assessment battery including a semistructured interview form concerning the sociodemographic factors, SCID-I, SCID-II, Aggression Questionnaire (AQ) and Pittsburgh Sleep Quality Index (PSQI).

Results: AQ total point and physical aggression, verbal aggression and anger subscales were found to be significantly higher in the study group. Between the groups significant differences were found in PSQI total points, sleep latency, sleep disorder, use of sleeping pills and in the points of subscales of loss of functionality during day. There has been found a positive correlation between PSQI global point and AQ total point.

Conclusions: This study can contribute to further support to evidence of brain dysfunction predisposing to severe aggression and sleep disturbances of individuals with APD.

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Psychological consequences of erectile dysfunction in yemeni adult men

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Background: Erectile dysfunction is used to signify the inability of the male to achieve an erect penis as a part of the overall multifaceted process of male sexual function. It affects millions of men all over the world.

Objective: The objective of the study was to study the erectile dysfunction in adult Yemeni men.

Patients Methods: Five hundred and twenty two male Yemeni patients 17-80 years old of different months and years duration were admitted to dermatology, urology and psychiatry clinic of Al-Thawra teaching hospital between January 1992 to December 1995. They presented with erectile dysfunction and evaluated by noninvasive and invasive methods [papaverine test and prostaglandineE1 test were positive].

Results: The clinical data and the investigations showed that about three hundred and thirty six cases were psychological impotence increased in young adults from 17-30 years of 72% and decreased in the age of 40 −80 years of 28%. About one hundred and eighty six cases were psychological premature ejaculation increased in young adults 17-30 years of 72% and decreased in the age 40-80 years of 28%. The intrapsychic, interpersonal and experiential behavioral factors play an important role in these ages and some cutaneous manifestations and diseases were associated. The empirical medical therapy and MASTER and JOHONSON technique were effective 100%.

Conclusion: Psychological erectile dysfunctions in Yemeni adult men were common sexual disorder. Health education, medical, psychological and sexual counseling were necessary needed.

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Waiting for kidney transplantation from living or cadaveric donor: Impact on transplant representations

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The transplant representations of patients waiting for a kidney transplantation have been studied recently. Our hypotheses is that these representations can be measured with a questionnaire and differ between recipients from living or cadaveric donor. As result of lack of clinical standardized instrument,we developed the Transplant Representation Questionnaire(TRQ) of 19 items in 4 degrees.

Objective: Compare results on the TRQ in patients waiting for a kidney transplantation from cadaveric or living donor.

Methods: 390 patients included in waiting list for kidney transplantation with cadaveric or living donor were assessed with the TRQ. Since the beginning of the study, 170 patients were transplanted, 148 (87%) with cadaveric donor (CD group), and 22 (13%) with living donor (LD group). The principal component analysis has been performed on 390 patients.

Results: The Principal component analysis of the TRQ has shown 2 factors.The factor ''Donor'' refers to the recipient concerns about the donor (11 items).The factor ''Transplant'' refers to the negative attitude of the recipient about the transplanted organ (8 items). The LD group was younger and had more social support than the CD group. It had also higher scores on the ''donor'' factor and similar scores on the ''transplant'' factor.

Discussion: As compared to patients waiting for transplantation with cadaveric donor, patients waiting for transplantation with living donor have more concerns about the donor, and similar representations of their future transplant. Our preliminary results should be confirmed in more powerful studies. Further studies will assess prospectively the transplant representations after transplantation.

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Suicidality and religiosity in breast cancer patients

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Aim: To assess relations between religiosity, social and clinical parameters, quality of life and suicidality in breast cancer patients.

Method: 115 breast cancer inpatients were included. The measures used were: Santa Clara Strength of Religious Faith Questionnaire (SCSORF), World Health Organisation Well-Being Index Five and International Breast Cancer Study Group Quality of Life Questionnaire (consists of visual analogue scales measuring physical health, mood, tiredness, perceived adjustment, pain, appetite, social support, satisfaction with current condition) and three statements relating to religious coping with cancer: "my faith helps me coping with illness", "illness increased my faith" and "illness decreased my faith" (Likert scale: 1 - strongly disagree to 4 - strongly agree). Suicidality was measured with extracted question from diagnostic questionnaire for depressive patients: "Do you have the feeling that life has no value or suicidal thoughts?'' (Likert scale: 0- no; 1- life has no value, it is better not to live; 2- death wish, but without suicidal thoughts; 3 - suicidal thoughts or plans; 4 - suicide, attempted suicide). Clinical variables were tumor grade, hormonal therapy, type of operation.

Results: Suicidality was negatively correlated with well-being (r=-0,549; p=0.001), all health-related QOL dimensions, time passed since diagnosis (r=-0,211; p=0,05), but was not associated with clinical or social variables. SCSORF score, frequency of attendance and prayer were not associated with suicidality, but statement "the illness decreased my faith" was positively correlated with suicidality (r=0,268; p=0,004).

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