

mental disorder episode they can be hospitalized for a short time in a penitentiary psychiatric hospital.

Although Switzerland has never been criticized for this system by international organizations like the Committee for the Prevention of Torture and Inhuman or Degrading Treatment, we consider that the lack of specific institutions creates, in health and security standpoint, an unsatisfactory situation for these patients.

SES05.03

PSYCHOTHERAPY PROCESS RESEARCH IN THERAPIES WITH SEX OFFENDERS IN FORENSIC SECURE UNITS

F. Pfäfflin

No abstract was available at the time of printing.

SES05.04

FORENSIC CARE IN SWEDEN

F. Hagelbäck-Hansson

No abstract was available at the time of printing.

FC04. Anxiety disorders

Chairs: D. Lecic-Tosevski (YU), E. Libigerová (CZ)

FC04.01

RESPONSIVENESS OF CENTRAL SEROTONIN RECEPTORS IN PANIC DISORDER: EFFECTS OF CLOMIPRAMINE TREATMENT AND EXERCISE

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Background: The study addresses the question whether antidepressant medication (clomipramine) or a nonpharmacological treatment (aerobic exercise) will modulate central serotonergic responsiveness in patients with panic disorder.

Design: 45 patients with panic disorder and/or agoraphobia were randomly allocated to a ten-week period of endurance training, clomipramine or placebo treatment. Before and after treatment, the psychobehavioral and neuroendocrine effects of orally-administered m-Chloro-phenylpiperazine (m-CPP; 0.4 mg/kg), ipsapirone (0.3 mg/kg) and placebo were examined.

Results: In comparison to the baseline challenges, the psychological responses to m-CPP and ipsapirone, as measured by the NIMH rating scales were significantly reduced both after exercise and clomipramine treatment. Neuroendocrine responses to m-CPP were also reduced in these two treatment groups; in contrast, administration of ipsapirone was associated with a trend towards increased cortisol secretion both after clomipramine and exercise treatment.

Conclusions: A ten-week protocol of aerobic exercise leads to similar changes in 5-HT_{2C} and 5-HT_{1A} receptor responsiveness as does pharmacological treatment with clomipramine in patients with panic disorder. These results are in agreement with a study in marathon runners, indicating that regular endurance exercise is associated with downregulation of central 5-HT_{2C} receptors.

FC04.02

DEEP BRAIN STIMULATION FOR SEVERE REFRACTORY OBSESSIVE-COMPULSIVE DISORDER: A NEW LAST-RESORT THERAPEUTIC OPTION?

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Patients with severe, medically intractable obsessive-compulsive disorder (OCD) may benefit from psychosurgery. Ethical considerations concentrate around the irreversibility of lesioning procedures, against the ethical obligation to present all appropriate options for treatment. In Parkinson's disease, deep brain stimulation (DBS) is accepted as more advantageous to creating permanent brain lesions.

Objective: To test the hypothesis that DBS can lead to a long-term improvement of OCD symptoms.

Method: A prospective crossover study was performed in 3 Belgian patients, with an initial six-month period where patients and evaluating psychiatrist are blinded for stimulation conditions, and a following six-month period where patients are continuously stimulated (CS). Psychiatrist-rated Yale-Brown Obsessive-Compulsive Scale (Y-BOCS-psy) prior to surgery, after a period of stimulation ON and OFF, and after CS, as well as weekly Y-BOCS self-rating scales (Y-BOCS-SRS) were completed.

Results: Patient 1: Y-BOCS-psy: 38/40 before surgery; 30/40 in ON; 35/40 in OFF; 31/40 after CS. Y-BOCS-SRS remained 40/40 throughout the whole protocol. Patient 2: Y-BOCS-psy: 33/40 before surgery; 20/40 in ON; 29/40 in OFF; 27/40 after CS. Mean Y-BOCS-SRS was 35/40 before surgery; 24.5/40 in ON; 28/40 in OFF; 21/40 after CS. Patient 3: Y-BOCS-psy: 30/40 before surgery; 18/40 in ON. Patient refused OFF after the symptom-relief in ON, but with empty batteries Y-BOCS-psy soared to 30/40. After CS Y-BOCS-psy was 16/40. Mean Y-BOCS-SRS: 28.8/40 before surgery; 20.4/40 in ON; not available in OFF; 15.8/40 after CS.

Conclusions: Further research is warranted, but treatment-refractory OCD patients may benefit from DBS, alleviating OCD symptoms without unwanted side effects.

FC04.03

MEDICAL UTILIZATION AND COSTS IN PANIC DISORDER

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Background: There is a high prevalence of panic disorder in medical patients, as well as an association between panic disorder and high rates of utilisation of medical services and excessive medical costs incurred from extensive medical workups. Palpitations, shortness of breath, chest pain, faintness and dizziness are the most frequent symptoms reported by these patients at the emergency units and other hospital services. Screening instruments for panic disorder are underused in primary care settings; so unnecessary medical tests are performed for those complaints. Panic disorder imposes a significant burden on those with the illness and that it is a seriously under diagnosed condition in primary care practice.

Design: A total of 38 cases of panic disorder who contacted an out-patient clinic, were assessed by an experienced interviewer. The assessment instruments included the Structured Clinical Interview for DSM-IV and a retrospective scale to determine panic characteristics, medical-mental health service use and costs involved. They were compared with a random sample of patients without panic disorder.

Results: People with panic disorder had significantly higher utilisation rates and incurred substantially higher costs ($p < .01$),

more utilisation of emergency service, medical provider visits and specialists referrals ($p < .01$). Only 3% had received adequate diagnostic criteria for panic in the primary care. Thirty-one percent of the panic patients had financial dependency (social welfare) and eight percent needed hospitalization in public hospitals. Neurological (15.6%), Cardiac (22.2%), gastrointestinal (11%) studies, psychotherapy (19.9%) and biochemical analysis (15%) were the rate of medical utilisation and costs incurred, by a mean value of 6.1 +/- 4.3 years of late recognition.

Conclusion: Adequate screening for panic disorder at the primary medical care level together with appropriate treatment referral therefore have the potential to substantially reduce the personal and community costs incurred by people with panic disorder.

FC04.04

PREGABALIN TREATMENT OF GENERALISED ANXIETY DISORDER (GAD); THREE RANDOMISED, PLACEBO CONTROLLED TRIALS

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The safety and efficacy of pregabalin, a novel anxiolytic, was assessed in three multicenter trials in GAD patients. A one week lead-in period was followed by double-blind randomised treatment with either placebo, pregabalin 50 mg TID, pregabalin 200 mg TID, or lorazepam 2 mg TID. Anxiety symptoms were assessed using the Hamilton Anxiety Scale (HAM-A). Following 4 weeks of double-blind treatment, dose was tapered over one week. Withdrawal symptoms were assessed using the Rickels Physician Withdrawal Checklist (PWC) which measures 20 symptoms that are frequently reported following benzodiazepine discontinuation.

Study 1008-021 enrolled 276 patients, Study 1008-025 enrolled 282 patients, and Study 1008-026 enrolled 271 patients. Studies 1008-021 and 1008-026 showed pregabalin 200 mg TID was superior to placebo in reducing symptoms of GAD as measured by baseline to end point change in HAM-A total score ($p = 0.0021$, and $p = 0.0013$, respectively, by ANCOVA). Study 1008-021 showed a significant treatment effect of pregabalin 50 mg TID compared to placebo ($p = 0.0299$). Studies 1008-021 and -026 showed lorazepam was superior to placebo. The most frequently occurring adverse effects associated with pregabalin were somnolence and dizziness, which were dose dependent. There were no consistent trends on PWC scores and the similar rate of adverse events across treatment groups during dose taper indicated no clear, prominent withdrawal syndrome associated with pregabalin.

In 2 of 3 controlled trials enrolling 829 patients, pregabalin was an effective and well-tolerated treatment for GAD that demonstrated no significant abstinence syndrome.

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FC04.05

PERSONALITY DIMENSIONS AND CURRENT PSYCHOLOGICAL SYMPTOMS NINE MONTHS AFTER A STRESSFUL EVENT (AIR ATTACKS)

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Individual reaction to a traumatic stress and long lasting effects it will have on an individual's mental health are determined by various factors. Personality organisation, as a complex integration of biological, psychological and social factors plays an important role in this process. Correlation between personality dimensions and current symptoms after a stressful life event (air attacks) were assessed using the following instruments- Millon Clinical Multiaxial Inventory (MCMI) for the assessment of personality dimensions, Symptom Checklist - 90R (SCL 90-R) for the assessment of symptoms and Impact of Events Scale - R (IES-R) for the assessment of symptoms of Posttraumatic Stress Disorder. 100 medical students from the University of Belgrade that have experienced air attacks during 1999 were included in this study which was carried out nine months after these events. Our results stress the importance of personality organisation as a protective factor in development of stress-related mental disorders. Early identification of those individual that are predisposed to development of stress-related mental disorders after a stressful event and timely help might reduce long lasting psychological sequel. Furthermore, individuals with 'predisposed' personality structure could be offered psychological help even before a stressful event occurs in order to prevent development of future psychopathology.

FC04.06

RELATIONSHIP BETWEEN STRESSFUL LIFE EXPERIENCES AND CURRENT SYMPTOMS AFTER AIR ATTACKS

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Etiology of stress-related mental disorders is multifactorial. Earlier traumatic experience may play an important role in determining long lasting effects of the experienced stressful event. Correlation between stressful life experiences and current psychological symptoms after a stressful life event (air attacks) were assessed using the instruments for the assessment of stressful life events - Life Stressor Checklist-R (LSCL-R), symptoms- Symptom Checklist (SCL-90R) and symptoms of Posttraumatic Stress Disorder-Impact of Events Scale-R (IES-R). 140 medical students from the University of Belgrade that have experienced air attacks during 1999 were included in this study which was carried out nine months after these events. Our results suggest a possible pattern in which earlier stressful life experiences might channel the effects of a new stressful event within examined social and cultural context. Preventing stress-related mental disorders, more emphasis could be placed on previous traumatic experience.