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Background and Aims: It is widely believed that comorbid personality disorders (PDs) have a negative influence on the effects of treatment for axis-I anxiety disorders. However, many studies reporting negative influences suffer from methodological problems, such as interference of PD after treatment by clinical judgement. The aim of our studies was to investigate the influence of comorbid PDs on outcome of CBT for anxiety disorders in a double blind prospective design.

Methods: Axis-1 and axis-2 disorders were assessed with SCID interviews. Therapists and patients were blind for outcome of SCID-II interview. Patients received state of the art CBT for their main anxiety disorder. We controlled for baseline levels. Outcome was assessed with Fear Questionnaire and SCL-90.

Results: In a very large sample of more than 1800 patients we didn't find evidence for a negative influence of comorbid PDs. The only effect we found was that comorbid borderline PD was associated with drop-out. In a smaller sample (N = 398) we found evidence that PDs predicted higher avoidance levels after treatment, but no other psychopathology. Interestingly, specific beliefs related to PDs, notably mistrust and dependency beliefs, were related to higher symptom levels after treatment.

Conclusions: The influence of PDs on CBT of anxiety disorders is not strong. When effects were found, they were very small. Two cognitive beliefs seem to be central in interference of PDs with CBT: mistrust and dependency related beliefs.

S12.02

Comorbidity of personality disorders and posttraumatic stress disorder

R.I. Steil, A. Hinckers, M. Bohus. *Central Institute of Mental Health, Mannheim, Germany*

Personality disorders and particularly Borderline Personality Disorder co-occur with Posttraumatic Stress Disorder (PTSD) often. An overview on the implications of this comorbidity will be given. Comorbid PTSD is a high risk factor for non-remission and chronicity in BPD. The necessity of treating co-morbid PTSD symptoms in BPD is therefore apparent. However, most outcome studies on the treatment of PTSD have excluded individuals with BPD or symptoms of other severe personality disorders.

Within the last three years, our team has specifically designed and manualized "cognitive-dialectical trauma therapy" (CDT) to alleviate symptomatology of patients suffering from both BPD and PTSD. CDT combines elements of dialectic behavioural therapy (DBT): i.e. emotion regulation and mindfulness exercises, with those of state of the art PTSD treatment, in particular cognitive interventions and exposure treatment, as well as new elements. The data of a pilot study on the effects of CDT in patients suffering from BPD plus comorbid PTSD will be presented.

S12.03

Comorbidity with affective disorders

M. Backenstrass, K. Joest. *Department of General Adult Psychiatry, University of Heidelberg, Heidelberg, Germany*

The lecture gives an up-dated overview on comorbidity rates in affective disorders and personality disorders. The data will be

presented from two perspectives: First of all, comorbidities with affective disorders in patients with personality disorders will be shown, differentiating rates for personality disorder clusters and for single disorders. Complementary, co-occurrences with personality disorders for patients with affective disorders will be presented, differentiating between unipolar and bipolar affective disorders. Moreover, the relevance of comorbidities for treatment and course of personality disorders will be discussed. Conceptual problems concerning the differentiation of specific personality disorders and affective disorders (e.g. borderline personality disorder vs. bipolar spectrum disorders or depressive personality disorder vs. dysthymia) will also be reported.

S12.04

Do premorbid personality disorders predict adult alcoholism? Results from a Danish Longitudinal High Risk Study

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Aims: The Danish Longitudinal Study on Alcoholism was designed to identify predictors of adult male alcoholism. The present study examines the predictability of premorbid personality disorders.

Methods: Subjects were selected from a Danish birth cohort (n = 9125, born 1959 – 61) that included 223 sons of alcoholic fathers (high risk = HR) and 106 matched sons of non-alcoholics (low risk = LR). These subjects have been studied systematically over the past 40 years. Most recently, they were evaluated at age 40 (n = 202) by a psychiatrist using structured interviews and DSM-III-R criteria to diagnose an Alcohol Use Disorder.

Results: HR subjects were more likely than LR subjects to develop alcohol dependence over the past 40 years (31% vs. 16%, $p < .03$). However, HR subjects were not more likely to develop alcohol abuse (17% vs. 15%). Both ADHD (as measured by school teachers) and ASPD (onset before age 15) predicted alcoholism independently at age 40. ADHD and ASPD were much stronger independent predictors of adult alcoholism than parental risk status. Other personality and anxiety disorders did not predict an alcoholic outcome.

Conclusions: Paternal alcoholism predicted alcohol dependence in sons at age 40. But the most predictive premorbid variables were ASPD and ADHD, both with onset in childhood and adolescence.

S12.05

Comorbidity of personality disorders and eating disorders

U. Schweiger, V.R. Sipsos. *Department of Psychiatry and Psychotherapy, Luebeck University Medical School, Luebeck, Germany*

Personality disorders and axis I disorders show complex patterns of comorbidity. There are a considerable number of studies examining the comorbidity of eating disorders. Approximately 50% of patients with eating disorders (anorexia nervosa, bulimia nervosa or binge eating disorder) suffer from cluster C or cluster B personality disorders. The absence or presence of comorbidity with a personality disorder seems to be a major determinant of the degree of impairment of psychosocial function and the number of further comorbid axis I disorders. Patients with cluster B seem to be more severely impaired

than patients with cluster C personality disorder. The personality disorder does not predict the response to interventions targeted at eating disorder specific behaviors. There are very few studies examining the comorbidity of specific personality disorders and eating disorders. Precise data are only available for borderline personality disorders. Approximately 50 to 70% of these patients suffer from a specific eating disorder. The presence of an eating disorder is associated with decreased social function and increased comorbidity with other axis I disorders, in particular depressive disorders. Open questions relate to the hierarchy of therapeutic interventions in patients with high comorbidity. Potential algorithms for treatment planning are presented.

W04. Workshop: PARENTAL PERINATAL PSYCHOPATHOLOGY AND INFANT DEVELOPMENT (Organised by the AEP Section on Women's Mental Health)

W04.01

Parental perinatal psychopathology and infant development

A.L. Sutter-Dallay. *Service Universitaire de Psychiatrie, Réseau de Psychiatrie Périnatale, Bordeaux, France*

The emotional and intellectual development of children is modelled, inter alia, by early experiments and emotional climate provided by interpersonal environment, through mother-infants interactions. It is now proven that, for example, a mother or a father presenting a post-natal depression (PND) can interfere with the correct operation of those processes, with, as a consequence, a possible impairment of child's development.

The interactive patterns which develops between a mother and her baby begin during pregnancy, continue developing and become more and more structured during the first months postpartum.

This symposium will go through different aspects of parental psychopathology which can occur during pregnancy and post-partum. Different models for the study of mother-infant interactions will be as well presented and discussed.

W04.02

Comparison of mother-baby interactions of manic mothers and community mothers

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Background: Very little is known about the impact of manic postpartum episodes (MPPE) and mother-baby interactions.

Aim: The objective of this preliminary work was to compare mother-baby interactions of mothers hospitalized for MPPE with the baby, and mother-baby interactions of mothers recruited in the community.

Methods: Interactions between 20 MPPE mothers and their babies aged between 2-6 months, and 13 community mothers and

their babies (2-6 months), were evaluated with the «Global Rating Scales of Mother-Infant Interaction».

Results: MPPE mothers were more intrusive than community mothers. The MPPE babies were more withdrawn than community babies.

Discussion: More research is needed to evaluate the long term impact of such pattern of early interactions.

W04.03

Physical and psychosocial disturbances of the partners of women with severe postpartum psychiatric disorders

C. Hornstein. *Psychiatric Centre Nord-Baden, Wiesloch, Germany*

Postpartum psychiatric disorders in women have been more often discussed than postpartum psychiatric disorders in men. However, psychiatric disorders (especially depression) after birth are also experienced by men independently of a maternal disorder. Partners of women with postpartum disorders often exhibit physical or mental health problems. These problems could, in turn, affect the course of the mother's disease and could influence the recovery process.

In this study we examined the psychosomatic problems and symptoms of psychopathology (SCL-90) showed by the partners of a group of severely ill postpartum depressive and psychotic mothers, who were inpatients of the mother-baby unit at the department of psychiatry and psychotherapy in Wiesloch, Germany, and participated in a longitudinal therapy study. Results show a correlation between paternal well-being and the improvement of the maternal mental health. It could be concluded that a routine screening and treatment of the partners of women with postpartum psychiatric disorders may benefit not only the men but also their spouses.

W04.04

Interactive regulation of affect in postpartum depressed mothers and their infants in the course of depression

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Specific patterns of interaction emerging in the first months of life are related to processes regulating mutual affects in the mother-child dyad. Particularly important in this respect are the processes of 'matching' and 'interactive repair'. According to previous research results, these interaction processes are significantly impaired in mothers with postpartum depression, exerting a detrimental influence on the infant's emotional and cognitive development as well as on the course of the mother's illness. It is not yet clear, however, whether a recovery from depression is also connected to a favourable development of these interactional behaviour patterns. The study will correlate patterns of interactive affect regulation in the first months of life with the course of the mother's depressive illness. To achieve this, interactions of mothers with postpartum depression and their infants will be evaluated using the Still Face Design at two assessment times (T1: acute phase of depression, T2: remission). Results will be compared to a control group of healthy mothers with age- and sex-matched children. Clinical and theoretical implications will be discussed.

W04.05

To be advised

P. Trautmann-Villalba. *Switzerland*