

Conclusions: The stress of war has serious impact on the refugee's mental health. GHQ-28 can be helpful in detecting mental health problems, especially PTSD, in this high risk group.

PSYCHIATRIC DISORDERS IN AMPUTEES-VICTIMS OF YUGOSLAV CIVIL WAR

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Thanks to the source of funding from the Nipon Foundation, Japan, in the Institute of Orthopedic Prosthetics, Belgrade, during autumn 1995, has started the project on "Psychosocial Support to the Disabled Victims of Yugoslav Civil War". The main goal of the project is to provide psychosocial support and psychosocial rehabilitation to the beneficiaries — victims of Yugoslav Civil War hospitalized for limb amputations (i.e. amputees) as soon as possible during their physical rehabilitation and afterwards. The activities of the project involve consultation-liaison psychiatry, psychological services, interventions of social workers and relevant research based on the integration of biomedical and psychosocial models. The authors in this paper present the structure of psychiatric disorders in 35 amputees who were referred to consultation psychiatrists in the period of for months from the beginning of the project. More than 2/3 (24) of the subjects were refugees from B&H and Croatia. According to ICD-10 74% (26) were diagnosed as reaction to severe stress, and leading diagnoses were as follows: PTSD — 14% (5), enduring personality changes after catastrophic experience — 11% (4), Disorders of Extraordinary Stress not Otherwise Specified (DESNOS) — 49% (17); other disorders 26% (9) were predominantly somatoform and anxiety disorders 12% (4), depressive disorders 9% (3) and single cases of alcoholic epilepsy and enuresis nocturna. Statistical analysis didn't find significant difference between refugees and non-refugees nor concerning distribution of frequencies of psychiatric disorders neither concerning mean scores on Global Assessment of Functioning Scale (GAF).

FRENCH VALIDATION STUDY OF THE TEMPERAMENT AND CHARACTER INVENTORY (TCI) IN HEALTHY VOLUNTEERS

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Background: The Temperament and Character Inventory (TCI) is a 226-items true-false self-questionnaire developed by Cloninger on the basis of the Tridimensional Personality Questionnaire, largely translated and used in various clinical studies. Four dimensions of temperament (novelty seeking, harm avoidance, reward dependence, persistence) and three of character (self-directedness, cooperativeness and self-transcendence) are measured. Our objective was to obtain first normative data of these dimensions in a healthy volunteers sample, and to explore the short-term reliability of the assessment.

Method: Seventy-three under-graduate students, with a majority of females, completed the TCI jointly with the Hospital Anxiety and Depression (HAD) scale. More than 90% of them completed a second time the same questionnaires one month later. Descriptive analysis of the scores and sub-scores were performed, and test-retest reliability coefficients were calculated.

Results: Anxiety and depression sub-scores of HAD were low in this sample (respectively 7.1 and 2.9). Descriptive analysis showed expected scores for temperament dimensions (with mean scores around 50 for dimensions varying between 0 and 100), except for reward dependence scores which were surprisingly high (74). Self-directedness

and cooperativeness were high (respectively 77 and 82), but self-transcendence score was low (28). Test-retest reliability analysis showed satisfying coefficients, of 0.60 or more.

SEXUAL BEHAVIOR AND QUALITY OF LIFE IN PSYCHOGERIATRIC

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The main reason for this communication in try to show a better quality of life in the sexual environment for whom it begins right away known as "golden years" and those who by wrong transculture concepts, based more on a bad report than in physiological limitation, often produce preoccupations and frustations which are not positive for the psychosocial environment of the patient, or simply for those people whom are in the psychogeriatric state.

In conclusion, sexuality can be kept up throughout the years and its practice can be a continuous gratification thereby special changings as physiological as well as sexological and reeducating, allowing, the couple to confront them and to overcome them.

ALPRAZOLAM PREMEDICATION AND 35% CO₂ VULNERABILITY IN PANIC PATIENTS

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A group of 20 patients who met the DSM-III-R criteria for panic disorder with or without agoraphobia underwent a 35% CO₂ challenge after either 1 mg alprazolam or placebo in a double-blind, randomized, cross over design. Despite the anxiolytic potential of alprazolam, it produced no significant effects on carbon dioxide induced anxiety and panic symptomatology when compared to placebo.

POST TRAUMATIC STRESS DISORDER CLINICAL MANIFESTATIONS AND TREATMENT

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War in the areas of former Yugoslavia and its consequences focused our attention to post traumatic stress disorder (PTSD).

Eleven male patients, participants in combats in E. Slavonia, aged 23–43 years which met the DSM-III-R criteria for PTSD were observed and treated as in patients. Previous treatment in out patients settings showed resistancy and risk for development of chronic PTSD occurred.

It was the first hospitalization for 72% of patients, 81% had high school level education, 72% were married. Psychiatric heredity was present in 3 patients. They were psychologically explored. Depression and anxiety were assessed by Hamilton Depression and Hamilton Anxiety Rating Scales.

Fifty-four percent of patients had features indicative for personality disorders. Main stressors (in 8 patients) were direct life threat in serious combats, fear of becoming a prisoner and exhaustion, followed by (in 7 patients) separation from family and loss of friends. Clinical presentation consisted predominantly of mixed syndromes of reliving the trauma, anxiety and depression. The last two syndromes were moderate according to obtained rating scale scores.

Somatization with hypochondriasis and conversive symptoms were also observed. Psychopharmacotherapy together with psychotherapy were used. Hospitalization varied from 15–60 days. Follow-up (3–6 months) revealed satisfactory remission in 64% of patients. Three out of four patients which showed tendency towards chronicity had psychiatric heredity together with personality disorder that existed before the trauma.

Our experience indicates the severity of PTSD and stresses the importance of early diagnosis and prompt initiation of treatment.

PREVALENCE OF SOCIAL PHOBIA AMONG MEDICAL STUDENTS

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One hundred and twenty Czech medical students were examined during their participation in the obligatory course of psychiatry using a structured interview and the Liebowitz Social Phobia Symptom Scale. Only 15% of them were without any symptoms of social anxiety. 85% showed some symptoms of avoiding behavior and 56% experienced somatic symptoms of social anxiety. Social phobia was diagnosed only in 5 cases. None of them has received any appropriate treatment.

WPA educational program on social phobia is a useful material for informing physicians and medical students about this neglected psychiatric disorder and its treatment possibilities.

HYPOCHONDRIACAL FEARS AND BELIEFS IN OBSESSIVE-COMPULSIVE DISORDER

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The relationship of obsessions and compulsions to hypochondriasis is receiving increasing attention, but has not been substantiated by adequate research. Kellner's Illness Attitude Scales (IAS), which identify hypochondriacal patients, were administered to 30 patients with DSM-IV obsessive-compulsive disorder and 30 healthy control subjects matched for sociodemographic variables.

All IAS scales (worry about illness, concern about pain, health habits, hypochondriacal beliefs, thanatophobia, disease phobia, bodily preoccupations) were significantly higher in patients with obsession and compulsion. However, there were no significant differences between patients and controls in the number of subjects whose symptom intensity exceeded a clinical threshold for hypochondriasis and disease phobia. Further, hypochondriacal fears and beliefs were poorly correlated with obsessions and compulsions, as measured by the CPRS and Paykel's Clinical Interview for Depression. The results suggest that patients with obsessive-compulsive disorder display abnormal illness behavior but not to the degree of patients with panic disorder or major depression.

THE ESTIMATION OF THE LEVEL OF INTELLIGENCE QUOTIENT AND ASPIRATIONS IN PATIENTS WITH ANOREXIA NERVOSA

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The purpose of the work was to estimate if the high level of intellectual functioning is the frequent feature of patients with anorexia nervosa and check if it is true that patients with anorexia have the high flow of aspiration. We expected that the high level of intelligence quotient and aspiration should appear, first of all, in patients with restricting type of anorexia nervosa.

There was a group of 30 people aged from 12 to 20 who were examined. Psychological tests were held using Wechsler Test, test of unfinished sentences and TAT. Clinical state was tested by the Halmi Scale. The researches were made during the first 4 weeks since admission to the hospital. Tests showed that most of the ill people had the average level of intelligence from 80 to 113 IQ (17 persons).

About 30% (11 persons) had the level of intelligence statistically significant from 116 to 130 IQ. One person had the intelligence level over 130 IQ. Another had the level of intellectual functioning below 84 IQ.

The estimation of aspiration in all the patients showed the high level of aspiration, very often increasing the actual possibilities of tested patients. The characteristic feature is that the ill people, depending on the kind of school, were trying to achieve extremely well estimated by their environment. The result of it was vasting enormous amount of time on studying (5–6 hours a day). The inclination to perfectionism was connected simultaneously with a big sensitivity to criticism.

The results shown don't confirm the frequently presented opinions about the high level of intelligence of the patients with anorexia nervosa. However these people show the high flow of aspiration which is not always adequate to their real possibilities. This fact should be taken in a account in psychotherapy in order to prevent the reoccurring of anorexia nervosa.

ABNORMAL EATING ATTITUDES AND BEHAVIOURS IN TWO ETHNIC GROUPS FROM A FEMALE BRITISH URBAN POPULATION

David Reiss.

African-Caribbean (N = 136) and White British (N = 192) female family planning clinic attenders were administered the Bulimic Investigatory Test, Edinburgh (BITE) and the General Health Questionnaire (GHQ-28). A proportion of the participants were subsequently interviewed. The African-Caribbeans were found to have both significantly more disordered eating attitudes and a significantly higher level of abnormal eating behaviour than the White British. Although the African-Caribbean group had a significantly higher mean Body Mass Index this did not mediate the difference in levels of eating attitudes. When compared with the White British group more African-Caribbean women reported feelings of failure, guilt, abnormality and self-consciousness concerning their eating habits. The results indicate that eating problems may be highly prevalent in this ethnic minority population and suggest that there may be differences in the nature of eating disorder psychopathology between ethnic groups.

GENDER DIFFERENCES IN AN ANXIETY DISORDERS CLINIC AS REGARD TO PERSONALITY DISORDERS

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Personality disorders have been detrimental factor in the treatment of psychiatric disorders. Observations confirm that the personality disorders influence the progress and intervene with effective therapy of the psychiatric illnesses. We intended to study the gender differences in personality disorders in the anxiety disorders clinic.

Methods We reviewed 693 patients who was admitted to the anxiety disorders clinic between 1991 and 1994. The diagnosis was done on DSM 3 R & SCID 2 and confirmed by a team of specialists. A pre-designed data collection book gathered the information over the years.

Results The mean age of the patients was 34.31 (sd = 23.73, min = 12 max = 70). The patients hospitalized 35.29 days on average (sd = 23.73, min = 1 max = 192). The females were 55.6% (n = 385) and males 44.4% (n = 308) of the total admissions. 192 patients had personality problems and disorders.

Personality Disorder in male subjects were as follows;

Mixed Personality Disorder (PD) 26.2%, Borderline and Antisocial PD 11.9%, Obsessive Kompulsive PD 9.5%, Avoidant PD 8.3%,