 5 show significantly more anxiety on STAI 2 subscale.

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Relationship between anxiety and hostility among teachers

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Aims: The purpose of the present study was to examine the relationship between anxiety and hostility among teacher.

Method: Participants were 531 teachers of education organization of Golestan province in Iran. The mean age of the participants was 37.49 years (SD = 5.58) and ages ranged from 21 to 50 years old. There were 215 men and 316 women.

Measures: All participants completed a questionnaire booklet containing one self-report measures: The Symptom Checklist-90-R (SCL-90-R).

Results: The results of the present study demonstrate that: 1) Correlation between anxiety and student's hostility is meaningful and positive ($r = 0.733$, $p<0.001$).

Conclusions: The present study revealed that a more anxiety is associated with a high level of self-reported hostility.

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A randomized, open-label comparison of paroxetine (reoxetine) and cognitive-behavioral therapy in management of panic disorder

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Background: The most effective treatments of panic disorder (PD) are serotonin selective reuptake inhibitors (SSRI) and cognitive-behavioral psychotherapy (CBT).

Aim was to compare efficacy of SSRI, CBT and combined therapy (CT).

Method: Forty patients (aged 25 to 50 years) with panic disorder were randomly assigned to one of the three treatment groups: CBT (30 hours, or 4 weeks), SSRI (paroxetine 20 - 30 mg daily, 24 weeks), or CT (both of the abovementioned together). All patients were followed for 24 weeks. Symptoms were assessed using Clinical Global Impression scale, Spilberger State-Trait Anxiety Inventory (STAI), Beck Depression Inventory (BDI) and Minnesota Multiphasic Personality Inventory (MMPI).

Results: At week 24, clinical improvement was reached in 61.5% of patients in the SSRI group, in 78.6% in the CBT group and in 92.3% in the CT group. Significant reduction ($p<0.05$) of the scores of STAI, BDI, and MMPI Hypochondriasis, Depression, Paranoia, Psychasthenia and Schizophrenia scales were registered also in all the three groups. Besides there were differences between CBT and SSRI MMPI profiles – increase ($p<0.01$) of Masculinity-Femininity, decrease ($p<0.05$) of Social Introversion and marked trend to reduction ($p=0.07$) of Paranoia scores in CBT group.

Conclusions: CT seems to be more superior to either monotherapy in the management of PD, whereas clinical effects of SSRI and CBT are close to similar. Obviously, SSRI and CBT exert different influences on personality structure.

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Relationship between psychotrauma and multiple sclerosis

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The interrelation between chronic stress and multiple sclerosis (MS) has always been known, but biological foundation for this phenomena has not yet been proven. Few clinical trials were performed to analyse this connection.

Our objective was to analyse the possible role of chronic stress in development and reoccurrence of MS. Throughout case series the authors described different clinical manifestations of these relations.

Six patients (two female and four male) with diagnoses of chronic combat-related PTSD and multiple sclerosis were selected as the sample for this study. None of the patients have family history of MS nor were they diagnosed with multiple sclerosis before or during the war. On the base of psychiatric interviews, medical records and different self-reported questionnaires the authors analysed the relation

between the symptomatology of PTSD and MS, as well as different treatment strategies that were used.

Patients had severe progress of the symptoms of MS. Higher intensity of PTSD symptoms were followed by the exacerbations of the symptomatology of MS and vice versa. We propose that there is a positive feedback between chronic stress and MS. This implicates that each of these conditions could worsen the symptoms of the other ones. Our findings show the need for multidisciplinary approach in the treatment of patients with chronic PTSD and comorbid multiple sclerosis, which will optimize treatment and result in more cost-effective care. Appropriate identification and optimal pharmacological interventions for both disorders might modify further chronification of those disorders and thus influence better outcome.

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Alexithymia correlates with physical quality of life after percutaneous transluminal coronary angioplasty

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Background and aims: Little data is available on psychological factors involved in health-related Quality of Life (QoL) after Percutaneous Transluminal Coronary Angioplasty (PTCA). The present study aims at examining the impact of alexithymia on mental and physical QoL 6 months after PTCA.

Methods: We continuously enrolled patients admitted to a cardiology ward of Toulouse University Hospital for PTCA. Within 24 hours of the PTCA, each subject was assessed with the 20-item Toronto Alexithymia Scale (TAS) and the 36-item Short Form Health Survey (SF-36) which provides a Physical Component Score (PCS) and a Mental Component Score (MCS). At 6 months, the SF-36 was re-administered by telephone. Correlations analyses were performed, controlling for sex, age, cardio-vascular risk factors and number of dilated arteries.

Results: Fifty-nine subjects (83.9% male) completed the follow-up interview. Mean age was 65.6(SD=11), mean TAS score was 49.1(SD=12.2), mean baseline and 6-month MCS scores were respectively 44.2(SD=11.7) and 48(SD=13.3) and mean baseline and 6-month PCS scores were respectively 41.3(SD=8.8) and 43.8(SD=9.4). At baseline, TAS was correlated with MCS ($p < .05$) but not with PCS. At 6 months, TAS was no longer associated with MCS, however, after controlling for baseline PCS, increased TAS scores were significantly associated with poorer PCS scores ($p < .05$).

Conclusions: According to our findings, patients with high levels of alexithymia may be at risk of poorer physical QoL 6 months after PTCA. Therefore the assessment of this psychological construct may prove useful in detecting patients who might benefit from further support.

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Psychiatric diagnoses and fibromyalgia: Who takes care of these patients?

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Objectives: 1) To know previous psychiatric disorders in patients diagnosed of Fibromyalgia (FM), 2) To identify the different medical specialists that make the diagnosis of FM, 3) Which specialist(s)

are in charge of the patient's follow-up, and 4) To assess working status before/after the diagnosis of FM.

Methodology: 77 women (mean: 57.3 yo) that were being treated at our psychiatric unit and who were later diagnosed (2002-2006) as having FM by an array of specialists. Variables studied: year of diagnoses, specialist/s involved, psychiatric diagnosis and social/demographic parameters.

Results: 80.5% of patients (62/77) manifested a somatoform disorder (SD), 79.2% (61/77) a mood disorder, or a personality disorder 22.1% (17/77). The FM diagnosis was made by rheumatologists (37.7%), traumatologists (24.7%) and general practitioners (19.5%). Mostly, psychiatrists took care of the patient's follow-up (94.8%); either exclusively (55.8%) or shared with other specialists (39.0%). Before FM diagnoses, 80.5% of the patients were working as housewives or elsewhere versus 16.9% of them that were out of work or on sick-leave due to their long-lasting illness. Following the FM diagnosis, these figures changed to 46.8% and 40.3%, respectively.

Conclusions: Most of the FM cases had been previously diagnosed as having a SD. The FM diagnoses is made by specialists other than psychiatrists. However, the patient's follow-up corresponds to the later. The diagnosis of FM facilitates the attainment of a long-term disease status and their consequences thereof. These facts raise the necessity to review this disease, from the nosological, therapeutic and diagnostic point of view.

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Stress related disorders: Hypothalamic-pituitary-adrenal axis dysfunctions.

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Background and aims: Hypothalamic-pituitary-adrenal (HPA) axis function has been reported to be abnormal in almost all psychiatric disorders, particularly in depression. The aims of the study were to test the hypothesis that HPA axis dysfunction is present in various psychiatric disorders and not only in depression, and to evaluate if the HPA axis dysfunction is associated to specific symptoms and to life events.

Methods: The dexamethasone (dex) suppression test was made in order to identify HPA axis dysfunctions in 73 patients with at least one DSM-IV axis I diagnoses (SCID-I) and in 23 controls. The ability of glucocorticoids to suppress the HPA axis (suppression index, IS) was measured by using the ratio between cortisol levels after and before dex administration. The Florence Psychiatric Interview was used in order to evaluate the symptoms of the current episode, life events and patients's socio-demographic characteristics.

Results: Significant higher basal cortisol levels were found in patients compared with controls at 8 p.m. ($p < .05$). After dex administration, patients showed significantly higher cortisol levels than controls ($p < .05$). The IS was lower in controls than in patients ($p < .05$), while indicating that these latter are characterized by a reduction of the ability of glucocorticoids to suppress the HPA axis.

Conclusions: Amongst patients, the condition of non suppression was associated with specific symptoms irrespective of the diagnosis, such as depressed mood, anhedonia, low self-esteem and energy, indecision, low affectivity, lack of concentration and panic attacks. No relationships were found between the exposure to life events and HPA axis dysfunctions.