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INTEGRATIVE TREATMENT OF AGORAPHOBIA WITH PANIC DISORDER
Vladan Starcevic and Goran Bogojevic
Institute of Mental Health, Belgrade, Yugoslavia

Background and objective: A complex, heterogeneous and chronic illness, such as agoraphobia with panic disorder (APD), requires integrative approach to treatment. The objective of this work is to present such a treatment and its results in 36 APD patients in the setting of the Day Hospital. Method: Patient education, exposure "in vivo", cognitive therapy, supportive individual and group psychotherapy were used in all patients, while medications were taken by 28 (78%) patients. The mean duration of treatment in the Day Hospital was 82 days, and patients were discharged after disappearance of agoraphobic avoidance and panic attacks. The efficacy of treatment was also evaluated by comparing the results on several instruments obtained at the beginning and the end of treatment in the Day Hospital: The Hopkins Symptom Checklist-90, Fear Questionnaire, Panic Appraisal Inventory - Panic Consequences Questionnaire, Illness Attitudes Scales, Beck Anxiety Inventory, and Beck Depression Inventory. Results: The mean values for anticipatory anxiety (expectations of negative consequences of panic attacks, especially loss of control and physical consequences) and agoraphobic avoidance decreased the most. Secondary manifestations of APD, such as hypochondriacal phenomena, social anxiety, general anxiety and depression, were also significantly less prominent at the end of the treatment in the Day Hospital. Conclusions: Integrative treatment is effective both for APD and its accompanying manifestations. In addition to rendering patients panic-free and eliminating agoraphobic avoidance, it fairly rapidly decreases the level of anticipatory anxiety, thereby lowering the risk for relapse of APD.

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MEDICO-SOCIAL ASPECTS OF SCHOOL DISADAPTATION

V. Vasylionok. Smolensk Clinical Psychoneurological Hospital. Dokuchaev st. 1, Smolensk, Russia.

100 pupils of primary school aged 7 (51 boys, 49 girls) have been examined without preliminary selection. Poor progress in studies and bad behaviour served as external criteria of school disadaptation. Interpersonal deviations according to sociometric data have been referred to in the signs of internal (latent) disadaptation. Mental deficiency has been excluded according to Versler. 18% of the study group displayed good adaptation to teaching while 48% of the children were characterized by lower achievements in 1 or 2 subjects as well as low sociometric status. In this group, biorganic insufficiency with vegetative and immune disfunctions occurring paroxysmally as well as non-fixed psychoemotional reactions (nyctophobia, monophobia) have been observed on the background off the impaired relationships between members of the family. Feebleness of will and diminished attention were noted. Due to the stability of the behaviour there was no impairment of ontogenetic dynamics of the individual.   This was confirmed by the efficacy of psychotherapeutic correction. 34% children displayed deeper degree of disadaptation according to internal and external signs with behaviour deviation.   Family disintegration was accommpanied by the formation of diads and triads. Biorganic shifts were in the form of fixed conditions but multiple phobias had the tendency to obsessive development followed by systematic reactions of sleeptalking, anuresis, hyposthenia. Disontogenetic shifts in the form of psychic infantilism, dyslexia and reactions of pathological character have been noted. Isolated psycho-therapeutic correction in this group produced linear symptom transformation but in combination with biologically orientated therapy, a certain reduction of them has been achieved. The data obtained confirmed the evidence of complex shifts in the system of adaptosis and ontogenesis in children with severe school disadaptation.

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Multiple suicide attempts in adolescence, sexual abuse during childhood and borderline personality disorder
V. Vincent, W. Fischer, A-L. Pahud, T. Pascual, F. Ladame, University Hospitals, Geneva, FNRS and the J. Jacobs Foundation

Objective
The aim of this study is to investigate the possible links between multiple suicide attempts in adolescence, borderline personality disorders and sexual abuse

Method
Our study is based on a population of 111 adolescents 15 to 19 years old, who have been admitted to the emergency room of the University Hospital of Geneva after a suicide attempt. The patients have been assessed by standardised methods (SCID, life-events and socio-demographic questionnaire), and a clinical interview.
We analysed our data in order to establish the existence or not of significative links between following factors: suicide attempt, sexual abuse and borderline personaliy disorder.
Results
Our results show that the majority of suicide attempters have not been sexually abused, but most of those adolescents who have attempted suicide more than once have been sexually abused during childhood. There seems to be a significant relation between sexual abuse and multiple suicide attempts. On the other hand, there is evidence that the diagnosis of borderline personality disorder is significantly related to multiple suicide attempts.
Our results show that there is a significant link between the following factors: multiple suicide attempts, sexual abuse and borderline personality disorder.
Conclusion
The significant risk factors seem to be a combination of external (traumas) and internal (psychic functioning) causes. This is of importance in establishing the treatment program of young suicide attempters

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A NEW SCALE TO IDENTIFY THE PSEUDODEMENTIA SYNDROME.
DR. GEORGE YOUSEF, DR. W RYAN, DR. A. LANGLEY, DR. T. LAMBERT, DR. J KELLETT
St. Mary's Medical School Hospital -London. ,Southland General Hospital -Shoreham. Ealing General Hospital ,St. George's Medical School,London
Background: The literature is clear that Pseudodementia can usually be differentiated from dementia on clinical grounds alone.Reviewing the literature to gather all the claimed discriminating points to differentiate between dementia and pseudodementia, and subsequently validating them in a prospective study.
Method: One hundred and twenty eight patients who were referred to our service with a question of dementia versus pseudodementia were screened for dementia and depression A check list of forty four characteristic features (in the form of questions that have answers yes or no) of dementia, depression and pseudodementia were successfully administered to identify the most discriminating points under four main categories, history, clinical data, insight and performance
Results: Thirty nine points(questions) out of the forty four in the checklist showed high discriminating points to differentiate dementia from depressive pseudodementia (P< 0.01)Principal component and factor analysis were used to identify the variables (discriminating points) that get high coefficients in the first principal component Eighteen discriminating points were identified to discriminate accurately between groups and would classify (43/44 cases) 98% of dementia cases correctly and (60/63) 95% of depression correctly
Using these eighteen highly discriminating variables shown by principal and factor analysis in addition to another three variables, we created a pseudodementia scale in a short version Adding three variables (irreactive/ depressed mood, suicidal thought in the past or at present and Anhedonia) was based on clinical and statistical judgment Taking into account the high discriminative power of the rest of the variables that was shown in the preliminary analysis by using the Fisher's exact test, we created a long version of the scale Pseudodementia scale showed high sensitivity (98%) and specificity (95%) in differentiating between organic and non-organic cases
Pseudodementia scale showed two principal advantages over the widley used MMSE First it covers a broader range of cognitive function especially remote memory and frontal lobe function. Second it detects mild degrees of cognitive impairment (sensitivity 98% Vs 89%) The Pseudodementia scale will be used clinically as a diagnostic instrument, showing changes in the condition and could predict the outcome and the selection of treatment Each point in the scale will score differently parallel to its discriminatory power as proven statistically by Fisher's exact test