PMS (according to the retrospective diagnostic criteria which had been recorded during the last 3 menstrual cycles). Then the patients were randomly assigned into two groups, and finally 94 patients who had finished the study were statistically analyzed.

In the Pyridoxine group (46 patients) vitamin B6 was prescribed at a dose of 40 mg twice daily (total 80 mg), and in the placebo group (48 patients) a tablet similar to vitamin B6 tablets in size, smell, shape and taste was prescribed 1 tablet twice daily. In both groups the tablets were started from the first day of the fourth menstrual cycle and continued for the next two cycles, and during these two cycles the symptoms were recorded.

Results: The severity of PMS in the second cycle of the treatment (in both groups) showed a statistically significant decrease ($p < 0.05$, Pair T test) and the comparison between the two groups showed that the severity of PMS in the Pyridoxine group decreased more than the placebo group, which was statistically significant ($p < 0.05$, Student T Test) and this was because of the reduction in the psychiatric rather than somatic symptoms of PMS.

Conclusion: Regarding the effect of Pyridoxine in reducing the severity of PMS, it can be suggested as a treatment for PMS.

P197

Contributing factors in the appearance and course of generalized anxiety disorder

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Background and aims: Although Generalized Anxiety Disorder (GAD) usually has a chronic course with up sights-down, there are only a few references on the factors which affect the course of the disease. The present study aims to investigate factors which could play a role in the clinical course of GAD.

Methods: Forty patients -with GAD as diagnosis on Axis-I (DSM-IV)- who attended a Community Mental Health Center (CMHC) in Thessaloniki (Greece)- were examined.

Results: Thirteen of the patients (Group A, 32.5%) reported only one episode of GAD, and the rest of them (Group B, 67.5%) reported chronic course of the disease with multiple episodes. Thirty-eight patients (95%) reported a stressful factor before the beginning of the episodes. There were no statistically significant differences regarding sex, educational level, marital status, stressful life events in general and comorbidity with other disorders on Axis I and II (DSM-IV). However, it was found that patients of Group B reported disturbed relationships with their parents in childhood ($p<0.05$). Furthermore, they reported more frequently a death or illness of a beloved person during childhood —this difference shows a tendency for statistical significance ($0.05<p<0.1$).

Conclusions: Stressful factors play an important role in the appearance of the GAD. The existence of disturbed relationships with the parents in the childhood and the death or illness of a beloved person contribute on the chronic course of the disease.

P198

Rational of use of gabapentine in premature ejaculation

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Background: Premature ejaculation (PME) is the most prevalent sexual disorder. It affects more than 30% of male population. Thus far SSRI,s clomipramine, local anesthetic along with psychological therapies are the mainstay in the treatment of PME. However, not all the cases are amenable to these treatments. Attempts are underway to find out better remedies for this problem. Gabapentine an anticonvulsant drug is being tested for treatment of PME.

Method: Electronic search was made at database websites, using key words gabapentine, premature ejaculation. It was followed by manual research to find out possible mechanism by which gabapentine could delay orgasm.

Results: Search could not provide concert mode of action which explain inhibitory action on premature ejaculation by gabapentine; except for its anti anxiety effect mediated by gabanergic properties.

Discussion: Gabanergic action explains its anti anxiety, muscle relaxant and CNS depressant properties which could be beneficial, for premature ejaculation. Gabapentine has anti glutamate properties as well. This action further imparts anti excitatory effect which is helpful for PME. Excellent efficacy on neuralgic pains and neuropathies indicates that gabapentine desensitize the receptors which are oversensitive as are found in erogenous zones of premature ejaculators. Orgasm and partial seizure share many common features. Hence anti antiepileptic properties increase threshold of physiological seizure that is orgasm.

Conclusion: Gabapentine can be considered as medicine which works on PME with a mode of action different from SSRI,s.

P199

Somatoform syndromes at the anxiety-depressive disorders.

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Objectives: Identification of the mechanisms, caused by feature structure of the somatoform syndromes at the anxiety-depressive disorders.

Methods: We surveyed 247 patients with following disorders: F-32.8, F-40.01, F-41.1, F-45.0, F-45.2, F-45.31, F-45.4, F-45.8. Researching was held according diagnostically indicates of ICD-10, and used diagnostically indicates of D. Goldberg, for more verified of diagnostically somatizing affective disorders.

Basis methods of researching: clinical, clinic-quantitative, inventory of the clinic- behavioral markers of feeling of guilty.

Results: Feeling of guilty for disorders; F-40.01, F-41.1; $2{,}8\pm0{,}73$ ($P<0.01$), F-32.8; $5{,}7\pm0{,}27$ ($P<0.01$), F-45.0, F-45.2, F-45.31, F-45.4, F-45.8; $6{,}2\pm0{,}36$ ($P<0.01$), has tendency to increased.

Clinic- behavioral markers of feeling of guilty are one from mechanisms of conversion somatoform syndromes caused by initiation correlative comorbidity of depressive and anxiety disorders.

Conclusions: Feeling of guilty and variants his transformation in structure of the somatoform syndromes is get significant diagnostic-pathogenically role in development and at the caused by hard identification of defects to emotional sphere.

In the time of, especially transformation feeling of guilty, is determining of features clinical manifestations of the somatoform syndromes at the anxiety-depressive disorders.

P200

The phenomenon of "magic thinking" as a criteria of shizotypal disorder

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