

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

A.C. Pande\*, J.G. Crockatt, C. Janney, D.E. Feltner. *Clinical Research Department, Parke-Davis Pharmaceutical Research, 2800 Plymouth Road, Ann Arbor, Michigan 48105, USA*

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)

D. Lecic-Tosevski, S. Priebe<sup>1</sup>\*, J. Gavrilovic, M. Pejovic-Milovancevic, G. Knezevic. *Institute of Mental Health, University of Belgrade, Belgrade, Yugoslavia*

<sup>1</sup>*Department of Social & Community Psychiatry, St. Bartholomew's and the Royal School of Medicine and Dentistry and QMW College, London, UK*

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

J. Gavrilovic\*, S. Priebe<sup>1</sup>, D. Lecic-Tosevski, M. Pejovic-Milovancevic, G. Knezevic. *Institute for Mental Health, University of Belgrade, Belgrade, Yugoslavia*

<sup>1</sup>*Department of Social & Community Psychiatry, St. Bartholomew's and the Royal School of Medicine and Dentistry and QMW College, London, UK*

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.