was proved that psychopathological disorders may occur both in the presence of postburn cosmetic defects and without them. The cause of these disorders is multifactorial. However these disorders are mainly stress-provoked but not solely psychogenic.

The disorders manifest with neurotic, psychovegetative and personality symptoms as well as encephalopathy. They correlate with victim age, pubertal crisis, pre-morbid residual organic cerebral dysfunction, severity of thermal injury, postburn cosmetic defects of visible body parts.

A deprivation type of psychogenic pathologic formation which includes complex of a physical defect — Quasimodo Complex was singled out in the most maimed children of pubertal age. These teenagers submit with their defects and refuse from cosmetic surgery.

Developed combined treatment with obligatory use of psychotherapy provides individual approach to the victim personality, improves his or her social adaptation.

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Psychopathology of hospital endocrinological patients - Two -year retrospective study

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Comorbidity of endocrinological illness and psychiatric disorder is asscriated with a higher rate of functional disability and worsening of quality of life in comparison with each of conditions.

The objective of the study was: to identify the most frequent psychiatric disorders of hospital endocrinological patients in consultative psychiatric practice.

Material and method: Two-year retrospective study included a total of 112 hospital endocrinological patients of both sexes, F-68(60%), M-44(40%), who were referred to psychiatric consultation.

Results: 1. The most frequent causes for psychiatric consultation in hospital endocrinological patients were as follows: in diabetic patients (62/112-55%)-depression (34/62-54%), psychoorganic syndrome (24/62-38%), other diagnoses (4/62-16%); in patients with arterial hypertension (26/112-23%)-depression (18/26-69%), psychoorganic syndrome (6/26-31%); in patients with other diagnoses (obesitas, menopause, Cushing disease) (16/112-14%)-depression(12/16-75%), psychoorganic syndrome (3/16-18%), schizophrenia (1/16-6%); in patients with thyroid gland diseases (8/112-7%)- depression (6/8-75%), psychoorganic syndrome (2/8-25%).

Conclusion: Depression and psychoorganic syndrome were the most frequent psychiatric disorders in hospital endocrinological patients with various endocrinological diagnoses, referred to psychiatric consultation.

It is necessary for consultative-liaison (CL) psychiatry to include long-term follow up of somatic patients with psychiatric disorders because of define of course and outcome of psychiatric symptoms and disorders in this patient's population, the interactive relation of somatic and psychiatric disorders as well as the evaluation of the effects of psychopharmacological therapy.

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The postponed mourning in Bosnian refugees: "I'll cry tomorrow"

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Objective of this article is to describe Mihatovici as a Paradigm of Exile. Mihatovici is the biggest settlement of refugees in Bosnia and Herzegovina. Thus, it is the paradigm of a refugee life. Number of "the missing" from Podrinje, after the genocide in Srebrenica is about 7,500. For a few years a team of forensics working in Tuzla has been digging out mass graves and collecting remains in order to make a database for the identification. The first impression when a person gets to Mihatovici is that it is a quite merry place. Loud folk music can be herd from the houses, there are many people on the street, many of them are young and all are laughing. Refugees postpone the beginning of mourning and instead they live one more day of their lives, as it was the last... It is showed how is to be married again to a killed or missing Husband... how goes with New Loves... Healing and Legal Significance of talking about a traumatizing event. The Beginning of Mourning is the Same as Death, Madness, or Loss of Control. Autor observed and described on this setting Myth about Odysseus, Fantasies of a Revenge and Mourning, Time Context and Fantasies of Oblivion. There are evidences about Cellular Level or "When a Body Speaks Obout a Trauma".

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Subjective sleep quality and aggression in antisocial personality disorder

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Background: As a symptom, aggression is closely related to antisocial personality disorder (ASP). Prefrontal cortex plays a key role in the regulation of anger and violence and in sleep-wake transitions. The aim of this study is to evaluate the quality of the subjective sleep and to determine its relation to the degree of aggression for the subjects with APD.

Methods: Among 155 males who were sent to a pretrial forensic psychiatric examination by the court, 60 were suitable and admitted to the study. All of them were being charged with violent offences (murder or assault). 64 subjects were not involved in crimes involving violence were taken as the control group. All of the subjects met the DSM-IV criteria for ASP. Subjects were interviewed with an assessment battery including a semistructured interview form concerning the sociodemographic factors, SCID-I, SCID-II, Aggression Questionnaire (AQ) and Pittsburgh Sleep Quality Index (PSQI).

Results: AQ total point and physical aggression, verbal aggression and anger subscales were found to be significantly higher in the study group. Between the groups significant differences were found in PSQI total points, sleep latency, sleep disorder, use of sleeping pills and in the points of subscales of loss of functionality during day. There has been found a positive correlation between PSQI global point and AQ total point.

Conclusions: This study can contribute to further support to evidence of brain dysfunction predisposing to severe aggression and sleep disturbances of individuals with APD.

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Traumatic stress in delinquent adolescent girls

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The investigation centered on clinical features and risk factors of posttraumatic stress disorder.

Methods: clinical, experimental. PTSD symptoms were assessed according PTSD diagnostic criteria (ICD-10). Statistical calculations

(SPSS): descriptive statistics, t-criterion, correlation, Mann-Whitney criterion.

Discussion: of 70 delinquent adolescent girls (DAG), 97% were exposed to some traumatic event in lifetime, 77% had PTSD symptoms, including 38,5% in severe form. The largest risk of PTSD development in DAG was associated with rape, the death of a parent, long enforced separation from them. Risk factors of PTSD development in DAG depended on personality, cranial-brain injury, sexual-role behavior disturbance, family problems. A high index on the Spilberger test for personality anxiety, hypochondria, affect rigidity, psyshasthenia, autization with a low index on the MMPI correction scale and primary use of immature personality defense mechanisms (regression and projection)- are personality predictors of PTSD development in DAG.

Conclusions: practically all DAG were exposed to single traumatic event in lifetime. Roughly 40% of DAG developed clinically severe PTSD, almost three times more than in girls with socially approved behavior. The largest risk of PTSD development in DAG was associated with rape. The other significant predictive risk factors: low socioeconomic family status; lack of social and psychological support; anxiety tendency in early childhood; unformed mature personality defense mechanisms when adolescent. It is typical for severe PTSD in delinquent girls to be relatively equally represented by reexperience, avoidance, increased arousal; high degree comorbidity with other anxiety disorders (panic attacks, obsessive-compulsive disorder), somatoform and depressive disorders.

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Nonbenzodiazepine versus benzodiazepine hypnotic efficiency analysis in older people

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Background: Poor sleep quality causes frequently and seriously impairments in older people daily functioning. More than that, inadequate treatment of insomnia side effects further decrease patients quality of life.

Objective: We examined whether between nonbenzodiazepine and benzodiazepine hypnotic treatment are significant differences regarding sleep quality, total sleep time, sleep onset latency, number of awakenings during the night, global functioning and side effects.

Method: A group of 40 outpatients, 16 male and 24 female, mean age 67.9, diagnosed with insomnia, was divided in two equally groups, each of them receiving for at least 7 days either zolpidem 5 mg/day or diazepam 10 mg/day, overnight. Inclusion criteria: age over 65. Exclusion criteria: physical illness and psychiatric disorders that disrupt sleep, simultaneous administration of other sedative drugs. An assessment using Clinical Global Impressions (CGI), Global Assessment of Functioning (GAF) and self reports for depth, total perceived time, onset latency of sleep, number of awakenings during night and side effects were realised every day for a week.

Results: The intent-to-treat (ITT) and last-observation-carried-forward (LOCF) analysis reflected statistically significant differences from the day 2 in four variables- depth of sleep (+3/+1.2, p<0.01), number of awakenings(+3.2/+4.9, p<0.01), GAF (+7.8/+5.5, p<0.01) and CGI (-1.9/-0.7, p<0.01) in favor of zolpidem treated patients. Also, side effects were significantly more frequent reported in benzodiazepine group (15/10, dropouts 3/1, p<0.01).

Conclusion: Zolpidem is a first choice treatment in older people because it is well tolerated and have a good efficacy profile compared to diazepam.

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The problems of individual dynamics of stress-related disorders

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It is known now that the dynamics and prognosis of stress-related disorders depends on the persistence of stress syndrome (re-experiencing, avoidance/overcoming, arousal) related to the symptoms of anxiety. Much less attention had paid to other ways of dynamics of stress-related disorders. The preliminary results of the investigation of stress-related disorders in general and specialized medical practice have shown three affective ways of psychic trauma fixation and stress-related disorders persistence — anxious, melancholic and apathetic. For further elaboration of affective model of stress-related disorders integrated psychiatric and psychological approach is applying.

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A psychophysiological investigation of emotional processing in subjects with panic disorder

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Recent evidence reveals that subjects with panic disorder tend to interpret ambiguous stimuli as dangerous and/or threatening and present an attentional bias for threat-related cues. The present study is aimed to investigate, by means of high temporal resolution imaging techniques, the automatic processing of emotional stimuli in subjects with panic disorder (PD).

To this aim, we enrolled 33 drug-free patients with a DSM-IV diagnosis of PD and 26 healthy controls. The two groups were comparable for age, education and gender distribution. Event-related potentials (ERP) were recorded from 30 scalp electrodes while subjects were attending a modified visual oddball task, in which rare target and frequent standard stimuli were randomly intermixed with emotional (neutral, phobic, erotic and threatening) rare distractors. The topographic characteristics of the ERP components were analyzed using the brain electrical microstates (BEM) technique.

Patients with PD had a shorter duration of the first microstate for all distractors, except for the threatening stimuli, as compared to controls; in PD patients, the processing of threatening stimuli was associated with a different microstate sequence in early cognitive stages and a longer duration of microstate classes in early and late cognitive stages, with respect to healthy subjects.

In line with previous findings, our study showed abnormalities of emotional processing in subjects with PD. Furthermore, in line with cognitive models of PD, our results indicate an attentional bias for threatening information.

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Assessment of exposure and resistance to emotional stress

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Emotional stress has been reported to be related to higher blood pressure and unfavorable cardiovascular profile. The aim of this study was to estimate the exposure and the resistance to emotional stress in