

GI comorbidity. Clinical stage of treatment response: alexithymia was a significant predictor of non-response to treatment in FGID patients, over and above high psychological symptoms of anxiety and depression. Outcome stage of symptom maintenance: alexithymia was a significant predictor of persistence of functional GI symptoms in cholecystectomized patients with gallstone disease one year after surgery, over and above psychological distress.

Conclusion: Speculative hypotheses of explanation on the role of alexithymia across the different stages of the natural history of FGID may concern the cognitive deficit in emotional processing and the neurobiological correlates of both FGID and alexithymia related to the dysregulation of the prefrontal and anterior regions of the brain.

S-42-03

Alexithymia in obsessive compulsive disorder – Results from a family study

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Objective: Previous studies have suggested an association between alexithymia and obsessive-compulsive disorder (OCD). However, it is unclear to which extent alexithymic traits in OCD patients reflect familial deficits in cognitively processing and communicating feelings that are also present in their first degree relatives. This paper investigates the hypotheses of an elevated level of alexithymia in subjects with OCD and their first degree relatives compared to controls and their first degree relatives.

Methods: 82 cases with OCD and 169 first degree relatives were compared to 76 controls and 144 first degree relatives from a German family study on OCD (GENOS) completed the Toronto-Alexithymia-Scale 20 (TAS-20). Direct interviews or family informant information were carried out with the German version of the Schedule for Affective Disorders and Schizophrenia – Lifetime version for anxiety disorders (DSM-IV).

Results: OCD was associated with significantly higher scores of alexithymia. However, first degree relatives of OCD cases and of controls had comparable TAS-20 scores. In linear regression analyses, the TAS-20 total score showed significant intrafamilial associations within the families of control subjects but not within families of OCD cases.

Conclusion: OCD is a severe mental disorder that is associated independently from other current comorbid axis-I disorders with deficits in identifying and expressing feelings. These deficits seem to be restricted to the affected subjects and are not present in their first degree relatives. However, in general, alexithymia represents a familial trait.

S-42-04

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Objective: To test the temporal stability of alexithymia in the general population when psychological distress was controlled for.

Methods: Methods: The 20-item Toronto Alexithymia Scale (TAS-20) and the 12-item version of the General Health Questionnaire (GHQ-12) was mailed to 1285 subjects representing the general population and who had responded to our similar query five years earlier (1996).

Results: A total of 901 subjects (M=387; F=514) responded (70%). The baseline mean score of the TAS-20 was 48.4 for men and 44.0 for women, and at the follow-up 47.5 and 42.9, respectively ($r=0.69$ for men, and 0.66 for women). The mean score for the GHQ-12 at the baseline was 1.9 for men and 2.1 for women, and 2.0 and 2.2 at the follow-up, respectively ($r=0.36$ for men, and 0.32 for women). The 5-year correlation between the change of the TAS-scores and the change of the GHQ-scores was 0.24.

Conclusion: There is a modest correlation between change in alexithymia and psychological distress in the general population. However, the correlation of alexithymia scores over five years is much stronger than the correlation of psychological distress scores. This supports idea that alexithymia is a relatively stable personality construct rather than a state dependent phenomenon.

Monday, April 4, 2005

S-40. Symposium: Pathological cruelty against animals and people: Contributions from Russia and the USA

Chairperson(s): Aleksandr Bukhanovsky (Rostov-on-Don, Russia), Alan Felthouse (USA)

16.15 - 17.45, Holiday Inn - Room 3

S-40-01

Psychotherapy of cruel sadism: A family systemic approach

N. M. Turchenko. *Rostov State Medical Universit, Rostov on Don, Russia*

Objective: To study and develop the role and place of psychotherapy in cruel sadism integrated treatment within the systemic integrated approach concept.

Methods: Studied was the structure of the family system, peculiarities of its functioning and development, as well as communication patterns and upbringing peculiarities in 57 serial sexual aggressors, with an application of a family systemic integrative concept.

Results: Practically all the 57 cruel sadists have shown various dysfunctional communication patterns, structural violations associated with vague or rigid boundaries of both the family system and its subsystems. Each family revealed discrepancy between the development of matrimonial and parental subsystems and, on the other hand, the family system age and its actual needs. 11 out of the 57 studied families ended in a divorce when the children were 3 to 14 years old. In 7 families there was the father's or mother's death, including 1 murder of the father and 2 cases of the mother's suicide. Emotional relations in 14 families were characterized as lacking emotional devotion, in 14 cases there was emotional attachment to the mother, and in 4 cases to the father (a symbiont dependence type). In most families there was communication with 'double bind' elements. In 50% of the families the relations between the parents were characterized as a dominant mother – peripheral weak-willed father. One-fifth of the examined persons long lived beyond the family: in children's homes, boarding schools. However even those who lived in their families experienced emotional disallowance, cruel treatment. The above-said families were characterized by an inclusive anomalous impact: in 84.6% of cases cruelty was combined with emotional disallowance, in 73.1% it

was emotional disallowance. Revealed were problem conflict relations with equals in age as early as in school years. 21% were included in the peers' groups, while the rest were disallowed or isolated.

Conclusion: Cruel sadists developed in the family systems characterized by gross violation of the structure, development and functions of both the whole system and its subsystems. Under such conditions, assimilated were pathologic communication patterns, which were then transferred to the out-family relations. Inclusion in holiarty of psychotherapy based on a systemic integrative approach permits to raise therapy effectiveness and prevent possible criminal consequences.

S-40-02

Animal cruelty and psychiatric disorders

R. Gleyzer, A. R. Felthous. *Washington State University, Tacoma, WA, USA*

Objective: Animal cruelty in childhood, though generally viewed as abnormal or deviant, for years was not considered symptomatic of any particular psychiatric disorder. Though currently used as a diagnostic criterion for conduct disorder, research establishing the diagnostic significance of this behavior is essentially nonexistent. Presenters will discuss results of the original study designed to test the hypothesis that a history of substantial animal cruelty is associated with a diagnosis of antisocial personality disorder (APD). Associations with other disorders commonly diagnosed in a population of criminal defendants will be reviewed.

Methods: Forty-eight subjects, criminal defendants who had histories of substantial animal cruelty, were matched with subjects without this history. Data were systematically obtained from the files using four specifically designed data retrieval outlines.

Results: Study demonstrated significant association of animal cruelty during childhood with APD, antisocial personality traits, and polysubstance abuse. Mental retardation, psychotic disorders, and alcohol abuse showed no such association.

Conclusion: Implications of the study results and significance of findings will be reviewed in the light of existing literature.

S-40-03

Animal cruelty: A prodrome of antisocial and aggressive behavior or not?

A. Felthous, R. Gleyzer. *Southern Illinois University, Chester, USA*

Objective: Animal cruelty in childhood is a criterion of conduct disorder and antisocial personality disorder (DSM IV-TR, 2000). Animal cruelty is also often considered to be a manifestation of abnormal aggression that may be associated with violence against people at a later age (Kellert and Felthous, 1985). Yet studies examining these possible associations appear to have resulted in contradictory results, presumably due to inconsistencies across studies in definitions of animal cruelty, definitions of aggression and antisocial conditions, methods of data collection, and thoroughness of interviews to identify and characterize animal cruelty (Felthous and Kellert, 1987). This updated review examines relevant research reports published since the review by Felthous and Kellert in 1987.

Methods: Studies were organized into two groups: Those of subjects initially identified as cruel to animals and those that classified subjects as aggressive or antisocial but also addressed whether they were cruel to animals.

Results: Firm conclusions must await replication studies that apply the same definitions and methods.

Conclusion: Nonetheless, results of this review support an association between substantial animal cruelty (severe and recurrent) in childhood and more enduring antisocial and aggressive conduct.

S-40-04

Cruel criminal sadism: Origination and development

A. Bukhanovsky. *Rostov State Medical University Psychiatry, Rostov-on-Don, Russia*

Objective: To describe the peculiarities of the origin, clinical picture and development of dangerous cruel criminal sadism (CCS) in serial sexual killers.

Methods: Clinically examined were 58 serial sexual aggressors, including 39 killers, each having committed 2 to 56 attacks.

Results: Non-fatal cerebral, sexual and personal predisposition has been revealed. The condition for CCS psychogenesis, appearing in accordance with the mechanisms of reactive imprinting (34.3%) or operant teaching (65.7%), is psychosocial desadaptation due to numerous chronic intra- and interpersonal conflicts and frustrations. The CCS clinical picture, which corresponds to the dependent behaviour symptoms (non-chemical dependence), includes the psychophysical dependence syndrome, pathosexual tolerance growth, personality impoverishment and sexuality impoverishment. The repeatedly actualized obsessive-compulsive drive to cruel sexual violence is responsible for the multi-episodic (serial) nature of crimes. Tolerance rise leads to a higher cruelty degree, blood-thirstiness, danger. Impoverishment of both the personality and sexuality leads to aggravated social desadaptation and broken partnership and family ties. CCS development takes place in stages and includes pre- and clinical stages, as well as pre- and criminal periods. The major manifestations of the pre-clinical stage are alternating specific recollections, dreams, cruel treatment of animals.

Conclusion: CCS is a dangerous criminogenic variant of the dependent behaviour disease (non-chemical dependence). The peculiarities of its development permit to organize early detection of those belonging to high risk and patients, carry out primary, secondary and tertiary prophylaxis of the disease itself and its dangerous criminal consequences.

S-40-05

Brain of serial killers

O. Bukhanovskaya. *Rostov State Medical University, Rostov on Don, Russia*

Objective: A study of brain structures in cruel serial killers (SKs)

Methods: Brain, skull and craniovertebral area MRI of 27 SKs and two control groups (n: 60).

Results: SKs have shown a hundred per cent presence of anomalous pathological MRI symptoms. The most significant of these are: expanded subarachnoidal spaces ($p < 0.01$) – symmetrical,

partially combined, of frontal and temporal parts; inadequate differentiation between the grey and white matters occurring three times more often in frontal and temporal parts; expanded lateral (58.3%) and the third (TV) ventricles. In other 1/5 of the patients there was a TV slit-like constriction disclosed in none of the control group cases. The brain deep structures showed: a significant number of pathological signs (75.0% against 12.0% of the control group, $p < 0.001$). All of them are of dysontogenetic character and belong to either the transparent partition or callous body. Among pathological MRI symptoms of skull bones and cranio-vertebral zone positive are aeriferous sinus anomalies, basic bone, cranial fossae and clivo-axial angle. The basic group also showed other dysontogenetic anomalies of the cranio-vertebral zone. In aggregate, they acquire the character of an important symptom as they are manifested in 29.2% against 4.0% in the control group.

Conclusion: SKs show a number of symptoms manifested as a cerebral predisposition of the appearance and development of sadistic multi-episodic sexual aggression. These are of an inborn, dysontogenetic origin and make two hierarchic levels of morpho-functional lesion: cortical and sub-cortical parts, of predominantly frontal and temporal localization; limbic system, predominantly septal region and callous body.

Tuesday, April 5, 2005

S-49. Symposium: ADHD, autism and personality disorders: Cookbook diagnoses?

Chairperson(s): Susanne Bejerot (Stockholm, Sweden), Willem Verhoeven (Venray, Netherlands)

08.30 - 10.00, Holiday Inn - Room 6

S-49-01

Comorbidity and spectrum disorders: Diagnostic confusion?

S. Tuinier, W. Verhoeven, J. I. Egger. *Vincent van Gogh Institute Dept. of Psychiatry, Venray, Netherlands*

Objective: The trend in current psychiatric diagnostic fashions is not towards a comprehensive presentation of data from the neurodevelopmental trajectory, all potentially relevant symptoms and traits and etiological considerations in order to reach a true medical diagnosis, but rather in the direction of the enumeration of some selected behaviours and symptoms that 'meet the criteria for' a certain categorical diagnosis.

Results: This diagnostic approach leads to an enormous so called comorbidity on the one hand and a broadening into so called spectrum disorders at the other. Even in the case of well defined genetic syndromes with their phenotypical presentation, several of these cookbook diagnoses are added, like schizophrenia spectrum disorder in velo-cardio-facial syndrome and bipolar spectrum disorder in Prader-Willi syndrome. The same holds for the comorbidity with ADHD and pervasive developmental disorders in patients with mental retardation. PDD-NOS is regularly 'diagnosed' in a great variety of disorders with a known genetic etiology like tuberous sclerosis, fragile-X, velo-cadio-facial syndrome, Williams syndrome and many others.

Conclusion: Over the past years this had led to a huge diagnostic confusion, exaggerated prevalence figures and an unproductive search for genetic markers of the classical psychiatric

diseases. It is therefore advocated to use a dimensional assessment of communication skills as part of the phenotype that is investigated. The same holds for disorders of attention and activity.

S-49-02

Self-assessed personality traits in adults with ADHD or autism spectrum disorders (ASD) - relevance for diagnosis?

L. Nylander. *Department of Neuroscience, Ps, Lund, Sweden*

Objective: The Neuropsychiatric Diagnostic Team for adults at the Psychiatric Clinic in Lund, Sweden, serves adults with suspected ADHD or ASD with extensive clinical examinations (psychiatric and neuropsychological) with the aims of confirming, or ruling out, an ADHD or ASD diagnosis. In this context, the diagnosis is perceived as a name of a certain pattern of behaviour, which in turn is the result of the person's cognitive strengths and weaknesses.

Methods: In connection with the neuropsychological testing, patients with normal verbal IQ were asked to complete the DIP-Q, a 140-item computerized questionnaire for diagnostic criteria of the DSM-IV/ICD-10 personality disorders. 60 patients (M/F 45/15) with ASD and 76 patients (M/F 42/34) with ADHD completed the DIP-Q.

Results: According to their answers on the DIP-Q, most patients met criteria for one or more personality disorders, primarily cluster A and C. Meeting criteria for cluster B personality disorders was more common in the ADHD group. Not so few of these patients had formerly been diagnosed with a personality disorder. The patient's results on the DIP-Q were not used for diagnosing personality disorders, but for a discussion, often very relevant, with the patient on more or less maladaptive personality traits.

Conclusion: The general criteria for personality disorders, as listed in DSM-IV, seem to a great extent to be overlapping with developmental disorders. Therefore, it is important to pay attention to the exclusion criterion, especially since many adults seem to feel more comfortable and better equipped to seek adequate help with an ADHD or autism spectrum diagnosis.

S-49-03

Genetic research in autism: What do we learn from it?

J. Steyaert, J.-P. Fryns, K. Devriendt. *Dep. Neurowetensch. & Psychiat, Leuven, Belgium*

Objective: To review whether 25 years of research in the genetics of autism have learned us about (1) the genetics of autism, (2) gene-behaviour relationships in general.

Methods: Extensive literature search on the genetics of autism

Results: Autism is a complex disorder with a very high but heterogeneous genetic component. The genetic factors can be grossly classified in three groups: (1) chromosomal anomalies, (2) single gene disorders, and (3) polygenic mechanisms. The former two groups are considered as syndromic autism and represent approximately 10% of persons with autism. The latter group, non-syndromic or idiopathic autism, is often considered as always having polygenic causes. Recent arguments from genetic research suggests that in this group their might be still unknown monogenic causes, and that patients with a polygenic origin of autism do not represent a genetically homogeneous group. The findings parallel those in at least some other neuropsychiatric conditions, namely ADHD and mental retardation.