106 subjects (80.3%); the age of onset was 28.3 ± 7.7 and the duration of the illness was 3 ± 4.2 years. Frequency analyses of the clinical characteristics showed 67 patients (51.1%) had predominant obsessive traits (orderliness, perfectionism and control), either isolated or in association with avoidant and "affective" traits (depressive, hyperthymic or ciclothymic); 34 (25.9%) exhibited isolated avoidant and/or dependent traits. A family history of anxiety and/or depressive disorders occurred in 70 patients (53.4%). Clinically significant symptoms of generalyzed anxiety, depression, obsessive-compulsive and hypochondriac manifestations occurred in 77 (58.3%), 40 (30.3%), 30 (22.7%) and 61 (46.2%) subjects, respectively. Concerning sleep, 81 (61.4%) reported a normal nocturnal sleep and a clear pattern of hypersomnia was detected in 14 (10.6%) patients.

Our demographic data are in line with the results of most epidemiological studies conducted in PD patients. The frequency and type of comorbid symptoms, along with the high representation of avoidant, obsessive and "affective" traits (and the high rates of family history of anxiety and mood disorders) suggest that PD may belong to a "phobic-obsessive" spectrum with close links to affective disease. Sleep "normality" has been described in PD and obsessive-compulsive patients and may constitute a distinctive symptomatic feature of that spectrum of disorders.

FC51-6
COGNITIVE THERAPY OF PANIC DISORDER AND SOCIAL PHOBIA — A FOLLOW-UP STUDY

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Forty-three patients with panic disorder and/or socialphobia (ICD-10 criteria) were included in a treatment programme including 17 group-sessions of cognitive therapy and 17 sessions of relaxation-training and exposure-in-vivo. Pre- and post treatment demographic data, diagnoses and symptomatology were assessed. The same assessment package was applied at a follow-up 1–4 years after end of treatment and ratings of the patients evaluations of the treatment, its effects and failures and their actual application of learning coping-strategies were added.

FC51-7
BEHAVIOR THERAPY AND PHARMACOTHERAPY IN THE TREATMENT OF PANIC DISORDERS AND OBSESSIVE-COMPULSIVE DISORDERS

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Therapy with imipramine and behavioral methods like exposition were regarded as effective methods in patients with panic disorders, whereas exposition and reaction prevention and therapy with clomipramine have proved to be effective in patients with obsessive-compulsive disorders. Although often recommended to combine these methods, there is still a lack of controlled studies in this area.

Pre DSM-III era studies were revieewed, and it will be shown that there were a lot of methodological problems which limits the validity of these studies.

The combined studies of the post DSM-II era - including our own study of the efficacy of a comined therapy with antidepressants an cognitive behavior therapy in the treatment of panic disorders and obsessive-compulsive disorders will be described in detail. By use of a better diagnostic procedure and manuals to conduct therapy these studies reach a higher methodological standard. To sum ist up, there is relatively small empirical evidence that a combination of psychopharmacological and psychotherapeutical methods has an additive effect. Problems like selection of patients, drop-outs, and comorbidity will be discussed.

DEB52. The legalisation of cannabis

Chairs: K Uchtenhagen (CH)

S53. OCD: New frontiers in an old disorder

Chairs: J Zohar (IL), JJ López-Ibor (E)

S53-1
OCD: FROM NEURASTHENIA TO NEUROSCIENCE

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Obsessive compulsive disorder (OCD) has emerged in the last fifteen years as a relatively common condition affecting around 2% of the general population. The shame engendered by the often bizarre symptoms and the chronic nature of OCD mean that the disability caused to the sufferer commonly lasts for many years.

OCD is unique among psychiatric disorders in its specific response to pharmacological interventions. Benzodiazepines, dopamine blockers, non-serotonergic monoamine reuptake blockers, and ECT do not appear to be effective anti-obsessive treatments. To date, only serotonin reuptake blockers were found, in double-blind, placebo-controlled studies, to be effective anti-obsessive medication.

Currently clomipramine, fluoxetine, sertraline, fluvoxamine, paroxetine and cipramil are used in OCD. As all of these medications are also antidepressants, it is important to note that depression is not a prerequisite for their anti-obsessive effects as was demonstrated in studies with non-depressed OCD patients. The specific response of OCD to serotonin reuptake blockers lends support to the serotonergic hypothesis of OCD. Pharmacological challenges with 5HT agonists such as mCPP and sumatriptan provide further support for the role of 5HT in OCD. Current efforts are directed at identifying which 5HT receptor subtype is implicated in OCD.

Modern brain imaging techniques help to reveal the functional anatomy of OCD. From these studies the fronto-basal-ganglia-thalamo-cortical circuit has emerged as an important structure in this disorder. Further studies utilizing brain imaging will help us to correlate relevant changes occurring during pharmacological or behavioral treatment of OCD patients. Although much knowledge has been gained in the last decade, much more remains to be done. The mechanisms of OCD and its treatment need to be further elucidated through integrated clinical, genetic, imaging, neuropsychological, and pharmacological challenge studies.

https://doi.org/10.1016/S0924-9338(99)80226-0 Published online by Cambridge University Press