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COULD ANOREXIA BE CONSIDERED AS AN ADDICTION?

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If eating disorders tend more and more to be integrated in the large field of addictions, the place of anorexia is still debated.

Even if this behavior can not be defined as an addiction because of the lack of the compulsive characteristic, it can be regarded as belonging to this group when referring to the following criteria:

- we note an intense search for physical experience, the recurring characteristic, the risky use of the body and a dependence on fast which neurobiological bases remain unconfirmed;
- the frequent shift to other forms of addictions (bulimia, alcohol, drugs dependence...).

From a survey conducted among a population of female anorexics studied according to the Sensation Seeking Scale and the Physical Anhedonia Scale, the authors intend to enlighten the link between these psychological dimensions. They raise the hypothesis that the active behavior of alimentary restriction, leading to the hunger sensation, equals in fact to a search for an intense physical experience, even painful.

This search for sensorial stimulation would go against a certain degree of affective indifference.

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AGITATION AND AGGRESSIVENESS AMONG FRENCH ELDERLY RESIDENT

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Background: Little epidemiological data about disruptive behavior in elderly people, especially concerning elderly in patients, have been gathered or published in the French scientific literature. This paper is focused on the type and prevalence of agitation and aggressiveness among elderly residents.

Method: A survey was conducted in collaboration with 79 French geriatric centers (32 elderly nursing homes and 47 long term care centers). Investigators were asked to, to include 15 patients selected at random and to fill in for each of them, a specific questionnaire with 15 items (symptoms) designed to identify aggressive and agitated behaviors.

Results: Preliminary results concerning 42 centers and 629 patients are presented below. A total of 76% of the patients (n = 478) exhibited agitation or aggressiveness, 35.3% had 1 to 5 symptoms, 32.6% 5 to 10 symptoms and 8.1% more than 10 symptoms. Symptoms noticed in more than 40% of the patients were opposing (57.4%), anger (55.2%), verbal aggressiveness (49%), agitated behavior (45.4%), persecuted (41.5%). Aggressive and agitated patients had more difficulties to put one's affairs in order (p < .001), psychic anxiety (p < 0.001), sadness (p < 0.001), social withdrawal (p < 0.001), spatial disorientation (p < 0.001), temporal disorientation (p < 0.001) and memory loss (p < 0.001), and diurnal incontinence (p < 0.001). On the other hand suicidal ideas (p < 0.001) and cries (p < 0.001), lack of speech (p = 0.006) were less frequent in agitated and aggressive patients.

Conclusion: These data, although preliminary, underline the high prevalence of disruptive behavior in the elderly.

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THE PSYCHOPHYSIC RELAXATION AND NEUROTICISM IN THE CHILDREN WITH CEREBRAL PALSY

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This paper was designed to investigate psychophysical relaxation to the neuroticism in children with cerebral palsy. The research included a sample of 80 children (40 subjects of experimental and 40 subjects of control group), age from 8 to 15 years. The control group didn't include in relaxation. Before and after the training each group was tested with HANES Scale of neuroticism. The program was continued during the one year. Statistical significance of the differences between the initial and final results was determined with the analysis of variance.

The psychophysical relaxation has proved successful and significantly improved to elimination of the neuroticism in experimental group.

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BIOLOGICAL FACTORS IN FEMALE SEXUAL DEVELOPMENT

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The aim of the study was to examine the course of psychosexual development and of sex life of 22 persons with various forms of somatic intersexuality aged over 18 years. All the probands were followed in the Gynecologic Department of Charles University for more than 20 years with longitudinal hormonal replacement therapy. All 22 patients in adult age did not have any troubles with their female sexual identification. According to Schofield's schema psychosexual development of two thirds of them reached stages V or VI, characterized by coital activity with one or more heterosexual partners. The first intercourse was delayed, mainly after 19 years of age, and the number of sexual partners was low. In the Masculinity and Femininity Questionnaire, most of the cases (55%) ranged between values characteristic for male and female behavior in childhood. The findings in the Sexual Arousal Inventory confirmed that almost half of examined patients (46%) had lower sexual reactivity. The results of Female Sexual Function Test showed in 55% of patients deficient course of sexual partnership. Not a single patient was treated in psychiatry and nobody used psychotropic drugs. Small occurrence of anxiety symptoms in Zung's Anxiety Scale was observed. We can conclude, that the group of 22 adult patients with somatic intersexuality did not show any distinct signs of major psychic alteration.

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STUDY OF THE CYCLOTHYMIC TEMPERAMENT SCALE IN CONTROLS AND RELATIVES OF MOOD DISORDER PATIENTS [DEPRESSIVE AND BIPOLAR]

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Background: The depressive, hyperthymic, irritable and cyclothymic temperaments are included more and more often in an affective trouble spectrum. Then, the bipolar condition is generally well accepted as a familial illness. So we investigated one of these temperaments [the cyclothymic, CT] in controls and bipolar patients' relatives in order to study the relationship that links this condition to the diagnosed disorder of Bipolar-type I trouble.