

most all components of SCL-90-R (p range from 0.05 to 0.0001) and the P item (psychoticism) of the EPQ ($p < 0.04$). BITE (total score) was also positively correlated with IS, PH and PS items of SCL-90 (p range from 0.08 to 0.002) and the P (psychoticism) item of the EPQ ($p < 0.001$). Other variables like age, gender, menstruation, BMI and IBMI seem that they don't play significant role.

Our findings indicate that eating disorders like attitudes are positively correlated with general psychopathology factors and personality traits as they are expressed through the EDI, BITE and SCL-90-R questionnaires.

HORMONAL CHALLENGE TESTS AND PERSONALITY VARIABLES; A CRITICAL EVALUATION OF THE LITERATURE

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The response of a serotonin (5-hydroxytryptamine; 5-HT) mediated function to a 5-HT agonist or antagonist has been used as a probe of the functional state of the central 5-HT-ergic system. Research with this paradigm has been performed in several psychiatric disorders in order to associate disturbances in central 5-HT activity with psychopathological symptoms. The most relevant probes that have been used are the cortisol, prolactin and growth hormone responses to *m*-clorophenylpiperazine (*m*-CPP), buspirone, fenfluramide and 5-hydroxytryptophan (5-HTP). In patients with depressive syndromes, obsessive-compulsive disorder, autism and schizophrenia, blunted responses of prolactin and/or cortisol have been interpreted as suggestive for hypofunctionality of certain 5-HT receptor systems. A limited number of studies have been performed in aggressive and non-aggressive personality disordered males. The results indicated a blunted prolactin response that was correlated inversely with impulsive aggression and irritability, indicative for 5-HT receptor subsensitivity. Although the results of these hormonal challenge studies seem to support unequivocally the serotonin hypothesis for impulse regulation disorders, it is questionable whether 5-HT disturbances are primarily involved indeed. Concerning the latter, it should be emphasized that prolactin and cortisol are stresshormones and that a firm reciprocal relationship has been established between 5-HT activity and corticosteroid receptor systems. Thus, the postulated subsensitivity of 5-HT₁ receptors may be the consequence of alterations in stress responsivity.

DEPRESSIVE PERSONALITY: OBSERVATIONS ON THE PSYCHOTHERAPY OF SOME CHRONICALLY DEPRESSED PATIENTS

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In order to discuss depressive personality we have first to distinguish between this clinical entity and other types of depressive psychopathology that might share a similar chronic course. The character traits and psychodynamics of the depressive personality — to mention at least the work of Kernberg (1987) and Markson (1993) — justify the idea that there is a special group of patients which belong to a depressive disorder continuum.

The psychotherapeutic treatment of depressive personality lies in a slightly modified psychoanalytic technique. The combination of an "empathic understanding" approach and a systematic confrontation and interpretation of pathological conflicts and their manifestations in the transference is guided by each patient's central psychodynamic features. The particular technical problems that depressive personality present are: (1) the inability to enjoy and the consequences on

the therapist's experience and interventions, and (2) the negative therapeutic reaction threatening the analytic process and the therapist competence.

VULNERABILITY TO THE 35% CO₂ PANIC PROVOCATION CHALLENGE IN ANXIETY DISORDER PATIENTS

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Inhalation of a mixture of 35% CO₂ and 65% O₂ is a well established method to provoke panic attacks in panic disorder patients. Panic disorder patients respond with large increases in subjective anxiety and autonomic panic symptoms, while normal controls show little reaction. This paper presents a number of studies on the vulnerability of other anxiety disorder patients to the challenge.

Methods: In total, 185 subjects underwent the 35% CO₂ panic provocation challenge, following a standard procedure. Subjects were either panic disorder patients, generalized anxiety disorder patients, patients with obsessive compulsive disorder, patients with social phobia, patients with specific phobia or normal controls.

Results: Vulnerability to the 35% CO₂ challenge is not limited to panic disorder patients. It also occurs in patients with other anxiety disorders, and especially specific (situational) phobia. The presence of a comorbid mood disorder appears to influence the outcome of the challenge: Panic disorder patients with a comorbid mood disorder showed an increased reaction.

Conclusions: Specific groups of anxiety disorder patients appear to be vulnerable to the challenge. This vulnerability does not follow the boundaries of the current diagnostic systems. However, links can be found with data from epidemiological studies. Our data suggest a central role of panic attacks in the onset of different anxiety disorders. The effect of a comorbid mood disorder on the response of panic disorder patients suggests an increased sensitivity for CO₂, possibly due to changes in the serotonergic system.

PLATELET IMPRAMINE BINDING IN POSTTRAUMATIC STRESS DISORDER

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Patients with posttraumatic stress disorder (PTSD) suffer frequently also from major depression (MD). In previous studies a 17% decrease ($p < 0.05$) in [³H]paroxetine binding in PTSD patients compared to controls was reported. This decrease was accompanied by a significant decrease ($p < 0.01$) in K_d. The present study assessed platelet imipramine binding in PTSD patients before and after phenelzine treatment. Ten PTSD patients and ten control subjects participated in the study. All subjects were interviewed using the Structured Clinical Interview for DSM-III-R-Patient Version. Severity of symptoms was assessed before and after 4 weeks of phenelzine treatment, using the Impact of Event Scale (IES), Beck Depression Inventory (BDI), and State-Trait Anxiety Inventory (STAI). Blood for platelet [³H]imipramine binding was drawn at pre- and post-treatment time points. All the psychological measures were significantly higher in the PTSD patients as compared to controls. Compression of pre- and post-treatment symptom severity did not reveal any significant difference. Platelet imipramine binding density was similar in untreated patients and controls and phenelzine treatment did not induce any

alteration. It might be that the depression observed in PTSD is phenomenologically similar to that observed in MD, but has a distinctly different biological underpinning. The beneficial effect of phenelzine reported by several investigators seems to be unrelated to modulatory effect on the expression of the membranal serotonin transporter.

DEVELOPMENTS IN THE DRUG TREATMENT OF PANIC DISORDER

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Panic disorder is a chronic, debilitating but treatable psychiatric condition. Drug treatment options shown to be beneficial in this condition include the high-potency benzodiazepines, the tricyclic antidepressants (TCAs), the monoamine oxidase inhibitors (MAOIs), and the selective serotonin reuptake inhibitors (SSRIs). Alprazolam is widely used in the treatment of panic disorder, especially in the US, however, it is associated with a risk of dependence and difficulties in discontinuation from treatment. Depression frequently occurs as a comorbid condition with panic disorder and therefore the use of an antidepressant is a logical choice. The MAOIs, particularly the irreversible and nonselective ones, are mainly reserved for second-line treatment, because of their potential for precipitating hypertensive crises if ingested with tyramine-containing food. Among the TCAs, imipramine and clomipramine are widely used and effective in the treatment of panic disorder. Nonetheless, they are associated with an initial activation or 'jitteriness', have a slow onset of action and can produce troublesome side effects. Accumulating clinical evidence now supports the view that the SSRIs are as effective as the TCAs in the treatment of panic disorder and have a superior safety profile. The SSRI paroxetine has recently been compared with clomipramine in 367 patients with DSM-III-R panic disorder and demonstrated similar efficacy, however, it appeared to have a more rapid onset of action [1]. Furthermore, long-term treatment with paroxetine has demonstrated that patients continue to improve during maintenance therapy and that paroxetine is effective against relapse. Unlike TCAs and other SSRIs, it did not induce an initial exacerbation of symptoms. Paroxetine is the only SSRI which has been licensed for use in panic disorder in any country.

[1] Judge R, Dunbar G. *Eur Neuropsychopharmacol* 1995; 5: 361

DRAMATHERAPY IN DEMENTIA: A PILOT STUDY

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The gradual progression of memory and other cognitive problems in dementia can lead to communication difficulties and social interaction problems. This may lead to loss of self esteem, a cycle of discouragement and failure and an eroding of the sense of self.

Whilst much research has focused on the pathological and cognitive components of the disease it is also important to understand the subjective experience of the dementia sufferer. Dramatherapy is one way of accessing this. The aim of this study was to investigate the effects of dramatherapy in elderly dementia sufferers using quantitative and qualitative data. This pilot study evaluated the effects of a 12 week dramatherapy programme in 9 elderly patients with dementia in comparison with a control group of 6 elderly dementia patients. Both groups were from the same day hospital and attended on the same weekday. Overall, the control group tended to be more cognitively impaired and more dependent than the dramatherapy group and this reflects the selection procedure. Dramatherapy showed no obvious benefits on any of the various quantitative measures used. Nevertheless, qualitative data and individual reports suggested that

dramatherapy was enjoyable and improved self esteem. The declining functional abilities of dementia sufferers can lead to feelings of disempowerment and loss of self esteem. Although, deterioration in dementia is expected, stimulating and maintaining social skills, independence, self-esteem and self-belief through dramatherapy may improve quality of life.

ANXIOLYTIC EFFECTS OF ZIPRASIDONE COMPARED WITH DIAZEPAM AND PLACEBO PRIOR TO DENTAL SURGERY

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Ziprasidone is a combined 5HT_{2A}/D₂ antagonist undergoing evaluation as a new treatment for schizophrenia. In addition to its 5HT_{2A} antagonist activity, ziprasidone has high affinity for 5HT_{1A} receptors. Since anxiolytic activity is reputed to result from 5HT_{1A} stimulation, ziprasidone was evaluated in a double-blind, placebo-controlled study in subjects about to undergo minor dental surgery. Diazepam was included as a positive control. A total of 90 subjects were equally divided to receive a single oral dose, 3 hours prior to surgery, of one of the following treatments: 20 mg ziprasidone, 10 mg diazepam, or placebo. Scales evaluating the degree of anxiety and sedation were completed by the investigator and subjects at various time points up to 3 hours post dose. The data indicated that ziprasidone and diazepam were associated with similar anxiolytic activity, with approximately 55% decrease from baseline (prior to dosing) in the subject self-evaluation of anxiety. Similar results were observed with the investigator rating. Less sedation was observed in the ziprasidone group than in the diazepam group (63% vs. 90% increase from baseline). These results show that ziprasidone given prior to dental surgery has anxiolytic effects comparable with diazepam, but with less potential for sedation.

DEPRESSION IN OLD AGE: METHODOLOGICAL ISSUES CONCERNING LONG TERM OUTCOME STUDIES

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Objectives: To determine if source of recruitment of subjects into maintenance studies influence the outcome of studies.

Methods: Community subjects over the age of 65 were entered into the therapeutic and continuation phases of a long term study of the efficacy of Sertraline in the prevention of relapse and recurrence of depression in old age. Four sources of recruitment provided a sample frame of over 700 subjects. Two hundred and sixty subjects fulfilled entry criteria, diagnosed as suffering from DSM IIIR criteria for major depressive disorder, had an AGE-CAT level of D3 and above and Hamilton Depression Rating Scale score of 18 or more. One hundred and twenty four patients completed the therapeutic and continuation phases and were entered into the maintenance phase of the study. Socio-demographic and clinical characteristics of the subjects from 4 recruitment sources were considered in terms of predicting entry into the maintenance phase of the study.

Results: Preliminary analysis suggest that recruitment source may determine likelihood of entry into maintenance phase of the study. The implications of this finding are discussed in the context of other long term outcome studies in this age group.