

at baseline and six weeks post-treatment. These differences would argue for different pathogeneses of psychosis.

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Melatonin effect on sleep during benzodiazepine withdrawal- A double blind clinical trial

E. Peles¹, R. Bar-Hamburger³, T. Hetzroni¹, S. Schreiber^{1,2}, M. Adelson¹. ¹Adelson Clinic for Drug Abuse Treatment & Research, Tel Aviv Sourasky Medical Center, Tel Aviv, Israel ²Department of Psychiatry, Tel-Aviv Sourasky Medical Center, Tel Aviv, Israel ³The National Anti Drug Authority of Israel, Jerusalem, Israel

Background and aims: Benzodiazepine (BDZ) abuse highly prevalent among former heroin addicts, currently in methadone maintenance treatment. Discontinuation of BDZ abuse is accompanied by sleep disturbances. We evaluated the effectiveness of melatonin in attenuating sleep difficulties in a BDZ withdrawal program.

Methods: Patients in a managed BDZ withdrawal program entered a double blind crossover control study with melatonin or placebo: 6 weeks one arm, one week washout, 6 weeks other arm. Urine BDZ, the self reported Pittsburgh Sleep Quality Index (PSQI) and the Center for Epidemiologic Studies Depression (CES-D, mood) questionnaire were administered at baseline, and after 6, 8 and 13 weeks.

Results: Eighty patients were randomly assigned into two arms. Both groups (n=40) had similar baseline PSQI (13.8±3.8) and CES-D (1.5±0.6) scores, which correlated (R=0.4, p=0.001). Sixty one patients (77.5% in "melatonin-first" and 75% in "placebo first") finished 6 weeks, showing similar BDZ discontinuation rate 11/31 and 11/30 respectively. PSQI scores were significantly lower (better sleep) in the 22 patients who discontinued BDZ (8.9±4.4) than in 39 with urine BDZ (11.2±4.2 p=0.04). Interaction between study groups and BDZ groups showed that sleep quality in patients who continued abusing BDZ improved more in the "melatonin first" group than in the "placebo first" group, with no differences in sleep quality improvement in patients who stopped BDZ (F=4.3, p=0.04).

Conclusions: Most improvement in sleep quality was attributed to BDZ discontinuation. Although melatonin did not enhance BDZ discontinuation, it improved sleep quality, especially in patients who did not stop BDZ.

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Pemphigus and skin disease: A comparison of the incidence of stressful life events and personality disorders

F. Rossano¹, E. Ruocco², F. Perris¹, A. Baroni², M. Fabrazzo¹, F. Catapano¹, M. Maj¹. ¹Department of Psychiatry, University of Naples, Naples, Italy ²Section of Dermatovenereology, University of Naples, Naples, Italy

Pemphigus is a rare autoimmune dermatological disease, whose onset and course depend on the interaction between predisposing severed and inducing factors. Psychological stress has been suggested to be a potential triggering factor of pemphigus. However, this hypothesis has not been thoroughly investigated. To this purpose, we explored recent stressful life events and personality disorders in 25 consecutive subjects with pemphigus. Baseline information was collected on demographic characteristics, family history, presence of psychopathology, the impact of stressful life events occurring within one year prior to onset of pemphigus, presence of Axis I and Axis II diagnosis, using standardized instruments. Patients affected by pemphigus were matched for number, age and

gender with subjects with other skin diseases and with healthy volunteers. All pemphigus patients had a negative anamnesis for Axis I diagnosis. Pemphigus patients showed a significantly higher Comprehensive Psychopathological Rating Scale (CPRS) and depression and anxiety with Montgomery-Asberg Depression Rating Scale (MADRS) total scores than controls. Cases and controls did not differ regarding the total number of stressful events experienced. The uncontrollable events and undesirable events had occurred more frequently among pemphigus patients than controls. In 68% of pemphigus patients at least one personality disorder was diagnosed; there was a high prevalence of obsessive-compulsive and avoidant personality disorder. These findings suggest that stressful life events might increase vulnerability to pemphigus and that personality features might modulate individual susceptibility to illness.

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Non-complicated pregnancy, anxiety and depression

J. Petkovic, E. Tupkovic. *Psychiatric Clinic, UKC, Tuzla, Bosnia and Herzegovina*

In many studies pregnant women have higher levels of anxiety and depression than their non-pregnant controls. In our study we observed randomly selected 100 pregnant women (mean age 25.9 \hat{A} ± 4.7, ranged from 16 to 39 years, and mean duration of pregnancies of 26.8 \hat{A} ± 9.5 weeks) with noncomplicated pregnancies controlled at Department of Gynecology and Obstetric Primary health center Tuzla in period January - April 2006. Most of pregnant group (56) consisted nulliparous pregnancies aged 23.7 \hat{A} ± 3.5 years with mean duration of pregnancy of 27.25 \hat{A} ± 9.7 weeks. All subjects were evaluated using Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI). Control group consisted 30 young healthy nonpregnant females 31.1 \hat{A} ± 4.4 (ranged from 24 to 40) years. Mean value of BAI was 8.6 \hat{A} ± 6.5 and BDI 4.2 \hat{A} ± 4.4 in control group. In group of pregnant females mean value of BAI was not significantly higher (p=0.08) than in nonpregnant controls (11.2 \hat{A} ± 7.5). But BDI level in pregnant group (9.1 \hat{A} ± 5.8) showed significantly higher level (p< 0.0001) than in control group. Not statistical differences in values of anxiety and depression was observed between nulliparous normal-risk pregnancies (BAI 12.2 \hat{A} ± 7.8, BDI 10.5 \hat{A} ± 5.9) and uni/multiparous pregnancies (BAI 10.8 \hat{A} ± 7.1, BDI 8.1 \hat{A} ± 5.5), but level of anxiety was significantly higher in nulliparous (p=0.03) group compared with control group. Both group of pregnant woman had significantly higher levels of depression in comparison with non-pregnant controls (for nulliparous p<0.001, and for uni/multiparous p=0.001).

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Burnout syndrome among general practitioners and anesthesiologists

N. Petrovic Stefanovic, B. Pejuskovic, D. Lecic Tosevski, I. Perunicic. *Institute for Mental Health, School of Medicine, University of Belgrade, Belgrade, Serbia*

Background: Burnout syndrome is psychological experience that produces physical, emotional and mental symptoms and signs, which is commonly observed in health care professionals. The stress is considered as the key factor in development of this syndrome.

Objective: To assess the burnout syndrome in general practitioners and anesthesiologists in Belgrade, Serbia, regarding that both occupations are considered as highly stressful.

Method: The sample consisted of 50 primary care physicians working in primary health care and 50 anesthesiologists at

a University hospital in Belgrade. The burnout was assessed using Maslach Burnout Inventory, which addresses three general scales: emotional exhaustion, depersonalization and reduced personal accomplishment.

Results: The findings supported our hypothesis that this syndrome is highly prevalent among health care workers, especially among anesthesiologists.

Conclusions: The burnout syndrome is a frequent disorder among health care workers, especially among those with high work demand, such as general practitioners and anesthesiologists. Therefore, prevention strategies should be planned and carefully implemented.

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Brain 18FDG PET in panic disorder during the treatment with CBT or antidepressants

J. Prasko^{1,2,3}, J. Horacek^{1,2,3}, R. Zalesky⁴, M. Kopecek^{1,2,3}, T. Novak^{1,3}, B. Paskova⁵, L. Skrdlantova¹, O. Belohlavek⁶, C. Hoschl^{1,2,3}. ¹Prague Psychiatric Center, Prague, Czech Republic ²3rd Faculty of Medicine, Charles University, Prague, Czech Republic ³Center of Neuropsychiatric Studies, Prague, Czech Republic ⁴CMHT Watford and Bushey, Hertfordshire Partnership NHS Trust, Hertfordshire, United Kingdom ⁵CMHT Cygnet House Ware, Hertfordshire Partnership NHS Trust, Hertfordshire, United Kingdom ⁶PET Center, Hospital Na Homolce, Prague, Czech Republic

Background: The goal of our study was to identify brain structures in patients with panic disorder (PD) that show changes in 18FDG PET during the treatment with cognitive behavioral therapy (CBT) or antidepressants.

Method: Twelve patients with panic disorder were studied with [18F]-2-fluoro-deoxyglucose positron emission tomography (18FDG PET) during resting state (condition of random episodic silent thinking, REST). After PET examination patients were randomly assigned to either cognitive behavioral treatment group (6 patients) or antidepressants treatment group (6 patients). After 3 months 18FDG PET examination was repeated in both groups.

Results: Scores of psychopathology rating scales (CGI, HAMA, PDSS) decreased in both groups. Changes of 18FDG uptake in pharmacotherapy group: decreases were found in a priori hypothesized regions in right hemisphere, in superior, middle, medial and inferior frontal gyrus, superior and middle temporal gyrus, and increases were detected in a priori hypothesized regions, mainly in left hemisphere in medial and middle frontal gyrus, superior, middle and transverse temporal gyrus. Changes of 18FDG uptake in CBT group: decreases were found in a priori hypothesized regions of right hemisphere in inferior temporal gyrus, superior and inferior frontal gyrus, and increases were detected in a priori hypothesized region, mostly in left hemisphere: inferior frontal gyrus, middle temporal gyrus and insula.

Conclusions: Changes in brain metabolism after treatment either with CBT or with antidepressants were similar in number of brain areas, with prominent right-left difference.

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Nocturnal panic in first stages of panic disorder: Clinical differences between nocturnal vs Non-nocturnal panic attacks

B. Rodriguez-Cabo, A. Herran, M.L. Ramirez, M. Carrera, F. Hoyuela, O. Fernandez-Torre, A. Ayestarán, D. Sierra-Biddle,

J.L. Vazquez-Barquero. *Department of Psychiatry, University Hospital Marqués de Valdecilla, Santander, Cantabria, Spain*

Objective: Nocturnal panic attacks are considered in PD patients a severe subtype of the illness. Recent studies failed at identifying more severe psychopathology in these patients. We analyzed this issue in a sample in the earlier phases of PD.

Patients and method: A sample of 153 patients (107 women and 46 men) with a recent onset of a PD established with the MINI was included. Patients were free of treatment and had never received effective treatment for their disorder. Data were obtained both from the clinical interview and from specific questionnaires concerning severity (PDSS, CGI), agoraphobia (MIA), anxiety (STAI) and depression (BDI). The presence of nocturnal attacks was assessed during the clinical interview.

Results: The median time of evolution of the PD was 8 months. The mean age of the sample was 30 years old. Agoraphobia was diagnosed in 66% of the cases and the mean CGI was 4.22 (moderate). More than half of the patients (52.9%) reported nocturnal panic attacks. A positive relationship was found between rate of panic attacks and nocturnal attacks (PDSS frequency: $p=0.002$; number of attacks in the last month: $p=0.02$). A positive relationship appeared with agoraphobia (PDSS agoraphobic avoidance: $p=0.05$; MIA alone: $p=0.02$). No relationship appeared regarding CGI and scales concerning psychopathology.

Conclusions: Half of the patients in first stages of PD reports nocturnal panic attacks, which are related both to an increased rate of panic attacks and an increased agoraphobic avoidance. However, nocturnal attacks are not related with the whole clinical severity of PD.

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Correlation between the Wender-Utah rating scale and impulsivity, personality, anxiety and depression psychometric scales

R. Rodriguez-Jimenez¹, G. Ponce¹, P. Carretero¹, M. Aragues¹, A. Bagny¹, C. Muñoz-Ruipérez², M.A. Jimenez-Arriero¹. ¹Department of Psychiatry, Hospital Universitario 12 de Octubre, Madrid, Spain ²Department of Occupational Health, Hospital Universitario 12 de Octubre, Madrid, Spain

Background and aims: The Wender-Utah Rating Scale (WURS) was developed for the retrospective diagnosis of childhood attention-deficit/hyperactivity disorder (ADHD). It consists of a list of childhood behaviours and symptoms suggestive of ADHD. Our objective was to study correlations of WURS scores with different impulsivity, personality, anxiety and depression psychometric scales.

Methods: A group of 110 healthy university students were evaluated using the WURS. Four subjects scored higher than the cut-off value of 37 (compatible with childhood ADHD) and were excluded. The Barratt Impulsivity Scale (BIS-11), the Big Five Questionnaire (BFQ), the State-Trait Anxiety Inventory (STAI) and the Beck Depression Inventory (BDI) were administered. Partial bivariate correlation analyses were performed.

Results: WURS scores were correlated with total scores on the BIS-11 ($r=0.430$; $p<0.001$), as well as with the motor ($r=0.410$; $p<0.001$), attentional ($r=0.328$; $p=0.001$), and improvisation subscales ($r=0.289$; $p=0.003$). Regarding the BFQ, a correlation was found between WURS scores and the “emotional stability” factor ($r=-0.379$; $p<0.001$) as well as with the subfactors “emotion control” ($r=-0.310$; $p=0.001$) and “impulse control” ($r=-0.354$; $p<0.001$). Finally, significant correlations were also found between