

However, compared with the control group, the women who participated in yoga classes showed a significant decrease in state anxiety ($p=0.03$) and trait anxiety ($p<0.001$).

Conclusions: Participation in a two month yoga class is very likely to lead to significant improvement in anxiety of women who suffer from anxiety disorders.

This study suggests that yoga can be considered as a complementary therapy or an alternative method for medical therapy in the treatment of anxiety disorders.

Key words: Yoga, Depression, Anxiety, Beck, Spielberger

P0075

The effect of childhood/adolescence abuse and suicidal/self-mutilative behaviour on sexual functions in panic disorder

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Introduction: Presence of childhood abuse is considered a psychological factor in etiology of anxiety disorders. Our aim was to study the effects of childhood/adolescence abuse and suicidal/self-mutilative behaviour on sexual functions in patients diagnosed with panic disorder.

Method: Subjects were 81 patients treated for panic disorder at the psychiatric outpatient clinic of Sisli Etfal Research and Training Hospital, Istanbul, whose diagnoses were established using the SCID-I. Childhood Trauma Questionnaire and Arizona Sexual Experiences Scale (ASEX) were administered to the subjects. A score of 1 is the most favorable score in ASEX while a score of 6 is the least.

Results: 71.6% ($n=58$) of the subjects were female, 28.4% ($n=23$) of the subjects were male and the average age was 35.8 ± 11.6 . Those with history of childhood and adolescence violence/neglect [48% ($n=39$)] had sexual desire, stimulation, orgasm, orgasm satisfaction and ASEX total points; those with a history of sexual harassment/rape [9.9% ($n=8$)] had sexual arousal, orgasm and ASEX total points; and those with a history of attempted suicide/self mutilation [19.8% ($n=18$)] had sexual desire, orgasm and orgasm satisfaction points which differed to a statistically significant degree.

Conclusion: This study revealed that a history of abuse and suicide/self mutilation effects phases of sexual function in panic disorder. It is important to question sexual function in panic disorder and to question childhood abuse in those cases where there is sexual dysfunction. A history of attempted suicide and self mutilation adversely effects sexual functions in panic disorder.

P0076

Assessing the ability of rater training to achieve good-to-excellent inter-rater reliability on the ham-a using kappa statistics

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Background: Clinical trials in psychiatry rely on subjective outcome measures, where poor inter-rater reliability can negatively impact signal detection and study results. One approach to this challenge is to limit the number of raters thereby decreasing expected variance. However, sample size requirements—even those based on high reliability—often necessitate many sites. The implementation of

comprehensive rater training combined with validated assessment of inter-rater reliability at study initiation and throughout the study is critical to ensure high inter-rater reliability. This study examined the effect of rater training and assessment to reduce inter-rater variance in clinical studies.

Methods: After rigorous training on the administration and scoring guidelines of the HAM-A, 286 raters independently reviewed and assessed a videotaped HAM-A interview of a GAD patient. Measures of inter-rater agreement across the pool of raters, as well as for each individual rater relative to all other raters were calculated using kappa statistics modified for situations where multiple raters assess a single subject.

Results: The overall level of inter-rater agreement was excellent ($\kappa = .889$), with levels of inter-rater agreement of each individual rater relative to all other raters ranging from .514 to .930. Of the 286 raters participating, more than 97.2% (278) achieved inter-rater agreement > 0.8 .

Conclusion: This study demonstrates that robust rater training can result in high levels of agreement between large numbers of site raters on both an overall and individual rater basis and highlights the potential benefit of excluding raters from study participation with inter-rater agreement below 0.8.

P0077

Sexual dysfunction treated by using behaviour psychotherapy

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Fear, together with bad communication between partners, is the most important factor that can change our sexual behaviour and bring about unsuccessful sexual functioning. Today, the most famous and most popular programmes for treating sexual dysfunctions with sexual therapy is Masters and Johnson, and it has been in use since 1970. The basic principle is reestablishing communication between partners, both verbal and sexual, by means of education, information, stimulation with the process of systematic desensitization (progressive exposing the patient to more and more demanding sexual tasks).

Sexual behaviour, as well as any other behaviour, is the result of a complex learning system, according to the authors of Learning Theory. Psychosexual dysfunctions appear as the consequence of inadequate influence of psychological factors on one of the phases of sexual response. Frigidity, as a psychological dysfunction, can occur within the range of complete non-responsiveness to sexual stimulations and situations, to inability of achieving orgasm although the woman is sexually aroused. Dysfunction of sexual response can occur at the level of sexual desire, sexual excitement (impotence, frigidity), at the level of orgasm (anorgasmy, retarded ejaculation).

Cognitive Behaviour Therapy

Master and Johnson Method

Overall improvement of sexual behaviour, and successful sexual functioning.

These methods enable a rapid treatment of psychosexual dysfunctions without medications, resulting in a high success rate.

P0078

Kinetics of glutamate dehydrogenase activity in leukocytes of alcoholics

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